

BIDDER'S CHECK LIST ACTED Libya / Tunisia

Date: _____

Tender N°: T/14/18/FWA/Health Insurance/Libya-Tunisia/02/11/2022

BEFORE SENDING YOUR BIDDING DOCUMENTS, PLEASE CHECK THAT EACH OF THE FOLLOWING ITEMS ARE COMPLETE AND RESPECTS THE INSTRUCTIONS TO BIDDERS CONDITIONS:

| # | 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 | |
| 1 | Instructions to Bidders (PRO-05) signed & stamped by the Bidder | | | | | |
| 2 | Original Offer Form (PRO-06) dated, filled, signed & stamped by the Bidder (<i>detailed as per the requested currency</i>) | | | | | |
| 3 | Supplier Questionnaire (PRO-06.1) dated, filled, signed & stamped by the Bidder | | | | | |
| 4 | ACTED Ethical Declaration (PRO-06.2) dated, filled, signed & stamped by the Bidder | | | | | |
| 5 | ACTED General Conditions of Purchase signed & stamped by the Bidder | | | | | |
| 6 | Present Bidder's Checklist (PRO-06.3) dated, filled, signed & stamped by the Bidder | | | | | |
| 7 | Bidder's official registration documents (valid) | | | | | |
| 8 | Bidder's legal representative national ID or passport | | | | | |
| 9 | Proofs of past performances in a similar field of activity (e.g. past deliveries of similar items) are provided | | | | | |
| 10 | Annexe 1 Table of guarantee and coverage , dated, filled, signed by the Bidder | | | | | |

First & Last Name of Bidder's authorized representative: _____

Position of Bidder's authorized representative: _____

Authorized signature: _____

