Call for Expression of Interest



ANNEX

EOI Application Form – SMART Card / Prepaid Card

I. ADMINISTRATIVE COMPLIANCE

A. Know You Customer (K)	YC	.)
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What are the minimum documents required from individual clients to access the smart cart/prepaid cards services you provide and other requirement? 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

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A.	Technical solution, type(s) of cash and/or voucher delivery mechanisms/payment systems provided				
i.	Does the use of the smart card /prepaid card require an online or/and Offline system? Online / Offline				
ii.	Do you already have the required network and technology for ensuring efficient and effective use of the smart cards / prepaid cards for the transfers?				
iii.			mplement the proposed type and amount of transfers or a able to deliver the transfers? \square Yes / \square No	dapt or	
iv.	If so, how long wo	uld it take for you to set up th	ne transfer delivery mechanism in calendar days?da	ays	
v.		transfers through the smart on mediary organization(s)?	card / prepaid cards, do you operate directly and/or indire irectly / Indirectly	ctly	
vi.	In order to deliver ☐ Yes / ☐ No	transfers through the smart of	card / prepaid cards, is your system compatible with local s	sellers?	
vii.	What are the sma	rt cards / prepaid cards trans	fers services you can provide?		
B. i.	 □ Prepaid cards □ Smart cards □ e-cash □ e-voucher □ Other (please specify): Network, presence and coverage across relevant geographical areas of operation for DRC's cash and voucher assistance Number of the cash out point or exchange points to operate smard card / prepaid cards transfers in DRC's Targeted areas are: (Please attach the list) 				
	Arc	eas	Number of cash out or exchange points		
	Ma	ali			
	Nig	ger			
	Nig	geria			
		rkina Faso			
		ntral African Republic			
		meroon			
	Ch	ad			
ii.	Any other addition	nal information about your co	verage / network/ outreach:		

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III.	respond and distribute cash and/or vouchers?

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 mobile money to 100 / 500 / 2,000 / 5000 people in the areas targeted by DRC programming once all recipients are registered?"

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

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- 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 smartcard / prepaid cards transfers? If yes, please provide a short description and list down the clients you have worked with and/or are working with smart card /prepaid cards 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.	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

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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.

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