African Centre for Treatment and Rehabilitation of Torture Victims

PREQUALIFICATION / REGISTRATION FOR SUPPLY OF GOODS AND SERVICES
FOR THE YEARS 2016-2017

Part 1 - CONFIDENTIAL QUESTIONNAIRE

a) Business/Company name: .................................................................................................................................
   (Attach company profile indicating organizational structure, key personnel and total number of employees)

b) Location of business premises:
   Head Office:
   Country/Town: .....................................................................................................................................................
   Physical Address: ..................................................................................................................................................
   Branches (If Any)
   1. ........................................................................................................................................................................
   2. ........................................................................................................................................................................
   3. ........................................................................................................................................................................

c) Postal Address: ..................................................................................................................................................
   Town: ..................................................................................
   Tel No: ............................................................................................................................................................
   Email address: ..................................................................................................................................................
   Website: ...............................................................................................................................................................
d) **Nature of Main Business:**

Manufacturer: …………………………  Authorized Agent: …………………………………………..

Trader: ………………………………  Consulting Firm: …………………………………………..

Others, (Please Specify): …………………………………………………………………………..………

**Number of Years in Business:** ………………………

e) **Registration Details:**

Certificate of Registration /Incorporation No.: …………………………………………………………………………..

Trade License No.: ………………………….  V.A.T Registration No.: ……………………………....

VAT Compliance Certificate No.: …………………………………………………………………………..…………….……

*(Attach copies of all the above relevant documents)*

f) **Bankers details:**

Account Name: …………………………………………………………………………………………………………..

Account Number: …………………………………………………………………………………………………………..

Bank Name: ……………………………………..  Branch Name: ……………………………………..

g) **Annual Turnover** in (Ugx): ………………………………………………………………………………………

h) **Provide at least three referees** from your current clients and their detailed contacts. (i.e. organization, contact person, Position, Telephone etc)

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<th>Organisation</th>
<th>Contact person</th>
<th>Position</th>
<th>Telephone</th>
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Part 2 (a) - Sole Proprietors

Your Name in full: .................................................................................................

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Part 2 (b) - Partnership

Give details of partners as follows:

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<th>No.</th>
<th>Name</th>
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Part 2 (c) - Registered Company

a). Private or public (state whichever is applicable): .................................................................

Give details of all directors as follows:

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Part 3 (c) - Declaration of conflict of interest

In the event that the key company officials have any relationship with any African Centre for Treatment and Rehabilitation of Torture Victims (ACTV) employees please declare the interest herewith:

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<tr>
<th>No.</th>
<th>Name of Official in your company</th>
<th>Name of ACTV Employee</th>
<th>Relationship with ACTV Employee</th>
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DECLARATION

I/We have completed this form(s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so. Any inaccuracy in the information filled herein will be used as grounds for removal from or termination of the qualification process.

I/We confirm that I/We are not insolvent, in receivership, bankrupt or being wound up, our business activities have not been suspended and we are not the subjects of legal proceedings for any of the foregoing.

Signed and Stamped ...................................................................................................

For and behalf of: ....................................................................................................

Position in Company: ..............................................................................................

Date. .........................................................................................................................
IMPORTANT PRE-REQUISITES INFORMATION AND EVALUATION CRITERIA

1) Must be a registered firm in Uganda or in the East African Region with a certificate of registration, incorporation/or memorandum and article of Association. *Copy, which must be attached.*
2) Must attach copy of VAT Certificate or VAT exemption Certificate,
3) Valid Tax Compliance Certificate
4) Must provide copies of current business licenses from the relevant authority.
5) Must have fixed business premises.
6) Must indicate Current Physical address, landline telephone number, and e-mail address.
7) Must provide list of 3 references/clients (attach evidence i.e. copies of contract document from client or orders for the last three years that best illustrate your best performance.)
8) Have Credit terms 30days from Delivery Date.
9) Must confirm that the firm, its servants or agents have not offered and shall not offer any inducements.
10) African Centre for Treatment and Rehabilitation of Torture Victims (ACTV) will carry out site visits after short-listing the applicants. Only short listed applicants will be contacted.
11) Must submit prequalification documents within the specified time frame.
12) Application should state prior experience with ACTV where applicable.
13) Vendors are encouraged to submit detailed Profiles and catalogues of the good or service

General Information
Introduction
1. Eligible Applicants
   1.1 This Invitation for Bids is open to all applicants eligible as described in the documents. Successful applicants shall be registered with ACTV to compete in the supply of goods and services.
   1.2 Applicants shall not be under a declaration of ineligibility for corrupt and fraudulent practices.
2. Cost of Application
   2.1 The Applicant shall bear all costs associated with the preparation and submission of its application, and the Procurement Committee, will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the application process.

The Pre-qualification Document

3. Contents
   3.1 The prequalification document comprises the documents listed below
      o Invitation to Prequalification
      o Confidential Business Questionnaire
      o Evaluation Criteria
      o General information
3.2 The Applicant is expected to examine all instructions in the documents. Failure to furnish all information required by the documents may result in the rejection of the application.

Preparation of Tenders

4. **Language of Prequalification Documents**
The documents prepared by the applicant, as well as all correspondence and documents relating to the application exchanged by the applicant and the Procurement Committee shall be written in English language.

5. **Validity of Prequalification Documents**
Prequalification Documents will be evaluated within 20 days from date of opening.

6. **Format and Signing of Prequalification Documents**
6.1 The original and all copies of the Prequalification Documents shall be typed or written in indelible ink and shall be signed by the applicant or a person or persons duly authorized to bind the applicant.
6.2 The application shall have no Erasures or Overwriting except as necessary to correct errors made by the applicant in which case such corrections shall be initialed by the person or persons signing the tender.

Submission of Prequalification Documents

7. **Sealing and Marking of Documents**
7.1 All documents should be well bound together into one document per good or service
7.2 Properly completed prequalification documents enclosed in plain sealed envelopes clearly marked and addressed to:
The Procurement Committee,
African Centre for Treatment and Rehabilitation of Torture Victims (ACTV)
P. O. Box 6108,
Kampala.

7.3 If the envelope is not sealed and marked as required by paragraph 7.1, the Procurement Committee will assume no responsibility for the applicant's misplacement or premature opening.

8. **Deadline for Submission of Prequalification Documents**
8.1 Documents must be received by the Procurement Committee at the address below:

African Centre for Treatment and Rehabilitation of Torture Victims (ACTV)
Block No.39, Plot No. 113 Owen Road, Off Tufnell Drive-Kamwokya
P.O. Box 6108
Kampala, Uganda
Tel:  +256-312-263918

+256-312-263620

E-mail: ceo@actvuganda.org and actv@actvuganda.org

Web:  www.actvuganda.org

Not later than three pm (3.00pm) on Thursday, 21st April 2016 and thereafter the applications will be opened at 3.30pm in the Boardroom in the presence of representatives of the applicants who are present.

8.2 The Procurement Committee may, at its discretion, extend this deadline for the submission of applications by amending the pre-qualification documents, in which case all rights and obligations of the Procurement Committee and applicants previously subject to the deadline will thereafter be subject to the deadline as extended.