



EOI Application Form

To : Procurement and Logistics Unit (PLU)
Email : bids1.plu.raeoazeesmtl@gmail.com
From : {insert name of applicant/company}
Subject : PREQUALIFICATION OF COMPANIES FOR THE PROVISION OF LEGAL ADVISORY SERVICES IN THE DRAFTING OF A LEGISLATION PACKAGE FOR RAEOA - ZEESM TL.

EOI No. : RAEOA-ZEESMTL/PLU/EOI/2019-001

Section 1: Purpose

- New Registration
 Information Update (only fill-up information being updated)

Section 2: Company Details and General Information

1. Name of Company (full legal name):

2. In case of Joint Venture (JV), name of each member:

3. Legal Address (in country of registration)

Street Address:

Postal Code:

City:

Country:

4. Contact Details:

Telephone (incl. country and area codes):

Email Address:

Website:

Contact Person:

Position Title:

5. Full name of the Director/President of the Company:

6. Ownership and Parent Company:

7. Nature of Business:

Manufacturer: Trader: Consulting Company: Others (specify):

8. Type of Business:

Corporate/Limited: Partnership: Government Agency: Others (specify):

9. Year Established under the name shown in "1" above:

10. Tax Identification No.:

ANX

Section 3: Financial Information**11. Annual Value of Total Income for the Last 3 Financial Years:**

Year:		Year:		Year:	
USD:		USD:		USD:	

12. Total Current Assets (CA) and Current Liabilities (CL) for the Last 3 Financial Years (in USD):

Year:		Year:		Year:	
CA:		CA:		CA:	
CL:		CL:		CL:	

13. Bank Details:

Bank Name:			
Bank Branch:			
Address:		Country:	
Bank Account Name:		Currency:	
Account Number:		Swift Code / IBAN:	

14. Please provide a copy of the company's annual or audited financial report of the last 3 years.

If available, please provide credit rating by a respectable Credit Rating Agency (specify which).

Note: RAEOA-ZEESM TL's standard payment term is within 30 days upon satisfactory delivery of goods/services and receipt of original copy of invoice. Payment is through bank transfer and bank charges shall be shouldered by the payee.

Section 4: Technical Capability and Information on Goods / Services Offered**15. If available, Quality Assurance Certification, e.g. ISO 9000 or National Standard**

(Provide a copy of your latest certificate):

16. International Offices/Representation (countries where the company has local offices/representation):**17. Please select from the list below your top 5 areas of activity:**

- | | |
|--|--|
| <input type="checkbox"/> Agricultural Tools, Machines and Materials | <input type="checkbox"/> IT Equipment |
| <input type="checkbox"/> Air-Conditioning Equipment and related services | <input type="checkbox"/> Legal Services & Consultancy |
| <input type="checkbox"/> Ballistic Protection and Security Equipment | <input type="checkbox"/> Light Vehicles, Repair, Maintenance & Spare Parts |
| <input type="checkbox"/> Banking and Investment Services and Consultancy | <input type="checkbox"/> Marketing Services |
| <input type="checkbox"/> Books and Periodicals | <input type="checkbox"/> Media & Advocacy Consulting and Training |
| <input type="checkbox"/> Camping Equipment | <input type="checkbox"/> Media Publishing Services |
| <input type="checkbox"/> Catering Supplies and Services | <input type="checkbox"/> Medical Supplies & Equipment |
| <input type="checkbox"/> Cleaning Supplies, Equipment and Related Services | <input type="checkbox"/> Non-Food Relief Items |
| <input type="checkbox"/> Communications Equipment | <input type="checkbox"/> Office and School Supplies |
| <input type="checkbox"/> Consultancy Services (others- specify which sector) | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Construction Materials and Related Services | <input type="checkbox"/> Office Furniture |
| <input type="checkbox"/> Drinking Water Supply | <input type="checkbox"/> Operations Management & Related Services |
| <input type="checkbox"/> Engineering Equipment and Related Services | <input type="checkbox"/> Packaging Materials & Equipment |
| <input type="checkbox"/> Financial Services and Consultancy | <input type="checkbox"/> Photography Equipment & Services |
| <input type="checkbox"/> Food Items | <input type="checkbox"/> Port and Railway Equipment and Related Services |
| <input type="checkbox"/> Food and Nutrition Consultancy | <input type="checkbox"/> Postal and Courier Services |
| <input type="checkbox"/> Food Processing Machinery | <input type="checkbox"/> Printing Services |
| <input type="checkbox"/> Fuel & Oil | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Fuel Storage & Pumps | <input type="checkbox"/> Shipping Services |
| <input type="checkbox"/> General Electronics | <input type="checkbox"/> Software & Software/Web Design & Training |
| <input type="checkbox"/> Heavy Vehicles, Repair, Maintenance & Spare Parts | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> Hotel and Restaurant Services | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Household Items | <input type="checkbox"/> Vehicle Rental Services |
| <input type="checkbox"/> IT Consultancy | <input type="checkbox"/> Warehouses and Warehouse Equipment |
| <input type="checkbox"/> Others (please specify): | |

AN K

Section 5: Experience

18. Recent contracts with RAEOA-ZEESM TL, RDTL National Government or any international organizations (attach a separate sheet if necessary). Please provide documentary evidence of such contracts (e.g. copies of purchase orders)

Organization	Value in USD	Year	Goods/Services Supplied	Country

Section 6: Attachments

<input type="checkbox"/> Business Registration Certificate	<input type="checkbox"/> Others:
<input type="checkbox"/> Commercial Certificate	
<input type="checkbox"/> Tax Registration Certificate	
<input type="checkbox"/> Articles of Incorporation (or equivalent), if applicable	
<input type="checkbox"/> Latest Audited Financial Statements	

Section 7: Certification

I, the undersigned, declare that our company fully meets the prerequisites a, b, c, d, e, f, g, h and i, for eligibility to register with the RAEOA-ZEESM TL as outlined in the paragraph 1 of the EOI Instructions.

Furthermore, I warrant that the information provided in this form is correct and in the event of changes details will be provided as soon as possible.

Name:

Position Title:

Signature:

Date:

Note: Please affix initials on every page of this form.

ver: J0218 01

ANK