

*TENDER REFERENCE NO.:* .....



**REPUBLIC OF TOGO  
ADHOC CONTRACT COMMITTEE  
SECRETARIAT COMPLEX, LOME  
TOGO**

**TENDER FORM**

**TO  
ADHOC CONTRACT COMMITTEE**

**SEND SUBMISSION TO**

**CONTRACT AWARD COMMITTEE  
ADHOC CONTRACT COMMITTEE  
SECRETARIAT COMPLEX  
LOME-TOGO**

**A. Tender Pricing**

**BIDDER'S NAME** \_\_\_\_\_

In compliance with the invitation, if this tender is accepted, the undersigned irrevocably offers and agrees to furnish or apply to all or part of the items upon which prices are stated at the price set opposite each item delivered at the designated point or point within the time specified herein.

Item	Description
1.	<u>Tender Price:</u>
1.1	Tender Price \$ _____
	Add \$ _____
	<b>Total Tender Price (all taxes included):</b> \$ _____
2.	Other Costs
2.1	Freight _____
2.2	Insurance _____
	Note: this Tender will be awarded on the Total Tender Price (all taxes included).

**B. Addendum Acknowledgement(s)**

Failure to acknowledgement receipt of any addendum may, at the sole discretion of ADHOC-CC, result in disqualification.

We acknowledge receipt of the following addenda (complete if applicable):

Addendum#	Dated

**C. Authorization**

Bidder's Business Name and Address (Place Print or Type):

Name Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Incorporated

Partnership

Sole Proprietorship

Registration No : \_\_\_\_\_(if applicable)

Pursuant to the Completion Act, we declare that the bids in this tender have been independently determined.

**Signed and Delivered by the Authorized signing officers of the Bidder:**

Authorized Signature(s): \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

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

**Company Contact Person:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**D. References**

**NOTE: FAILURE TO COMPLETE THIS SECTION MAY RESULT IN DISQUALIFICATION.**

**Work References:**

Bidders shall provide sources for three (3) references (companies for whom work of a similar nature and value were done in the past two years, including ADHOC-CC).

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

Project Date: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

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

**D. References Cont'd**

3. Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

Project Date: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

**Financial References:**

1. Current Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Manager Credit Officer: \_\_\_\_\_

Current Amount: \_\_\_\_\_ Account No.: \_\_\_\_\_

REG No.: \_\_\_\_\_

2. Bidder's Company Principals: \_\_\_\_\_

President: \_\_\_\_\_

Other Officers: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Reference and Credit Check Authorization:**

I/We authorize and consent to ADHOC CONTRACT COMMITTEE receiving and exchanging with others, including My Bankers and other person with whom

I/We have had dealings, credit and other information about me/us. I/We understand that such information will be a factor in the ADHOC-CC decision to award the contract for this Tender.

Individual or Company Name: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_ Date: \_\_\_\_\_