



## Financial Service Technical Question Sheet

### 1. Name, address and contact details of Financial Service Provider/Company

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### 2. Company legal representative for this bid

| Name | Position in Company | Signature |
|------|---------------------|-----------|
|      |                     |           |

### 3. Business registration number and date of registration (attach copy of certificate)

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### 4. Has your institution have a registration with the Central Bank or other national body governing financial service providers?

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|--|-----------------------------|
| <input type="checkbox"/> Yes (please attach proof) | <input type="checkbox"/> No |
|--|-----------------------------|

### 5. Can you provide audited and financial statements of your institution to show you have adequate levels of cash flows, or the capacity to transfer large sums of money?

|   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes (please attach audited financial statements) | <input type="checkbox"/> No |
|---|-----------------------------|

### 6. Has your institution had previous experience with cash transfer programming similar to the one ACTED would like to carry out?

|   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes (please provide details below) | <input type="checkbox"/> No |
|---|-----------------------------|

*If your answer is yes, please describe this experience (completed project or ongoing? How was the cash transferred? Was the cash transferred in a lump sum or in a number of payments? What parties were involved in the cash transfer process? Please provide references*

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### 7. Does your institution have existing delivery points/agents/network in the areas targeted by ACTED?

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes (please provide a map showing them) | <input type="checkbox"/> No |
|--|-----------------------------|

*If answer is no, how would you roll them out rapidly and robustly? Do you already have the required technology or would you need to implement or adapt, and how long would this take?*

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**8. What is your experience for this kind of service in the country? Can you provide us your references?**

Yes (please provide a reference contact)

No

**9. Can ACTED be reimbursed if excess funds remain at the end of the program for example in case of return of funds not received or collected by beneficiaries as well as other trouble shooting scenarios.**

Yes

No

**10. Does your institution have a data protection policy ensuring the privacy and security of data involving the transactional history of ACTED as well as of payee data?**

Yes (please attach)

No

**11. Are there any transaction limits, including limits on the *value* of payments ACTED can send to a single recipient in in one day and limits on the *volume* of transactions ACTED can send in one day?**

Yes

No (provide details below)

**12. Would your institution be able to pre-finance the cash transfer and ACTED reimburses within 15 working days?**

Yes

No

*If yes, up to what amount? Would pre-financing incur any additional charges?*

|  |   |  |  |
|--|---|--|--|
| <b>13 Does your institution have systems and procedures in place that guarantee ACTED resources are not lost, for example in case of insolvency, robbery, etc.?</b>                      |   |  |  |
| <input type="checkbox"/> Yes (please provide further details)  |   | <input type="checkbox"/> No                                |  |
|  |   |  |  |
| <b>14. Is there a minimum/maximum amount of funds the beneficiary can have in the account?</b>   |   |  |  |
| <input type="checkbox"/> Yes (please provide further details)  |   | <input type="checkbox"/> No                                |  |
|  |   |  |  |
| <b>15. Does your institution have customer service and support availability and standards? Who is responsible for troubleshooting transaction problems encountered by beneficiaries?</b> |   |  |  |
| <input type="checkbox"/> Yes (please provide further details)  |   | <input type="checkbox"/> No                                |  |
|  |   |  |  |
| <b>16. How would you see your role in the delivery of cash to beneficiaries targeted by ACTED ?</b>  |   |  |  |
| <input type="checkbox"/> Cash transfer only  | <input type="checkbox"/> Targeting              | <input type="checkbox"/> Beneficiary identification        | <input type="checkbox"/> Security              |
| <input type="checkbox"/> Fraud control   | <input type="checkbox"/> Training/Communication | <input type="checkbox"/> Reconciliation                    | <input type="checkbox"/> Other (specify below) |
|  |   |  |  |
| <b>17. Would you see this as an ad hoc project or as a possible ongoing relationship with ACTED</b>  |   |  |  |
| <input type="checkbox"/> Ad-hoc project  |   | <input type="checkbox"/> Longer-term strategic partnership |  |
| <i>If long term, what additional added value could you provide in terms of, say, contingency planning, or improved pricing as a preferred supplier?</i>                                  |   |  |  |
|  |   |  |  |

**18. How would you structure your charges to ACTED for the mechanism for the delivery of cash?**

| Charges by the provider<br>(% fee charged by you<br>per transfer) | Set-up costs<br>charged by you | Security | Education and<br>training | Other |
|---|--------------------------------|----------|---------------------------|-------|
|   |                                |          |                           |       |

*Further explanation on costs and fees*

**19. What would the costs of the chosen delivery mechanism for the recipients be, e.g. withdrawal charges, bank charges for accounts, etc.?**

**20. If fees are charged upon use or withdraw cash, can fees be paid directly by ACTED (instead of by the beneficiary)?**

Yes
  No
  Not applicable

**21. How long does it takes to the the service provider to refund the unspend balance on ACTED account?**

**Any other comments?**



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: \_\_\_\_\_ Position: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_