

Call for Expression of Interest



ANNEX

EOI Application Form – OVER THE COUNTER (OTC)

I. ADMINISTRATIVE COMPLIANCE

A. Know Your Customer (KYC)

Is your organization/company compliant with the country legislation on Know Your Customer ? Yes / No

What are the minimum documents required from individual clients to access the OTC services you provide? Do these requirements differ for (if so, please provide further detail):

- Nationals:
- Foreigners:
- Refugees:
- Internally Displaced Persons:.....
- Other Demographic Group:.....

What are the solutions you can provide for individual clients who do not comply with the minimum document requirements?

II. TECHNICAL INFORMATION

A. Technical solution, type(s) of cash and/or voucher delivery mechanisms/payment systems provided

- i. Do you already have **the required infrastructure** for ensuring efficient and effective OTC transfers? Yes / No
- ii. Would you **need to develop new solutions** to implement the proposed type and amount of transfers or **adapt or rent another service** through third party **to be able to deliver the OTC transfers**? Yes / No
- iii. If so, how long would it take for you to set up **the OTC delivery mechanism** in calendar days?days
- iv. In order to deliver OTC transfers, do you operate directly or indirectly through any intermediary organization(s)? **Directly** / **Indirectly**
- v. What are the **OTC transfers services** you can provide?
 - Direct OTC transfers
 - Bulk Transfers
 - Restricted transfers to specific account
 - Other (please specify): _____

B. Presence and coverage across relevant geographical areas of operation for DRC’s cash and voucher assistance

i. Total Number of OTC cash out points in DRC’s Targeted AREAS: (Please attach the list)

Areas	Number of Cash out points
Mali	
Niger	
Nigeria	
Burkina Faso	
Central African Republic	
Cameroon	
Chad	

ii. Total Number of OTC Agents in DRC’s Targeted AREAS who can move around the area and ensure OTC cash out: (Please attach the list)

Areas	Number of Agents
Mali	
Niger	
Nigeria	
Burkina Faso	
Central African Republic	
Cameroon	
Chad	

iii. Any other additional information about your coverage/outreach:

iv. If you do not have any delivery points, outreach in any of DRC’s targeted areas, how would you rapidly respond and distribute cash and/or vouchers?

C. Capacity to deliver the volume of assistance requested by DRC

i. What are the minimum and maximum amounts of funds you can disburse in a day?

Minimum..... (amount) (currency)
 Maximum..... (amount) (currency)

- ii. How much (in monetary value) cash and voucher assistance are you able to deliver in the programmatic areas targeted by DRC within 1 month (maximum amount)?

Areas	Value and Currency
Mali	
Niger	
Nigeria	
Burkina Faso	
Central African Republic	
Cameroon	
Chad	

- iii. How long does it take to distribute cash via OTC to 100 / 500 / 2,000 / 5000 people in the areas targeted by DRC programming once all recipients are registered?

Areas	Time in days / hours ?			
	100 people	500 people	2 000 people	5000 people
Mali				
Niger				
Nigeria				
Burkina Faso				
Central African Republic				
Cameroon				
Chad				

D. Existing experience and competency in supporting delivery of humanitarian cash and voucher assistance in the country of programming

- i. Do you have experience in humanitarian OTC transfers? If yes, please provide a short description and list down the clients you have worked with and/or are working with on OTC transfers including payment methods.

Name of the client	Payment Method	Total amount distributed	Targeted areas	Comments

- ii. Do you have any working experience with DRC? If yes, please describe this experience below (completed projects and / or ongoing projects):

Payment Method	Total amount distributed	Targeted areas	Comments

- iii. If you have no experience in humanitarian cash and voucher assistance programming, would you be interested in possible future involvement? Please describe your interest.

- iv. Please provide reference, including contact details, from at least one other NGO or international organisation proving experience and competency in supporting the delivery of humanitarian cash and voucher assistance.

Name of the NGO	Name of the contact	e-mail address	Telephone number	Period

E. Data protection and management

- i. Does your organization have a Data Protection Policy? Yes / No
- ii. Is your company compliant with the European Union’s General Data Protection Regulation (“GDPR”) (Regulation (EU) 2016/679)? Yes / No

III. ADDITIONAL INFORMATION

Please include any additional information you want to add in this EOI.