Call for

Expression of Interest



ANNEX

**EOI Application Form – OVER THE COUNTER (OTC)**

# ADMINISTRATIVE COMPLIANCE

## Know You Customer (KYC)

Is your organization/company compliant with the country legislation on Know Your Customer? **🞎 Yes / 🞎 No**

What are the minimum documents required from individual clients to access the OTC services you provide? Do these requirements differ for (if so, please provide further detail):

* Nationals: ………………………………………………………………………….
* Foreigners: ………………………………………………………………………….
* Refugees: ………………………………………………………………………….
* Internally Displaced Persons:…………………………………………….
* Other Demographic Group:……………………………………………

What are the solutions you can provide for individual clients who do not comply with the minimum document requirements?

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## Authorization to work in Sudan

### Is the company registered as a legal entity in the company register of Sudan?  Yes /  No (if yes, please provide the documentary proof of registration as a legal entity for Administrative evaluation)

### In order to offer over the counter services, does the company operate directly, indirectly through intermediary organization(s) or both?  Directly /  Indirectly /  Both

### If indirectly or both, does the company have existing partnerships with intermediaries in Sudan?  Yes /  No (if yes, please provide documentary proof of registration as a legal entity in Sudan for all relevant intermediary partners for Administrative evaluation)

### Does the company usually ensure intermediaries have the legal authorization needed to work in Sudan?  Yes /  No

### If the company operates wholly or partially through intermediary(ies) but does not yet have existing partnerships in Sudan, might the company be willing and able to contract other intermediary organizations in South Sudan?  Yes /  No

### Might the company be able to work with an intermediary partner selected independently by DRC?  Yes /  No

### If yes, please precise which type of intermediaries with which it might be possible to work?

 Banks

 Mobile money companies

 Micro-Finance institutions

 Money Transfer companies

 Money transporters

 Traders / local sellers

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Legal and Commercial Binding

### Does the company possess the ability to legally and commercially bind all branches and/or intermediary partners in the event of the signature of a framework contract between the DRC and the company.  Yes /  No /  Not applicable (please specify reasoning)

*Additional comments:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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# TECHNICAL INFORMATION

## Technical solution, type(s) of cash and/or voucher delivery mechanisms/payment systems provided

### Do you already have the required infrastructure for ensuring efficient and effective OTC transfers? 🞎 Yes / 🞎 No

### Would you need to develop new solutions to implement the proposed type and amount of transfers or adapt or rent another service through third party to be able to deliver the OTC transfers? 🞎 Yes / 🞎 No

### If so, how long would it take for you to set up the OTC delivery mechanism in calendar days? ………..days

### In order to deliver OTC transfers, do you operate directly or indirectly through any intermediary organization(s)? 🞎 Directly / 🞎 Indirectly

### What are the OTC transfers services you can provide?

🞎 Direct OTC transfers

🞎 Bulk Transfers

🞎 Restricted transfers to specific account

🞎 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Presence and coverage across relevant geographical areas of operation for DRC’s cash and voucher assistance

### Total Number of OTC cash out points in DRC’s Targeted AREAS: (Please attach the list)

|  |  |
| --- | --- |
| **Areas** |  **Number of cash out points** |
| **Central Equatoria** |  |  |
| **Eastern Equatoria** |  |   |
| **Western Equatoria** |  |  |
| **Jonglei State** |  |  |
| **Unity State** |  |  |
| **Upper Nile State** |  |  |
| **Lakes State** |  |  |
| **Warrap state** |  |  |
| **Western Bahr el Ghazal** |  |  |
| **Northern Bahr el Ghazal** |  |  |
| **Abyei AA** |  |  |
| **Pibor** |  |  |
| **Ruweng** |  |  |
|  |  |   |

