



**OFFER FORM ACTED Libya**

Date: 24/11/2020

Tender N°: T/14/FWA/Health Insurance/Libya/24/11/2020

**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 TABLES:**

Health insurance for ACTED national employees and dependents in Libya (Framework Agreement)

ACTED reserves the right not to select a service-provider if he didn't provide a price for each service in the table below.

No.	Item Specifications & product stage	1st unit A	1 <sup>st</sup> quantity B	2 <sup>nd</sup> unit C	2 <sup>nd</sup> quantity D	Unit Price USD person/month E	Total Price USD BxDxE
1	Single	Person	39	Month	12		
2	Married	Person	33	Month	12		
3	Family	Person	0	Month	12		
4	Single parent	Person	0	Month	12		
<b>TOTAL</b>							

Current number of ACTED staff (1<sup>st</sup> quantity) can be found in Annex 1 but this number will increase and decrease during the framework period, thus, **quantities are subject to change** and bidders need to **fill the Unit Price per person**.

Please indicate below the numbers of insured people who can be covered under the same contract (and the same price by month) by considering the population movement.

No.	Population movements	Percentage of additional cost on the present contract signed on January 1 <sup>st</sup> , 2021
1	If the number of insured has increased by 10%	.....%
2	If the number of insured has decreased by 10%	.....%

**BIDDER'S INSTRUCTIONS:**

- THE HEALTH INSURANCE POLICY OF THE COMPANY'S BIDDER HAS TO BE ATTACHED TO THE OFFER FORM, SIGNED AND STAMPED (COMPLETE LIST OF WHAT IS INCLUDED AND EXCLUDED IN THE SERVICE) (COMPULSORY)**
- THE ANNEX 2 SEND BY ACTED IN THE TENDER PACKAGE HAS TO BE ATTACHED TO THE OFFER FORM, SIGNED AND STAMPED (COMPLETED TAKING INTO ACCOUNT THE INFORMATION SEND BY ACTED IN THE ANNEX 1) (COMPULSORY)**



**BIDDER'S COMMENTS/REMARKS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**BIDDER'S TERMS AND CONDITIONS:**

1. Valid of the offer: \_\_\_\_\_ (recommended: 2 months or more)
2. Starting date of the insurance contract: **January 1<sup>st</sup> 2021**
3. Terms of payment: \_\_\_\_\_
4. Bank account

	SUPPLIER INFORMATION	ACTED PREFERENCE
<b>BENEFICIARY BANK</b>		
Name of the bank		
Agency (address)		In USD in Tunisia or outside Libya In USD in Libya
<b>BENEFICIARY</b>		
Name of the beneficiary		Under the company name or under the name of the legal representative
Account number		
SWIFT		



**ACTED**  
Agency for technical cooperation and development.

Form PRO-06 Version 1.3

Name of Bidder's Authorized Representative: \_\_\_\_\_

Authorized signature and stamp: \_\_\_\_\_

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