

APPLICATION FORM ACTED MOLDOVA

Prequalification N° (filled in by ACTED): No. P/67JFF/J6G/MULTI /25-09-2023

Order ID (filled in by ACTED):

Date (filled in by Applicants):

To be Filled by Bidder (COMPULSORY)

Company's Name (as per registration documents)	
Company Authorized Representative's Name (as per registration documents or duly signed Power of Attorney)	
Company Registration Number	
Registration body	
Company's mailing address Shop/Office/Building No Street name City Governorate/province/district Country	
Commercial representative for the application (if different from authorized representative)	
Phone contact number Landline Mobile No	
Email address	

I undersigned (to be filled in by the Bidder) _____
 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.



1. Please fill in the below human resources table as of 25/09/2023

	APPLICANT'S CAPACITY
NUMBER OF FULL TIME ENGINEERS	
NUMBER OF FULL TIME MANAGERS	
NUMBER OF FULL TIME SUPERVISORS	
NUMBER OF WORKERS	

2. Please fill in the below equipment table as of 25/09/2023

Please list your Company main relevant technical equipment/machinery (machine, equipment, premises & warehouses, trucks & heavy machines, production center, etc)

NO	DESCRIPTION	LOCATION/ADDRESS	QUANTITY
1			
2			
3			
4			
5			

3. Have you worked with NGOs before? YES NO

If yes, please list them with detailed information:

4. Have you worked on similar types of projects before? YES NO

If yes, please list them below with detailed information (if needed please provide separate list):

5. Contract Award History

Please list the last similar contracts awarded to your company over the last 2 years

NO	PROJECT DESCRIPTION	LOCATION	PARTNER NAME	DURATION	PROJECT COST (USD)
1					
2					
3					
4					
5					

6. Annual turnover data for the last 12 months

YEAR	CONTRACT DESCRIPTION	TOTAL CONTRACT AMOUNT (CURRENT VALUE, US\$ EQUIVALENT)

7. Current list of on-going & projected contracts




YEAR	CONTRACT DESCRIPTION	TOTAL CONTRACT AMOUNT (CURRENT VALUE, US\$ EQUIVALENT)	COMPLETION DUE DATE

8. Safety

The Applicant shall provide copies of all safety records (including incident records), and attendance to safety training programs.

Name of Applicant's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____

