

# VENDOR RESPONSE FORM

TO: Regional Integrated Multi-Hazard Early Warning System (RIMES) FROM: \_\_\_\_\_  
FAX/MAIL: \_\_\_\_\_ EOI REF: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_

*To be filled by the Vendor (All fields are mandatory)*

COMPANY INFORMATION
Company Name:
Company Contact:
Address:
City:
Country:
Telephone Number:
Email Address:
Company Website:

€ We declare that our company fully meets the prerequisites A, B, and C, for eligibility to participate as outlined in the EOI Instructions.

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

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

