OFFER FORM ACTED LIBYA

Date: ____________________________ (to be indicated by the bidder)

Tender N°: T/14DPE/H94/QIP/SEBHA/PRG/10062019/002

To be Filled by Bidder (COMPULSORY)

Details of Bidding Company / تفاصيل الشركة المتقدمة

1. Company Name / اسم الشركة (____________________)
2. Company Authorized Representative Name / اسم الشخص المفوض (____________________)
3. Company Registration No / رقم السجل القانوني للشركة (____________________)
4. Company Specialization / تخصص الشركة (____________________)
5. Mailing Address / عنوان البريد (____________________)

   a. Contact Numbers / رقم الاتصال (Land Line: ___________/ Mobile No: ___________)
   b. E-mail Address / البريد الإلكتروني (____________________)

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.

انا الموقع ادناه ____________________________________________________________________ اوافق على تزويد أктيد المنظمة الخير حكومية والغير ربحية بهذه البنود لتلاقي المواصفات التالية وفقا للشروط العامة والمسؤوليات التي وافقت عليها بنفسني.
Please fill in the following tables

Lot 1: Rehabilitation works

Rehabilitation works for Al Karama School - Taiouri street – Sebha, Sebha, Libya.

Field visit possible - ACTED Staff – 11th June to 17th June 2019 - Accompanied with ACTED Sebha Engineer.

The offer will be submitted in Libyan Dinars or USD all cost included (including delivery and installation) and taxes included.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Unit</th>
<th>Quantity</th>
<th>Unit Price LYD VAT Included</th>
<th>TOTAL Price LYD VAT Included</th>
<th>Unit Price USD VAT Included</th>
<th>TOTAL Price USD VAT Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,1</td>
<td>Supply and execution of graphite works for exterior facades, according to the approved color and texture sample of the supervising engineer, including restoration of cracks and holes in the walls</td>
<td>M2</td>
<td>2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,2</td>
<td>Maintenance and reinforcement of the protection wires located above of the outer wall of the school (the work includes the maintenance and painting of the columns used to fix the protection wires, all according to the technical specifications and instructions of the supervising engineer</td>
<td>Meter Length</td>
<td>285</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total (including all applicable taxes and delivery and installation)</td>
<td></td>
<td></td>
<td>In LYD</td>
<td></td>
<td>In USD</td>
<td></td>
</tr>
</tbody>
</table>

Bidder’s Comments/Remarks:
1. 
2. 

Delivery conditions guaranteed by the bidder:

......................................................... Days for 50% of completion of works
......................................................... Days for 100% of completion of works
**BIDDER’S TERMS AND CONDITIONS:**

1. Valid of the offer: ________________ (recommended: 6 months for selection and contract’s signature).
2. Terms of delivery: ________________ (recommended: DDP)
3. Terms of payment: ________________

Reminder: The offer will be submitted in English and in Libyan Dinars or USD all cost included (including delivery and installation) and taxes included.

- Bidders shall comply with all valid Government legal Documentation and adhere to Regulations to operate in Libya such as being regular tax payer to offer such goods and services as specified in the tender.

2. An entity established in Libya is considered tax resident in Libya.
   - Any Income generated in Libya from work performed therein should be subject to income tax in Libya.
   - The supplier will have the obligation to provide Tax information, including handling the preparation, filing, and stamping of federal, state, or national body on the invoice of the performed service/work.

Name of Bidder’s Authorized Representative: ________________________

Authorized signature and stamp: ________________________________

Date: __________________________