

BIDDER'S CHECK LIST ACTED Tunisia/Libya

Date: 13/12/2021

Tender N°: T/14/18/FWA/Health Insurance/Libya-Tunisia/13/12/2021

BEFORE SENDING YOUR BIDDING DOCUMENTS, PLEASE CHECK THAT EACH OF THE FOLLOWING ITEM IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :

Description	To be filled in by Bidder		For ACTED use only (to be filled in by Purchase Committee)		
	Included		Present		Comments
	Yes	No	Yes	No	
A copy of Company registration documents (Compulsory)					
A copy of the Legal representative ID and license (Compulsory)					
Offer Forms fully signed & stamped by the bidder (all pages). Prices must be expressed in USD. (Compulsory)					
Bank account reference must be completed (Compulsory)					
Annex 2. Filled in English with all the information mentioned in the document or reference to the offer and signed (Compulsory)					
Benefits table (sickness, maternity, hospitalization) for year 2022 (asked in annex 2) (Compulsory)					
Bidder's questionnaire (Compulsory)					
Bidder's ethical declaration (Compulsory)					
Bidder's check list (Compulsory)					
General condition of purchase (Compulsory)					
The Bidding documents are filled in English (Compulsory)					
(form PRO-05) – Instructions to Bidders is attached, filled, signed and stamped at least on last page. (Compulsory)					
Proofs of past performances in a similar field of activity (e.g. past deliveries of similar services) (Recommended)					
A catalogue or sample of the service or if there are different options, a sample or catalogue of each option (Recommended)					

Name & Position of Bidder's authorized representative _____

Authorized signature _____

Stamp: