

Annex G – Pest Control and Fumigation Services

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.

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

A. Basic Contact Information

Representation office in Somalia	Address (Including PO Box, if any)				
	Phone Number		Email Address		
Did you complete the “Annex A – Basic Information”?		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

What best defines your company?	<input type="checkbox"/> Registered Pest control and fumigation company. (operates and owns fumigation assets) <input type="checkbox"/> Specialized pest control and fumigation broker. <input type="checkbox"/> General pest control and fumigation Agent			
State region(s) of interest by your company for service provision to WFP Somalia (shortlists are regional).	Galmudug <input type="checkbox"/>	Jubaland <input type="checkbox"/>	Somaliland – Northwest <input type="checkbox"/>	
	Hirshabelle <input type="checkbox"/>	South West <input type="checkbox"/>	Puntland – North East <input type="checkbox"/>	
If the company does not own exclusive pest control and fumigation assets, please list the companies that own the assets you operate with the company:				

B.2 List below all the pest control and fumigation Certification & licenses for Somalia and neighboring countries (if available)

Certification/License	Issuing Body	Number	Date of Issuance	Date of Validity

C.1 Average Tonnage handled per year

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

Type of Cargo	2023	2022	2021	2020
General Food Item - Breakbulk				
General Non-Food Item - Breakbulk				
Containerized Cargo				
Other types of Cargo (Specify)				
State the maximum cargo in MTG that your company can fumigate per allocation based on daily capacity.	≤ 250 MTG <input type="checkbox"/> 250.1 – 500 MTG <input type="checkbox"/> 500.1 – 1,000 MTG <input type="checkbox"/> 1,000.1 – 5,000 MTG <input type="checkbox"/> 5,000.1 – 10,000 MTG <input type="checkbox"/> >10,000.1 MTG <input type="checkbox"/>			
How frequently do you offer pest control and fumigation services in a month?	≤ 5 times <input type="checkbox"/> 6 – 10 times <input type="checkbox"/> >10 times <input type="checkbox"/>			
Does your company import fumigants into Somalia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If ‘Yes,’ please state the mode of transport used.		
If your company does not import fumigants into Somalia, where do you get fumigants in Somalia?				

C.2 Quality assurance

Does your company meet local authority pest control & fumigation quality assurance standards in Somalia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state the issuing body and provide relevant certification.
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Does your company have international certification for pest control & fumigation processes other than the Somalia one?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state the issuing body and provide relevant certification.			
How does your company ensure proper handling during the pest control & fumigation process of the milled products?						
D.1 Fumigation capacity details						
List below the fumigation equipment available for operations based on the last 12 months service provision						
Type	Motorized pump	Knapsack pump	Tarpaulin (sheets)	Electric pump	Bait station	Sand snakes
Dedicated fumigation equipment (owned or exclusively operating with the company)						
Third-party, on-demand.						
State any other asset owned by the company for multimodal transport service provision.						
i. List below some of the chemicals to be utilized and dosage - Fumigation						
#	Manufacturer	Chemicals to be utilized		Dosage		
1						
2						
3						
ii. List below some of the chemicals to be utilized and dosage - Spraying						
#	Manufacturer	Chemicals to be utilized		Dosage		
1						
2						
3						
iii. List below some of the chemicals to be utilized and dosage - Fogging						
#	Manufacturer	Chemicals to be utilized		Dosage		
1						
2						
3						
iv. List below some of the chemicals to be utilized and dosage – Rodent control						
#	Manufacturer	Chemicals to be utilized		Dosage		
1						
2						
3						
v. List below some of the chemicals to be utilized and dosage - Baiting						
#	Manufacturer	Chemicals to be utilized		Dosage		
1						
2						
3						
Is your company familiar with the preliminary fumigation assessment report?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If “Yes,” state the component of this report.			
Does your company offer yearly pest control and fumigation training?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide evidence to support it.			
Do you have waste disposal management guidelines for the fumigants after service provision?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, share the document.			
List below all tax compliance certificates and licenses for pest control and fumigation service provision in Somalia and neighboring countries (if available)						
Certification/License	Issuing Body	Number	Date of Issuance	Date of Validity		

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The list below your presence structure for the towns below

Port	Permanent Representation by your Company's employee?	Operational office availability?	Have you ever been suspended from poor fumigation services?
Hargeisa	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
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"/>
Galkayo	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dhusamareb	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dolow	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dhobley	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wajid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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"/>
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"/>
Baidoa	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dinsoor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Baletweyne	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Garbaharey	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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	

D. Insurance

Does the company have an insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please inform us of any relevant insurance policy covering pest control and fumigation proof of liability insurance.
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 damages for a client(s) cargo while under the fumigation process?	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 pest control and fumigation service provision to ensure quality end rests?		
Provide quality management publication, if any. Please submit the document.		
Has your company been involved or given notice of involvement in any litigation involving a sum of over USD 10,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide more details on this.

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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