SECTION 3 - VENDOR'S PROPOSAL

PART D - VENDOR'S PROFILE & DECLARATION & UNDERTAKING TO SAFEGUARD CONFIDENTIAL INFORMATION

Name of authorised person to contact for clarification	
Designation	
Mobile No.	
Office Tel No.	
E-mail address	
Fax No .	
Registered/Office Address *(Please note that official notices will be sent to this address)*	

DECLARATION BY AUTHORISED REPRESENTATIVE OF VENDOR

1. I declare that I am the authorised representative of the Vendor and confirm all information provided in this Section 3 is true and correct. I understand that any failure to provide requested information or the provision of false and/or inaccurate information (whether intentional or otherwise) may result in the Vendor's disqualification from participation in this RFQ.

2. I declare that the Vendor's proposal in this Section 3 is fully consistent with the RFQ documents except as expressly stated in this Section 3.

Name/ Signature: Date:

Designation of Office held:

Vendor:

SECTION 3 PART C(1) - VENDOR'S PROFILE

1 General Information

1.1 Business / Company Name :

1.2 Address :

1.3 Country of Incorporation :

1.4 Years of Establishment :

1.5 Type of Business / Company : Corporation / Partnership / Sole Proprietorship / Joint Venture

1.6 Main Business Activities :

1.7 ACRA Registration Number :

Financial Category :

(Please provide a copy of Business/Company Profile registered with ACRA)

1.8 GST Registration Number :

1.9 EPPU / BCA Supplier Registration :

EPPU Supply Heads / BCA Workheads	Financial Grade	Expiry Date

2 Particulars of Directors / Partners

Name of Director/Partner	If Director of any other company please state company

3 Major Contract Details

3.1 Details of current major contracts:

S/N	Particulars of Contract	$-value of Contract	Year/Period of Contract	Name & address of Customer, person to contact & contact no.

Note: If space provided is insufficient, please use separate sheet(s).

4 Name and Address of Person, Company or Corporation with at least 50% of the Total Number of Shares in the Vendor

4.1 The Vendor shall provide full information on:

(a) the name and address of any person, company or corporation which owns, whether directly or indirectly, at least 50% of the total number of shares in the Vendor, and

(b) the number, percentage and class of shares held by such person, company or corporation by completing the table below:

S/N	Name of Director / partner / sole proprietor	Address:	Name of Company / Corporation	Address:	Shares		
					No.	%tage	Class

Note: If space provided is insufficient, please use separate sheet(s).

5 Spouse/Relatives of Vendor's Company Employees

5.1 Spouse/relatives of the Vendor's company employees who are employed by the Institution or who have connections with the Institution are listed below:

S/N	Name	Name of Institution & Dept

Note: If space provided is insufficient, please use separate sheet(s).

6 Declaration

6.1 I hereby certify that all information provided for this RFQ is true and correct. Any false and/or inaccurate submissions (whether intentional or otherwise) of the RFQ may result in disqualification of the RFQ.

Name/ Signature: Date:

Designation of Office held:

Vendor:

SECTION 3 PART D(2) - UNDERTAKING TO SAFEGUARD CONFIDENTIAL INFORMATION

1. I am authorised to give this undertaking on behalf of the Vendor.

2. I understand that all information acquired by the Vendor in the course of its work in connection with this RFQ and any subsequent contract awarded thereunder (the "**Confidential Information**") is strictly secret and confidential, and is not to be published, disclosed or communicated by the Vendor to any other person in any form whatever except in the course of our duties on a strictly "need-to-know" basis.

3. I shall ensure that any other person who is authorised by the Vendor to have access to any Confidential Information shall similarly sign an undertaking to safeguard the Confidential Information.

4. I undertake to return or destroy any document received from the Institution (as defined in **Section 1**), any other copies made or reproduced from such document or part thereof whenever required by the Institution.

5. I further understand and agree that any breach or neglect of this undertaking may render me or the Vendor liable to prosecution or legal action.

_____ _____
Full Name of Authorised Representative Signature of Authorised Representative

_____
Designation & Name of Organisation

_____
Date

_____ _____
Full Name of Witness Signature of Witness

_____
Designation & Name of Organisation

_____
Date