

**OFFER FORM ACTED HQ**

Date: 29/01/2021

Tender N°: T/MULTI/HQ/29-01-2021/001

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

1. Company Name: \_\_\_\_\_

2. Company Authorized Representative Name: \_\_\_\_\_

3. Company Registration No: \_\_\_\_\_

4. Company Specialization: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

Country/Governorate./City/St name/Shop-Office No

a. Contact Numbers: \_\_\_\_\_ / 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:**

No.	Deliverable	Specifications	Quantity	Total Price without taxes EUR OR USD (please specify currency)	Total Price including taxes EUR OR USD (please specify currency)
1	Recipient Contractual Audit Report of ACTED for Fiscal Year 2020 (January 1 – December 31, 2020).	Fees must cover the entire assignment as described in the SoW (including preparation phase, audit phase, writing and submission of the report to ACTED)	1		



**BIDDER'S COMMENTS/REMARKS:**

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

**BIDDER'S TERMS AND CONDITIONS:**

1. Valid of the offer: \_\_\_\_\_ (recommended: 1 months or more)
2. Terms of payment: \_\_\_\_\_

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

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

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