

BIDDER'S CHECK LIST ACTED Tunisia

Date / التاريخ: _____ (to be indicated by the bidder)

BID N° / رقم المناقصة: [Subject]

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

قبل إرسال اوراق تقديم المناقصة, الرجاء التأكد من وجود جميع المعلومات أدناه و حسب الاصول و القوانين المقررة من منظمة أكتد

Description / الوصف	To be filled in by Bidder يُعبأ من قبل المتقدم للمناقصة		For ACTED use only (to be filled in by Purchase Committee) يُعبأ من قبل موظفي دائرة المشتريات من قبل منظمة أكتد		Comments تعليقات
	Included من ضمن		Present الحالي		
	Yes نعم	No لا	Yes نعم	No لا	
1. An original (compulsory) and one copy (recommended) of the bid have been provided					
2. PART 1 (form PRO-05) – Instructions to Bidders is attached, filled, signed and stamped by the supplier on all pages. (compulsory)					
3. PART 2 (form PRO-06) – Offer Form is attached, filled, signed and stamped by the supplier on all pages. (compulsory)					
4. The prices in the Offer Form in LYD with detailed VAT (compulsory)					
5. PART 3 (form PRO-06-01)– Bidders Questionnaire Form is attached, filled, signed and stamped by the supplier on all pages. (compulsory)					
6. PART 4 – (form PRO-06-02)– Bidder's Ethical Declaration is attached, filled, signed and stamped by the supplier on all pages. (compulsory)					
7. Financial Service Provider Questionnaire is attached, filled, signed and stamped on all pages by the supplier. (compulsory)					
9. The Bidding documents are filled in English					
10. ANNEXES – Proofs of past performances (including example contracts or other evidence of performance) in a similar field of activity (e.g. distribution of cash, hand-to-hand, in field setting) are provided (compulsory)					
11. ANNEXES – Proofs of references (minimum 4) (Compulsory)					
12. ANNEXES – A Copy of the following documents included: (compulsory) - Company Registration to operate in cash distribution service sector - ID from Legal Representative - Company Tax ID					

13. ANNEXES - provide a map of your institution existing delivery points/agents/network in the areas targeted by ACTED.					
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Name & Position of Bidder's authorized representative / الاسم والمسعى الوظيفي لممثل الشركة في هذه المناقصة

Authorized signature / توقيع المخول

Stamp: