#### FORM PQ-1 : EOI DOCUMENTATION

**EOI Category-**

|  |  |
| --- | --- |
| **CATEGORY REFERENCE NUMBER** | **CATEGORY** |
|  |  |
|  |  |
|  |  |

**All firms must provide in serialized pages:**

1. Copies of Certificate of Registration
2. Copy of V.A.T Registration Certificate
3. Tax Compliance Certificate from Bangladesh Tax Authority (Failure to produce this certificate to prove compliance will lead to automatic disqualification thus no further evaluation of the application)
4. Copies of BIN/PIN Certificates of firm/Company/Individual
5. Copies of business permits and licenses
6. Bank references and bank details
7. Comprehensive Capacity Statement, CV, academic and professional certificates (if any).

**All firms preferable in serialized pages (if any):**

1. Attach a copy of two certified audited financial statements giving summary of assets and current liabilities/or any other financial support from the last two years.
2. latest dealership letters (technical/experience/Lab & Medical Equipment/Computers etc.)
3. Statement to indicate willingness to provide goods and services on credit
4. Applicants should only apply in their areas of expertise
5. List of ongoing and previous Contracts/Projects (goods, services)

***Compulsory i.e. any applicant who does not indicate the credit period and/or who indicates any credit period less than 30 days shall be automatically disqualified)***

#### FORM PQ-2 : EOI DATA

|  |
| --- |
| **Vendor/Contractor Identification** |
| Legal name of firm/Business |  |
| Street and Address |  |
| City |  |
| Country |  |
| Telephone No.  |  |
| Contact Person |  |
| Title |  |
| **Business Information** |
| Management Personnel/proprietor name |  |
| Managing Director |  |
| Director |  |
| General Manager |  |
| Treasurer/accountant |  |
| Other |  |
| Partnership (if applicable) |  |
| Name of partners (If any) |  |
| **Others**  |
| Business founded or incorporated |  |
| Under present management since |  |
| Net worth equivalent BDT |  |
| Bank reference and address |  |
| Enclose copy of the organization chart of the firm indicating the main fields of activities |



#### FORM PQ-3 : SUPERVISORY/PROPRITOR PERSONNEL

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

Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic qualification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional qualification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of service with Vendor/ Consultant

or position held : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supply or Service experience**

Name of client/customer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Character and nature of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract value : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of contract : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and responsibility in contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Technical personnel**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed position in this project if contract is awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief statement of supply and service delivery method the vendor/ consultant plans to use to execute the contract:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### FORM PQ-4 : FINANCIAL POSITION AND BANK DETAILS

**4.1** Attach a copy of the last two audited and certified financial statements givingsummary of assets and current liabilities/or any other financial support.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.2** Provide the applicant’s bank details to SNV Kenya.

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

Account Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swift Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach letters of reference from the banker regarding vendor/ consultant’s credit position.

**(Compulsory)**

#### FORM PQ-5 : PAST EXPERIENCE

**NAMES OF THE VENDOR/ CONSULTANT’S OTHER CLIENTS AND VALUES OF CONTRACTS/ORDERS IN THE LAST TWO YEARS**

CLIENT 1

Name of 1st client (organization)……………………………………………………………..…

Address of client (organization)……………………………………………………………………

Name of contact person at the client (Organization)……………………………….…..

Client Telephone Number……………………………………………………………………………

Value of contract…………………………………………………………………………………………

Duration of contract (Date)…………………………………………………………………………

CLIENT 2

Name of 2nd client (organization)……………………………………………………………..…

Address of client (organization)……………………………………………………………………

Name of contact person at the client (organization)……………………………….…..

Client Telephone Number……………………………………………………………………………

Value of contract…………………………………………………………………………………………

Duration of contract (Date)…………………………………………………………………………

CLIENT 3

Name of 3rd Client (organization)..……………………………………………………………..…

Address of client (organization)……………………………………………………………………

Name of contact person at the client (organization)……………………………….…..

Client Telephone Number……………………………………………………………………………

Value of contract…………………………………………………………………………………………

Duration of contract (Date)…………………………………………………………………………

Others:

……………………………………………………………………………………………………………….……………..

