

### Annex C – Clearing & Forwarding

This form is mandatory for all submissions to the expression of interest related to the service above. Companies not providing this information shall not be considered for the shortlist.

<b>Full Company Name</b> (As in incorporation documents)	
<b>Fantasy name</b> (if the Company uses a different commercial brand)	

#### A. Basic Contact Information

<b>Representation office in Somalia</b>	<b>Address</b> (Including PO Box, if any)				
	<b>Phone Number</b>		<b>Email Address</b>		
<b>Did you complete the “Annex A – Basic Information”?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Please note that it is mandatory to submit the information in Annex A for any expression of interest to be considered for a shortlist.		

#### B. Specialized Licensing

<b>What best defines your company?</b>	<input type="checkbox"/> Registered clearing and forwarding company. <input type="checkbox"/> Specialized Clearing and forwarding broker. <input type="checkbox"/> General Clearing and Forwarding Agent <input type="checkbox"/> General Trader and logistics <input type="checkbox"/> Other business
<b>State region(s) of interest by your company for service provision to WFP Somalia.</b>	Galmudug <input type="checkbox"/> Hirshabelle <input type="checkbox"/> Jubaland <input type="checkbox"/> South West <input type="checkbox"/> Puntland <input type="checkbox"/> Somaliland <input type="checkbox"/>
<b>If the company is not specialized in C&amp;F, please describe how the company will perform these services:</b>	

#### B.2 List below all clearing and forwarding certifications & licenses for Somalia and neighboring countries (if available)

Certification/License	Issuing Body	Number	Date of Issuance	Date of Validity
Berbera Port – Broker Agent Certificate				
Certified shipping broker license				
Both Export and Import license				
Export or Import license only (Please specify if import or export)				

#### Other certifications/licenses, if not listed above, please list them.

Certification/License (include location)	Issuing Body	Number	Date of Issuance	Date of Validity

#### C. Average Tonnage handled per year

Please report the average monthly tonnage (MT/CBM) of cargo cleared and forwarded in the past four years by the company:

Type of Cargo	2023	2022	2021	2020
General Food Item - Bulk				
General Food Item - Breakbulk				
General Non-Food Item - Breakbulk				
Containerized Cargo				
Temperature-Controlled Cargo				
Dangerous Goods, including Fuel				

<b>State the maximum cargo in MTG that your company can transport/handle per allocation based on capacity per day</b>	<input type="checkbox"/> ≤ 1,000 MTG <input type="checkbox"/> 5,000.1 – 10,000 MTG <input type="checkbox"/> 15,000.1 – 20,000 MTG <input type="checkbox"/> 30,000.1 – 40,000 MTG	<input type="checkbox"/> 1,000.1 – 5,000 MTG <input type="checkbox"/> 10,000.1 – 15,000 MTG <input type="checkbox"/> 20,000.1 - 30,000 MTG <input type="checkbox"/> >40,000.1 MTG
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#### D. Trucks capacity details

The list below the trucks available for operations based on the last 12 months on average

Type	≤ 10 MTG	10.1 – 20 MTG	20.1 -25 MTG	25.1 – 30 MTG	30.1 – 40 MTG	>40.1 MTG
Dedicated trucks (owned or exclusively operating with the company)						
Third-party, on-demand.						

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State any other asset owned by the company for C&F service provision.			
Type	Forklift ≤ 10 MTG	Forklift TEU	Tractor Frontloader
Dedicated (owned or exclusively operating with the company)			
Third-party, on-demand.			

The list below up to 10 trucks owned by your company							
#	Manufacturer	Model	Avg Capacity (MT)	Registration (Tail number)	Year of Manufacture	Configuration	Ownership
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

The list below your presence structure for the ports below									
Port	Permanent Representation by your Company's employee?		Operational office availability?		Have you ever been suspended by the port authorities to operate in the port?		Can you access a bonded warehouse if the port receives international cargo?		
Mogadishu	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Kismayo	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Hobyo	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
El' maan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Marka	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Bossaso	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Berbera	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

List your major clients in Somalia or neighboring countries in the last two years.	
#	Name of the organization
1	
2	
3	
4	
5	

E. Insurance		
Does the company have insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please inform of any relevant insurance policy covering C&F Services
Who is the insurer?	Name of the company	
Total value covered?	Include the auditor's opinion letter if available.	
What are the coverages?		
Exceptions?		
Has your company ever recorded losses for a client(s) cargo while under your custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you pay the cargo's Cost Insurance and Freight (C.I.F)? State the paid C.I.F Value in USD.
How does your company manage in-transit cargo? Select all that are applicable.	GPS monitoring <input type="checkbox"/> Phone monitoring <input type="checkbox"/>	Use of security escorts <input type="checkbox"/> Others <input type="checkbox"/>
How does your company manage in-transit mechanical breakdowns? Select all that are applicable.	Collaboration with local truck owners to provide alternative trucks <input type="checkbox"/> Dispatching trucks from the point of origin <input type="checkbox"/> Use of local security guards and local authorities at the incident scene to guard the cargo <input type="checkbox"/> Others <input type="checkbox"/>	

I hereby certify that the information provided above is true to the best of my knowledge, and I agree that further documentation will be provided if required.

Name & Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp
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