**aNNEXURE A2: Bidder TECHNICAL Compliance Checklist**

**Example of how to complete the compliance checklist:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section**  **No** | **Technical Criteria** | **Compliant** | **Partially Compliant** | **Non-Compliant** | **Reference page in Proposal** | **Comments** |
| 1.2 | **Experience of the bidder** | Yes |  |  | Page 9 to 12 - exhibit 2 |  |
| 2.1 | **Manage all reservations and bookings** |  | Yes |  | Page 13 to 15 - exhibit 4 | Bidder to state reason for partial compliance |
| 2.2 | **Manage all refunds and non-refundable airline-tickets** |  |  | No | Page 17 to 20 - exhibit 5 | Bidder to state reason for non-compliance |

**The form must be submitted in File 1 (Technical file), Exhibit 2**

| **No.** | **Technical Evaluation Criterion** | **Compliant** | **Partially Compliant** | **Non-Compliant** | **Reference page in Proposal** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Company Profile, Resources and Infrastructure/Systems** |  |  |  |  |  |
| 1.1 | Company profile, organisational structure to render the services. |  |  |  |  |  |
| 1.2 | Level of expertise of key personnel that may be assigned to SARS, qualifications and competencies relevant to the scope of service. |  |  |  |  |  |
| 1.3 | Full contact details of the key contact person / Account Manager. |  |  |  |  |  |
| 1.4 | Company organogram, branch infrastructure (geographic locations) and Disaster recovery plan and certificate. |  |  |  |  |  |
| 1.5 | Proof of existing systems: CRM system, Web functionality, Contact/call centre functionality, SMS functionality and Business continuity report. |  |  |  |  |  |
| **2.** | **Capability** |  |  |  |  |  |
| 2.1 | Provide proof of experience in providing brokerage services regarding medical aid scheme and proven track record over the past (4) four years.  The information provided for each client (a minimum of 3) must include:   * Company name; * Address; * Contact details including contact name, surname & telephone number; * Duration of contract; * Staff complement; * Brief description of all the services provided with examples and stats ; and * Level of satisfaction ( rate 1-10) |  |  |  |  |  |
| 2.2 | Provide the number of accounts retained and lost over the past four (4) years. |  |  |  |  |  |
| **3.** | **National Footprint** |  |  |  |  |  |
| 3.1 | Provide evidence of national footprint in nine (9) provinces, rural areas and border posts for the provision of medical aid brokerage services and demonstrate the implementation plan on how to manage multiple sites in different regions/ province within required lead time. |  |  |  |  |  |
| **4.** | **Value add services** |  |  |  |  |  |
| 4.1 | Provide:  A list of all other value added services and indicate if there will be any financial implications for these services. |  |  |  |  |  |
| **5.** | **Testimonials** |  |  |  |  |  |
| 5.1 | Provide two (2) most recent testimonials from any large clients and staff complement where similar services were provided. The testimonials must include but not be limited to:   * Brief description of services rendered; * Quality of service; * Company address and contact person; and   Performance. |  |  |  |  |  |
|  | **Insurance** |  |  |  |  |  |
| 6.1 | Provide:  Proof of Professional Indemnity Insurance. |  |  |  |  |  |