### Total Number of OTC Agents in DRC’s Targeted AREAS who can move around the area and ensure OTC cash out: (Please attach the list)

|  |  |
| --- | --- |
| **Areas** | **Number of Agents**  |
| **Central Equatoria** |  |   |
| **Eastern Equatoria** |  |   |
| **Western Equatoria** |  |  |
| **Jonglei State** |  |  |
| **Unity State** |  |  |
| **Upper Nile State** |  |  |
| **Lakes State** |  |  |
| **Warrap state** |  |  |
| **Western Bahr el Ghazal** |  |  |
| **Northern Bahr el Ghazal** |  |  |
| **Abyei AA** |  |  |
| **Pibor** |  |  |
| **Ruweng** |  |  |
|  |  |   |

### Any other additional information about your coverage/outreach:

|  |
| --- |
|  |

### If you do not have any delivery points, outreach in any of DRC’s targeted areas, how would you rapidly respond and distribute cash and/or vouchers?

|  |
| --- |
|  |

## Capacity to deliver the volume of assistance requested by DRC

### What are the minimum and maximum amounts of funds you can disburse in a day?

Minimum……………………… (amount) …………….. (currency)

Maximum……………………… (amount) …………….. (currency)

### How much (in monetary value) cash and voucher assistance are you able to deliver in the programmatic areas targeted by DRC within 1 month (maximum amount)?

|  |  |
| --- | --- |
| **Areas** | **Value and Currency**  |
| **Central Equatoria** |  |   |
| **Eastern Equatoria** |  |   |
| **Western Equatoria** |  |  |
| **Jonglei State** |  |  |
| **Unity State** |  |  |
| **Upper Nile State** |  |  |
| **Lakes State** |  |  |
| **Warrap state** |  |  |
| **Western Bahr el Ghazal** |  |  |
| **Northern Bahr el Ghazal** |  |  |
| **Abyei AA** |  |  |
| **Pibor** |  |  |
| **Ruweng** |  |  |
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### How long does it take to distribute cash via OTC to 100 / 500 / 2,000 / 5000 people in the areas targeted by DRC programming once all recipients are registered?

|  |  |
| --- | --- |
|   | **Time in days / hours?** |
| **Region** | **100 people** | **500 people** | **2000 people** | **5000 people** |
| **Central Equatoria** |  |  |  |  |  |
| **Eastern Equatoria** |  |  |  |  |  |
| **Western Equatoria** |  |  |  |  |  |
| **Jonglei State** |  |  |  |  |  |
| **Unity State** |  |  |  |  |  |
| **Upper Nile State** |  |  |  |  |  |
| **Lakes State** |  |  |  |  |  |
| **Warrap state** |  |  |  |  |  |
| **Western Bahr el Ghazal** |  |  |  |  |  |
| **Northern Bahr el Ghazal** |  |  |  |  |  |
| **Abyei AA** |  |  |  |  |  |
| **Pibor** |  |  |  |  |  |
| **Ruweng** |  |  |  |  |  |
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## Existing experience and competency in supporting delivery of humanitarian cash and voucher assistance in the country of programming

### Do you have experience in humanitarian OTC transfers? If yes, please provide a short description and list down the clients you have worked with and/or are working with on OTC transfers including payment methods.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the client | Payment Method | Total amount distributed | Targeted areas | Comments |
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### Do you have any working experience with DRC? If yes, please describe this experience below (completed projects and / or ongoing projects):

|  |  |  |  |
| --- | --- | --- | --- |
| Payment Method | Total amount distributed | Targeted areas | Comments |
|  |  |  |  |
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### If you have no experience in humanitarian cash and voucher assistance programming, would you be interested in possible future involvement? Please describe your interest.

|  |
| --- |
|  |

### Please provide reference, including contact details, from at least one other NGO or international organisation proving experience and competency in supporting the delivery of humanitarian cash and voucher assistance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the NGO | Name of the contact | e-mail address  | Telephone number | Period |
|  |  |  |  |  |
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## Data protection and management

### Does your organization have a Data Protection Policy? 🞎 Yes / 🞎 No

### Is your company compliant with the European Union’s General Data Protection Regulation (“GDPR”) (Regulation (EU) 2016/679)? 🞎 Yes / 🞎 No

# Additional information

Please include any additional information you want to add in this EOI.