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| **ANNEX V**  **TECHNICAL PROPOSAL SUBMISSION FORM**  *Request for Proposal (RFP) no: RFP20-100* |

* + 1. **Background**
  1. Contact

|  |  |
| --- | --- |
| **Registered name of the Organisation:**  **(Please provide registration document)** |  |
| **Year established:** |  |
| **Full Physical Address:** |  |
| **Postal Address:** |  |
| **Telephone contact:** |  |
| **Email address:** |  |
| **Contact person:** |  |
| **Number of employees:** |  |
| **Proprietor’s/shareholder’s details:** |  |

* 1. Legal Registration

|  |  |  |
| --- | --- | --- |
| **Place of registration &**  **registration No.** | **Date of Incorporation** | **Directors’ names** |
|  |  |  |

**Please provide evidence of certification of compliance with legal obligations (insurance, work safety, accounting monitoring) when applicable.**

* + 1. **Previous experience**

**Reference 1:**

|  |  |
| --- | --- |
| **Name and address of International Organisation or similar major client:** |  |
| **Name of reference person and contact details:** | **Name:**  **Job title:**  **Email:**  **Telephone:** |
| **Description of actual services provided by your company. Please provide details, expanding as necessary:** |  |

**Reference 2:**

|  |  |
| --- | --- |
| **Name and address of International Organisation or similar major client:** |  |
| **Name of reference person and contact details:** | **Name:**  **Job title:**  **Email:**  **Telephone:** |
| **Description of actual services provided by your company. Please provide details, expanding as necessary:** |  |

* + 1. **Partners and personnel**

List the consortium partners as well as qualifications and experience of key personnel proposed for administration and execution of the consultancy. (**Curriculum vitae for personnel proposed for this consultancy should be submitted with the Proposal**).

|  |  |  |  |  |
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| **Organisation** | **Position** | **Name** | **Qualifications** | **Years of**  **experience in**  **current position** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. **Certification**

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Company Seal/Stamp (if any)

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