## APPLICANT’S CHECK LIST ACTED [Afghanistan]

Date: 25/08/2024

Prequalification N°: P/02FML/8Z8/J25/MZR/25082024

**Before sending your APPLICATION DOCUMENTS, please check that each of the following ITEMs are complete and respectS the INSTRUCTIONS TO APPLICANTS CONDITIONS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **To be filled in by Applicant** | | For ACTED use only (to be filled in by Purchase Committee) | | |
| **Included** | | Present | | Comments |
| **Yes** | **No** | Yes | No |  |
| **1** | **Instructions to Applicants (PRO-05.2)** signed & stamped by the Applicant |  |  |  |  |  |
| **2** | Original **Application Form (PRO-06.6)** dated, filled, signed & stamped by the Applicant |  |  |  |  |  |
| **3** | Present **Applicant’s Checklist (PRO-06.7)** dated, filled, signed & stamped by the Applicant |  |  |  |  |  |
| **4** | **Last 2 years financial statements** |  |  |  |  |  |
| **5** | Business License, Owner ID, TIN |  |  |  |  |  |
| **6** | Evidence of similar experience with other NGO, institutions, privates’ companies, etc… |  |  |  |  |  |

First & Last Name of Applicant’s authorized representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of Applicant’s authorized representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_