**ANNEX II**

**Technical and Financial Proposal Submission Form**

**RFQ21-081**

**PART A – Background**

|  |  |
| --- | --- |
|  | **RESPONSE BY BIDDER**  |
| Name:  |   |
| Physical Address:  |   |
| Postal Address:  |   |
| Telephone Contact:  |   |
| Email:  |   |
| Two contacts of referees or references. Attach additional details considered as relevant  |   |

**PART B – Evaluation Criteria**

|  |  |
| --- | --- |
| **CRITERIA**  | **RESPONSE BY BIDDER**  |
|   |   |
|   |   |
|   |   |
| Remuneration |   |

**ANNEX III**

**Proposal Submission Form**

**RFQ21-081**

**Part A: Undertaking**

1. I agree that if this proposal is accepted, to enter into an agreement with the Owner, to commence and to complete all the work specified or indicated in the contract documents.
2. In submitting this proposal, I confirm that I have examined all the RFQ documents to provide technical services related to the Consultancy for the Development of Country’s Disease Threshold Determination.
3. I agree to complete the services for the price stated in the remuneration.

**Part B: Conflict of interest**

1. I confirm that I, my family members, and the organisation or company that I am involved with are independent from SPC. To the best of my knowledge, there are no facts or circumstances, past or present, or that could arise in the foreseeable future, which might call into question my independence.
2. If it becomes apparent during the procurement process that I may be perceived to have a conflict of interest, I will immediately declare that conflict and will cease to participate in the procurement process, unless or until it is determined that I may continue.

OR:

I declare that there is a potential conflict of interest in the submission of my bid.

(Please provide an explanation with your bid)

Date and signature:

**Part C: Privacy notice**

1. I understand that my bid and my personal information will be stored and used by SPC in accordance with SPC’s *Privacy Policy* and *Guidelines for handling personal information of bidders and grant applicants*. Please inform SPC if you would like copies of the policy or guidelines.
2. If successful, I understand that SPC will disclose information such as my name and my company’s name, and the amount of the award of SPC’s website.

Date: Name:

Signature: Title:

**ANNEX IV**

**Due diligence questionnaire**

**RFQ21-081**

Please complete the following questionnaire and provide supporting documents where applicable.

**For individuals operating a business in their personal capacity**

1. Please provide any two of the following documents to verify identity and proof of address:
2. Passport
3. Driver’s license
4. Voter card or other government-issued identity card
5. Bank statement with the individual’s name displayed

1. Have you been convicted for criminal offences relating to anti-money laundering or terrorism financing? ☐Yes    ☐No

If you answered ‘yes’, please provide further details.

1. Have you ever been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists?☐Yes    ☐No

If you answered ‘yes’, please provide further details.

**For companies and other legal entities**

1. Please provide the following documents to verify identity and proof of address:

1. Evidence of Power of Attorney/Board Resolution granted to the officers to transact business on its behalf; and
2. Any of the following documents:
* Certificate of Incorporation
* Memorandum and Articles of Association
* Telephone bill in the name of the company
* Bank statement with the entity’s name displayed

1. Does your entity have foreign branches and/or subsidiaries? ☐Yes    ☐No

1. If you answered ‘yes’ to the previous question, please confirm the areas of your entity covered by responses to this questionnaire

Head Office & domestic branches ☐Yes    ☐No    ☐ N/A

Domestic subsidiaries ☐Yes    ☐No    ☐ N/A

Overseas branches   ☐Yes    ☐No    ☐ N/A

Overseas subsidiaries ☐Yes    ☐No    ☐ N/A

1. Is your entity regulated by a national authority? ☐Yes    ☐No

If you answered ‘yes’ please specify the name: …………………………………………………………………………..

1. Does your entity have a written policy, controls and procedures reasonably designed to prevent and detect money laundering or terrorist financing activities? ☐Yes    ☐No

If you answered ‘yes’, please send SPC your policy in English

1. Does your entity have an officer responsible for an anti-money laundering and counter-terrorism financing policy? ☐Yes    ☐No

If yes, please state that officer’s contact details:………………………………………………………………………….

1. Does your entity provide financial services to customers determined to be high risk including but not limited to:

- Foreign Financial Institutions ☐Yes    ☐No

- Casinos  ☐Yes    ☐No

- Cash Intensive Businesses  ☐Yes    ☐No

- Foreign Government Entities  ☐Yes    ☐No

- Non-Resident Individuals  ☐Yes    ☐No

- Money Service Businesses  ☐Yes    ☐No

1. If you answered ‘yes’ to any of the boxes in question 7, does your entity’s policies and procedures specifically outline how to mitigate the potential risks associated with these higher risk customer types? If yes, how?

1. Has your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing?☐Yes    ☐No

If you answered ‘yes’ please provide details

1. Has the director or CEO of your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing?☐Yes    ☐No

If you answered ‘yes’ please provide details

I declare that none of the funds received or to be received by my organisation will be used to finance terrorism or involve money laundering.

I declare that the particulars given herein above are true, correct and complete to the best of my knowledge, and the documents submitted in support of this form are genuine and obtained legally from the respective issuing authority.

Date: Name:

Signature: Title: