



## **PRE-QUALIFICATION OF SUPPLIERS/VENDORS FOR VARIOUS GOODS/WORKS AND SERVICES FOR UNIDOR- SOUTH SUDAN FOR THE YEAR 2024-2026**

### **Instructions for completion of the Prequalification Form**

The form should be completed in uppercase (either hand written or typed) and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form.

- a. Full name of Company
- b. Updated Profile of your company based on specialization (especially photos of previous works or services done (Major trade for which company was formed)
- c. Full legal address
- d. Telephone number, including correct country and area codes
- e. Fax number, including country and area codes, if any
- f. E-mail address
- g. Website, if any
- h. Provide name of person (including title) or department to whom correspondence should be addressed
- i. Full legal name of parent Company, if any
- j. Provide names and addresses of all subsidiaries, associates and overseas representatives, if any (on a separate sheet if necessary)
- k. (a) Nature of Business (b) Type of Business; Tick one box only. If "Other" is ticked, please specify
- l. Indicate the year in which the company was established under the name shown in Item 1
- m. Indicate the total number of full-time personnel in the Company
- n. Provide license number under which the Company is registered and validity period of the license
- o. Provide VAT number and validity period, if any
- p. Provide TIN number
- q. Tax Clearance Certificate Number (Must have been issued within the last six month or less)
- r. Provide total annual volume of works in US Dollars (mil), of the Company, for the last 2 financial years
- s. Provide full name and address of the Bank(s) used by the Company
- t. Provide Company's bank account number and name of account (Must be Company Account)
- u. Provide copy of the Company's most recent Annual Report or audited financial report. If available,
- v. List all countries where the Company has local offices or representation
- w. This form should be signed by the person completing it, and their name and title should be hand written, along with the date.

## Vendor Pre-Qualification Form

### SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

1. FULL LEGAL NAME OF COMPANY:

\_\_\_\_\_

2. PROFILE/SPECIALIZATION/CATEGORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. STREET ADDRESS:

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

4. TEL NO: \_\_\_\_\_ 6. E-MAIL ADDRESS: \_\_\_\_\_

5. FAX NO: \_\_\_\_\_ 7. WEBSITE ADDRESS: \_\_\_\_\_

8. CONTACT NAME AND TITLE:

9. PARENT COMPANY (Full legal name):

10. SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S):  
(Attach list, if necessary)

11a. NATURE OF BUSINESS (Tick one box only):

Trader: ☐

Authorized Agent:

Company:

☐

Other (specify): \_\_\_\_\_

11b. TYPE OF BUSINESS:

Corporate/Limited:

Partnership:

☐

NGO:

Sole Proprietorship:

☐

Other (specify): \_\_\_\_\_

12. YEAR ESTABLISHED:

13. NUMBER OF FULL-TIME EMPLOYEES:

14. TRADING/OPERATION LICENCE No: \_\_\_\_\_ VALID TILL \_\_\_\_\_
15. VAT NUMBER : \_\_\_\_\_ VALID TILL \_\_\_\_\_
16. TAX IDENTIFICATION: \_\_\_\_\_ VALID TILL \_\_\_\_\_
17. Tax Clearance Certificate No: \_\_\_\_\_

18. ANNUAL VALUE OF TOTALREVENUE FOR THE LAST 2 YEARS:

(1) 2017: US\$ \_\_\_\_\_

(2) 2018:US\$ \_\_\_\_\_

19. BANK NAME (with Branch): \_\_\_\_\_  
BRANCH AND ADDRESS: \_\_\_\_\_
20. BANK ACCOUNT NUMBER: \_\_\_\_\_  
ACCOUNT NAME: \_\_\_\_\_  
SWIFT/BIC ADDRESS: \_\_\_\_\_

## SECTION 2: FINANCIAL INFORMATION

21. PLEASE PROVIDE COPIES OF THE COMPANY'S LAST 2 YEARS ANNUAL OR AUDITED FINANCIAL REPORT, WHICHEVER IS AVAILABLE

### SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON SERVICES OFFERED

22. INTERNATIONAL OFFICES/REPRESENTATION:  
(Countries where the Company has local offices/representation- if applicable)

\_\_\_\_\_

23. County OFFICES/REPRESENTATION (If any, indicate whether you have shops/offices in Leer, Mayendit, Nyal, Bentiu, Malakal and Juba) in South Sudan.

#### 24. CERTIFICATION:

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name \_\_\_\_\_

Functional Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_