

OFFER FORM ACTED Tunisia

Date:

Tender N°: T/14DHP/X98/INE/TUN/24/01/2020

To be Filled by Bidder (COMPULSORY)**Details of Bidding Company:**

1. Company Name: (_____)
2. Company Authorized Representative Name: (_____)
3. Company Registration No: (_____)
No/Country/ Ministry
4. Company Specialization: (_____)
5. Mailing Address: (_____)
Country/Governorate./City/St name/Shop-Office No
 - a. Contact Numbers: (Land Line: _____ / Mobile No: _____)
 - b. E-mail Address: (_____)

I undersigned _____, agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

PLEASE FILL IN THE FOLLOWING TABLE.

BATCH 1: Advanced Safety and Security Management Workshop

No.	Item Specifications & product stage	Supplier's Specification (if different)	Measuring Unit	Quantity	Unit Price US\$	Total Price US\$
1	Provision of Advanced Safety and Security Management Workshop with all materials and Venues for 15 participants. Including all running costs		Days	2		

BIDDER'S COMMENTS/REMARKS:

PLEASE INDICATE HERE IF THE PRICE WILL DEPEND OF THE NUMBER OF PARTICIPANTS OR ANY OTHER IMPORTANT FINANCIAL COMMENT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

BIDDER'S TERMS AND CONDITIONS:

1. Valid of the offer: _____ (recommended: 1 month or more)
2. Terms of payment: _____
3. Terms of payment _____

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____

NB: in case of Request for Tender, please attach the service proposal to the present offer form