#### FORM PQ-6 : ACKNOWLEDGEMENT STATEMENT

Having studied the EOI information provided above we/I hereby state:

1. The information furnished in our application is accurate to the best of my/our knowledge.
2. That in case of being qualified we acknowledge that this grants me/us the right to participate in due time in the submission of a proposal or quotation on the basis of provisions in the RFP/RFQ documents to follow.
3. When the RFP/RFQ is issued and we find that the legal, technical or financial conditions or the contractual capacity of our firm has changed, we will come ourselves to inform you and acknowledge your right to review the Proposal/Quote made.
4. We enclose all the required documents and information required for the EOI evaluation.

Date: ……………………………………………………………………………………………..…………………..

Applicant’s Name: …………………………………………………………………………………..…………..

Represented by: ………………………………………………………………………………………………….

Signature: …………………………………………………………………………………….…………………….

Designation: ………………………………………………………………………………….…………..……….

(Full name and designation of the person signing and stamp or seal.)

#### FORM PQ-7 : CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in part 1 and either part 2(a), 2(b) or 2(c) whichever applies in your type of business.

You are advised that it is a serious offence to give false information on this form.

|  |
| --- |
| **Part 1 – General**Business Name ……………………………………………………………………………………………………………………………… Location/Address of Business Premises …………………………………………………………………………………………………….. House/Plot No. …………………………………………..… Street/Road ……………………………………………………………………Postal Address …………………………………………………………………. Tel No. ………………………………….………… Nature of business ………………………………………………………………………………………………………………….…….Current Trade Licence No. ………………………………………………….. Expiring date ………………………..……..Maximum value of business which you can handle at any one time in BDT ………………………………… Name of your bankers ……………………………………………………….. Branch …………………………….…………… |
| **Part 2 (a) – Sole Proprietor**Your Name in full ………………………………………..…………………… Age ……………………………………… Nationality ……………………………………..……….. Country of origin ………………………………………..\* Citizenship details/National ID Card Number……………………………………………………………………..……………………… |
| **Part 2 (b) Partnership (If any)**Given details of partners as follows:

|  |
| --- |
|  Name Nationality Citizenship Details Shares |
| 1. …………………………………………………………………………………………………………
 |
| 1. …………………………………………………………………………………………………………
 |
| 1. …………………………………………………………………………………………………………
 |
| 1. …………………………………………………………………………………………………………
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| **Part 2 (c ) – Registered Company**Private or Public ……………………………………………………………………………………………State the nominal and issued capital of company –Nominal. Issued.Given details of all directors as followsName Nationality Citizenship Details Shares1. ………………………………………………………………………………………………………………………………………………..2.………………………………………………………………………………………………………………………………..…………………3.……………………………………………………………………………………………………………………………………………………4. …………………………………………………………………………………………………………………………………..…………….. 5. …………………………………………………………………………………………………………………………………………………….\*If Bangladeshi citizen, indicate under citizenship details whether by Birth, Naturalization or Registration |
| Date …………………………………………………….. Seal/Signature of Candidate ……………………….. |
|  |

#### FORM PQ-8 : LITIGATION HISTORY

Provide any litigation or arbitration history based on the attached form on the next page

 **REPUBLIC OF BANGLADESH**

**IN THE MATTER OF OATHS AND STATUTORY DECLARATIONS**

**AND**

**IN THE MATTER OF: THE PUBLIC PROCUREMENT AND DISPOSAL**

I (INSERT NAME HERE) of Post Office Number (INSERT COMPANY ADDRESS) in the People Republic of Bangladesh make oath and state as follows:-

1. **THAT** I am a Bangladeshi male/female adult of sound mind by reason whereof to swear this affidavit.
2. **THAT** I am a holder of National identity card number (INSERT ID NO.HERE) copy attached herewith.
3. **THAT** I am one of the Directors of the registered company namely (INSERT COMPANY NAME HERE) copy of Certificate of Incorporation attached herewith.
4. **THAT** there is no pending litigation whatsoever or any claims expected of (INSERT COMPANY NAME).
5. **THAT** (INSERT COMPANY NAME) has not been barred to participate in Public Tender.
6. **THAT** we have never been involved in corrupt practices, neither shall we offer or facilitate, directly or indirectly, any inducement or reward to any public officer, their relations or business associates, in connection with this Tender
7. **THAT** I swear this affidavit to confirm that my Company has no any pending litigation of claim expected whatsoever.
8. **THAT** I swear this affidavit conscientiously believing the same to be true and correct in accordance with the Oaths.

SWORN by the said:

 )

(INSERT NAME HERE) )

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**DEPONENT** )

At (Name of Place) this day of , 2021

 )

**BEFORE ME** )

 )

**COMMISSIONER FOR OATHS** )

**DRAWN BY** )

