**ACT-INTERNATIONAL**

**SUPPLIER PRE-QUALIFICATION DOCUMENT**

**YEAR (2025-2027)**

Pre-qualification document is free of charge.

Dear Sir/Madam,

The ACT-International invites qualified companies and businesses of the following categories to register as a supplier or service provider.

|  |  |
| --- | --- |
| **Sector** | **List of Services** |
| **IT Services** | Laptop |
| Printers |
| Sever/networks |
| LAN/VAN |
| Multimedia /Router |
| Networking |
| Domains |
| **Printing and Design/Stationery** | Reports |
| Newsletters |
| Brochure/Sticks |
| All Stationery items |
| Banners, standees etc |
| **Event Management** | Workshop |
| Seminar |
| Meetings |
| Moderators |
| Photographers |
| Sound system |
| Catering |
| Digital Standees/ SMDs |
| Meal |
| **Transport & Travel** | Rental vehicle (All Pakistan) |
|  | Loading vehicles for material (All Pakistan) |
| **Solar System** | Solar Plates |
| Dry Batteries |
| Solar system installation |
| Solar Batteries |
| **Furniture & Fixture** | Tables, chairs, conference tables |
| Executive chairs, revolving chairs (all types of Furniture and fixture) |
| **Construction work** | Construction work(C3, C4 and C5) only with updated license |
| All types of construction material |
| **Media and Advertising** | All types of media and advertising services. |
| **General order** | All types of General Order Supplies (NFI, FI etc) |
| **Hotelling Services (All Pakistan)** | Hall including seating plans |
| Refreshment |
| Sound system, Multimedia |
| Hotel Accommodation Services |
| **Consultancies firm/Individual Consultant** | PSP (Psychosocial Support program training) |
| First aid training |
| Social mobilization training |
| Gender-based violence |
| LSBE curriculum development |
| Y-Peer training |
| Live theater performance on awareness session |
| DV Training |
| Teachers training on LSBE |

# **Pre-qualification Bid Package**

The following documents should be read as they form part of the pre-qualification package.

1. Invitation to Pre-qualify (this document)
2. **ACT-International** General Terms and Conditions Applies.
3. Supplier Questionnaire **Appendix A.**
4. Evaluation Criteria **Appendix B.**

# **Dully note the following:**

1. The ACT-International reserves the right to accept or reject any or all proposals/bids and to waive any informality in the proposal/bids received whenever such a rejection is in the interest of the ACT-International.
2. The ACT-International also reserves the right to withdraw any item prior to award.
3. All submitted information will be kept confidential and will only be used for prequalification of ACT International.
4. All submitted documents must be stamped and signed by your organization.
5. The complete prequalification document signed and stamped accompanied by necessary support documents must be submitted by Hand, by courier or by email at [procurement@act-international.org](mailto:procurement@act-international.org) and **“Clearly Marked the category applied for”.**
6. One vendor can apply for multiple categories as well, but envelope should be clearly marked the name of the category**.**
7. Application without reference to the category of supply will not be considered for further evaluation.
8. For your information, the ACT-International documentation requirements frequently include an acknowledgment of delivery certificate signed by a local representative of the ACT-International.
9. Please note that any non-acceptance of these terms may exclude your company from being considered as a potential supplier.
10. QUALITY ASSURANCE **(**Please attach any certificates or documents which denote quality assurance)
11. Supplier shall not be involved in any corrupt, collusive, or coercive practices. If at any time during the registration or procurement process, ACT-International determines that the supplier is in violation of the above-mentioned principles, that supplier’s request for registration or bid may be rejected as ineligible.

The documents must be sent to the address **Plot#238 street 6, I-9/3, Islamabad** by **16th January 2025 02:00 PM).**

**Procurement Department in the ACT-International**

Yours faithfully,

**Appendix A**

Part 1

# **SUPPLIERS APPLICATION FORM**

Date………………………..

**REGISTRATION OF SUPPLIER'S APPLICATION FORM**

I/We…………………………………………………… hereby apply for registration.

As a supplier(s) for the Category *(please select a category) ………………………………………………………………………………………………………………………………………………………………………………………………………………………….*

Postal Address……………………………………… Fax. No………………………

Tel………………………………………Email Address………………………………

Town…………………Street …………… Name of Building…………………………

Room/Office No………………… Floor No…………………………………………..

Full name of Applicant / Contact Person: ………………………………………………………………....................................

Other Branches / Location……………………………………………………………….

………………………………………………………………………………………….

**Appendix B**

Part 1

**Minimum Qualifying Criteria for all applicants**

1. Copy of Commercial Registration. Or any relevant documents
2. Minimum 3 years of relevant experience in the selected Category and references for 3 top clients.
3. Key Personnel CV’s. **(Mandatory for Consultants)**
4. Copy of the last three years' Audited Financial Statement including Auditor’s Report.
5. Bank Account Statements for one year.
6. All information regarding any past and current litigation during the last three (3) years, in which the bidder is involved, indicating the parties concerned, the subject of the litigation, the amounts involved, and the final resolution if already concluded.
7. Company Profile which includes registration documents, experience certificate and previous purchase orders etc.

**Appendix B**

Part 2

General Information

1. Name of the Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Head Office Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fax/Telefax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Place of Incorporation/Registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Year of Incorporation/Registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Validity of the Commercial Registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Provide Company Profile*

Nationality of Owners:

|  |  |
| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix B**

Part 3

General Experience Record

All individual firms are requested to complete the information in this form. The information supplied should be the annual turnover of the Applicant, in terms of the amounts billed to clients for each year for work in progress or completed over the past five years.

|  |  |  |
| --- | --- | --- |
| Annual Turn Over  Past 5 years | | |
|  | Year | Turnover in PKR |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**1- Reference for top 3 clients:**

1. Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Provide a copy of the Long-Term Agreement or Framework Agreement in place.
* Agreements with UN agencies and INGO/NGO are a plus.

**Appendix B**

Part 4

Key Personnel General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key Personnel | Name | Years of Experience | Year of joining your firm | Qualifications/ Certificates |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***\*Provide CV for Key Personnel Mandatory for Consultant’s***

**Appendix B**

Part 5

Financial Capacity

1 - Bank Info:

Name of Banker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Banker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax/Telefax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 – Copy of Audit Report for the last 3 years

4 – Bank Account Statements of last 1 year.

5 - State the nominal and issued capital of the company:

Nominal PKR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued PKR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 – Other Financial Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Information in PKR or Equivalent | Previous Five Year | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Total Assets |  |  |  |  |  |
| Current Assets |  | | | | |
| Total Liabilities |  |  |  |  |  |
| Current Liabilities |  | | | | |
| Profit Before Taxes |  |  |  |  |  |
| Profit After Taxes |  |  |  |  |  |

7- When invited to bid, propose, or quote will you be able to provide performance or bidding bonds?

Yes  No *(If yes, please provide details)*

**Appendix B**

Part 6

Litigation History

Indicate your litigation history in the below table (if any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Award for or against the applicant | Client Name,  Reason of litigation | Dispute Amount in SYP or equivalent | Blacklist |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This is to certify that our firm is neither in the Consolidated list of Individuals and Entities with Association to Terrorist Organizations nor in the List of Vendors Suspended or Removed from any international/national organization.

State if the company is the subject of any of the following legal proceedings:

Yes No

1. Bankruptcy ¨ ¨
2. Receivership ¨ ¨
3. Liquidation ¨ ¨
4. Any other ¨ ¨

**Appendix B**

Part 7

**Environmental and Social Considerations**

Have you identified the main environmental impacts/risks of your activity?

Yes  No *(If yes, please provide details)*

Have you set up any policy/ objectives to limit your environmental impacts?

Yes  No *(If yes, please provide details)*

Are there any resources dedicated to environmental management, (i.e. systems, team)?

Yes  No *(If yes, please provide details)*

Have the Company, its business partners, suppliers, or sub-contractors been reported, investigated for, or found guilty of violations of human rights?

Yes  No *(If yes, please provide details)*

What internal routines, mechanisms, or personnel training does the Company employ to prevent and expose unethical business practices? *(please provide details)*

Are the Company’s staff, sub-contractors and/or contracted personnel legally employed by their respective employers and working in conditions that provide for the level of health, safety, and environment (HSE) required by national law?

Yes  No *(If yes, please provide details)*

**Appendix C**

**Evaluation Criteria**

Pre-qualification will be based on the Applicant’s General Experience, Personnel Capabilities, and Financial Position.

Overall mark in each category

|  |  |  |
| --- | --- | --- |
|  | Category | Marks |
| 1 | General/ Particular Experience | 10 |
| 2 | Company profile (NTN, Registration status, GST registration) | 15 |
| 3 | Key Personnel | 5 |
| 4 | Technical Expertise/ capacity (Related to the category)  Reference of top 3 clients.  Any relevant certification/registration if any. | 20 |
| 5 | Financial Position | 40 |
| 6 | Environmental/ Social/ child protection safeguarding policy (Please attach certificates). | 10 |
| Total | | 100 |

**Note:** The applicant must secure at least a 70% score in each category to be qualified for future tender opportunities.

Breakdown of Financial Position:

|  |  |  |
| --- | --- | --- |
|  | Description | Points |
| 1 | Financial Capacity | 20 |
| 2 | Last 3 years audit reports | 10 |
| 3 | Updated 1 year bank statement. | 10 |
| Total | | 40 |