

BIDDER'S CHECK LIST ACTED South Sudan

Date: [2023/12/06]

Tender N°: T/32MULTI/NATIONAL HEALTH INSURANCE/JUBA/LOG/06/12/2023/

BEFORE SENDING YOUR BIDDING DOCUMENTS, PLEASE CHECK THAT EACH OF THE FOLLOWING ITEMS ARE COMPLETE AND RESPECTS THE INSTRUCTIONS TO BIDDERS CONDITIONS:

#	Description	To be filled in by Bidder		For ACTED use only (to be filled in by Purchase Committee)		
		Included		Present		Comments
		Yes	No	Yes	No	
1	Instructions to Bidders (PRO-05) signed & stamped by the Bidder. (Compulsory)					
2	Original Offer Form (PRO-06) dated, filled, signed & stamped by the Bidder (detailed as per the requested currency). (Compulsory)					
3	Supplier Questionnaire (PRO-06.1) dated, filled, signed & stamped by the Bidder. (Compulsory)					
4	ACTED Ethical Declaration (PRO-06.2) dated, filled, signed & stamped by the Bidder. (Compulsory)					
5	Bidder's official registration documents. (Compulsory)					
6	Bidder's legal representative national ID or passport. (Compulsory)					
7	ACTED General Conditions of Purchase signed & stamped by the Bidder. (Compulsory)					
8	ANNEXES – Proofs of past performances in a similar field of activity (e.g. past deliveries of similar items) are provided. (Compulsory)					
9	Technical Offer dated, filled, signed & stamped by the Bidder					
10	ANNEXES – Financial proposals if relevant to add details or thresholds					
11	Present Bidder's Checklist (PRO-06.3) dated, filled, signed & stamped by the Bidder. (Compulsory)					

First & Last Name of Bidder's authorized representative: _____

Position of Bidder's authorized representative: _____

Authorized signature: _____

