

Annex I – Financial Service Provider Questionnaire.

| | |
|------------------|----------------------------------|
| Date | |
| Tender Reference | FA/15/Multi/FSP/SAN/10032019/001 |
| Bidder's Name | |
| Representative | |

A. Financial Capacity

Please attach a copy from financial statements (balance sheets and income statements) for the 3 years required below; and complying with the requirements.

Balance sheets and/or financial statements for last 3 years that:

- (a) reflect the financial situation of the Applicant.
- (b) be audited by a certified accountant.
- (c) be complete, including all notes to the financial statements.
- (d) correspond to accounting periods already completed and audited (no statements for partial periods shall be requested or accepted).

Attached are copies of all bank statements as per last day of the month prior to tender closing date.

Financial data:

| Financial information in USD or in YER | Historic information for previous 3 years | | |
|--|---|------|------|
| | 2018 | 2017 | 2016 |
| Information from Balance Sheet | | | |
| 1. Total Assets (TA) | | | |
| 1.1. Current Assets (CA) | | | |
| 1.1.1. Total Trade Receivables | | | |
| 1.1.2. Inventory | | | |
| 1.1.3. Cash and Cash Equivalent | | | |
| 2. Total Liabilities (TL) | | | |
| 2.1. Current Liabilities (CL) | | | |
| 2.1.1. Trade and other payables | | | |
| 2.1.2. Short-term borrowings | | | |
| Net Worth (NW) | | | |
| Information from Income Statement | | | |
| Total Revenue (TR) | | | |
| Profits Before Taxes (PBT) | | | |

| Parameter | Calculation | Result | Benchmark |
|---------------------------|--|--------|-----------|
| Solvency (Debt Ratio) | Total Liabilities (TL) / Total Assets (TA) | | <0.4 |
| Liquidity (Current Ratio) | Current Assets (CA) / Current Liabilities (CL) | | >1 |

| Would your institution be able to pre-finance the cash transfer and ACTED reimburses after the distribution | |
|---|-----------------------------|
| <input type="checkbox"/> Yes (please provide further details) | <input type="checkbox"/> No |

Institution has no pending litigation. Yes, NO

If yes, list the three main ligations below:

| Year | Contract Description | Total Contract Amount (current value, US\$ equivalent) | Total Cost of the Case (Max Loss + Legal Costs) | Likelihood of Loss |
|------|----------------------|--|--|--------------------|
| | | | | |
| | | | | |
| | | | | |

Institution accept international transfer. Yes, NO

If yes:

| | |
|-----------------|--|
| Bank | |
| Account Owner | |
| Agency | |
| Account Number | |
| Swift Code/IBAN | |

The Institution have current operation in another country. Yes, NO

If yes:

| Country | Type of Operation |
|---------|-------------------|
| | |
| | |
| | |

The institution has a registration with the Central Bank or other national body governing financial service providers. Yes, NO

If yes (please attach proof)

The Institution accept to receive the total amount being transferred and the fee within 15 days after the delivery of the money.

Yes, NO

If no, explain below the proposed conditions:

Fees are fixed for the term of the contract ensuring that no changes in fees will occur. Yes, NO.

If yes please detail

The Institution has a financial management software. Yes, NO

If yes, explain below the features and impact on operations management:

The institution has an online platform available for ACTED, in order to track and extract information about the distributions. Yes, NO.

If no please provide details.

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Description of the management structure of the Institution including organigram and levels of authority

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|--|

B. Program Capacity

| Parameter | Unit | Value |
|---|------------------|-------|
| Minimum amount of days to return the distribution report | Day | |
| Maximum amount distributed per day | YER/Day | |
| Total amount of Simultaneous Sites | Site | |
| Total amount of people served per distribution (caseload) | People/Site | |
| Minimum anticipated notice needed to perform a distribution | Day | |
| Time required to perform the payment to 100 beneficiaries in one site | Hour | |
| Biggest distribution ever done in total transferred value during the past 12 months | YER/Distribution | |
| Transactions limits per BNF / per distribution. If applicable | YER/Beneficiary | |

The Institution can distribute on a daily basis during the duration of the contract. Yes, NO

If no, explain which is the maximum frequency the Institution can operate:

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What days/times are available for delivery, and what are the agent's availability in selected distribution areas?

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The Institution is able to ensure that the beneficiaries do not pay commissions on the amount received through the service.

Yes, NO

If no explain why:

| |
|--|
| |
|--|

The Institution has worked with NGOs before. Yes, NO

If yes:

| Year | Organisation | Location | Total amount transferred | Total caseload (people) |
|------|--------------|----------|--------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Human Resources Capacity

| Parameter | Value (person) |
|---|----------------|
| Total number of full-time employees: | |
| Total number of full-time distribution supervisors: | |

| | |
|---|--|
| Total number of full-time cashiers: | |
| Total number of registration assistants: | |
| Total number of other full-time workers (mention positions): | |
| Total number of Customer Service employees. | |
| Minimum number of distribution supervisors available per distribution site: | |
| Minimum number of cashiers available per distribution site: | |
| Minimum number of registration assistants available per distribution site: | |

What are the distribution strategies (type of transfer mechanisms) and structure proposed by the Institution?

What are the reporting minimum standards proposed by the Institution and proof of distribution?

What are the services and warranties covered by commission fee offered?

The Institution can distribute in any geographical location required. Yes, NO

If no, explain below the geographical limitations:

The Institution agrees with all the terms and conditions presented in the tender documents. Yes, NO

If no, explain which were not agreed and why:

The Institution agree to sign the data protection agreement with ACTED and agree on all the terms within it. Yes, NO

If no, explain which were not agreed and why:

C. Security Background

The Institution accepts ACTED to perform a reference check with previous clients. Yes, NO

If no, explain below the reason:

The Institution doesn't have any limitation or is under investigation from any security authority, related or not to the its activities as a money transfer agent. Yes, NO

If yes, explain below the reason:

The Institution has authorization from the security authorities to operate as a money transfer agent. Yes, NO

If no, explain below the reason:

Institution will ensure that NO armed forces will be used during distribution. Yes, NO

If no, explain below the reason:

Institution have systems and procedures in place that guarantee ACTED resources are not lost, for example in case of insolvency, robbery, etc. Yes, NO

If no, explain below the reason, also if there is a valid insurance that provide a guarantee of compensation for such cases.

What ID, if any, is required from beneficiaries to use your services?

| | | |
|---|--|---|
| <input type="checkbox"/> No ID required | <input type="checkbox"/> Formal ID required | <input type="checkbox"/> Alternative form of ID accepted (please provide details below) |
| | | |

Institution certifies that it has not provided and will not provide material support resources, information or any other means to any individual, association or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism within Yemen or abroad. Yes, NO

If no, explain below the reason:

Institution never transferred resources – intentionally or not - to an individual, association or organization located under control of association or organization known for the use or advocate for acts of terrorism. Yes, NO

If yes, explain the situation:

The Institution has all registration with financial and security bodies to operate as money transfer in Yemen. Yes, NO

If yes:

| Registration | Registration No |
|--|-----------------|
| Institution Registration (Attach A copy) | |
| Financial Institution Registration (Attach a copy) | |
| Money Transfer Registration (Attach a copy) | |
| Tax Card (Attach A copy) | |

Institution is not listed in any warning list or database due to links to terrorism or criminal practices in Yemen or elsewhere. Yes,
 NO

If yes, list below the body listing the Institution and why:

I, undersigned, certify that I am the designated legal representative of this company and that the information provided above is correct and I am aware of the fact that I will be held responsible for providing false information.

I declare and certify that the information above is true and accurate to the best of my knowledge. I understand and accept any false or inaccurate information may result in the cancellation of any offer made by ACTED even if discovered later.

Name of Bidder's Authorized Representative: _____

Position: _____

Authorized signature and stamp: _____

Date: _____