## APPLICATION FORM ACTED *[AFGHANISTAN]*

Prequalification N° (filled in by ACTED): P/02FML/8Z8/J25/MZR/25082024

Order ID (filled in by ACTED): P/02FML/8Z8/J25/MZR/25082024

Date (filled in by Applicants):

## To be Filled by Bidder (COMPULSORY)

|  |  |
| --- | --- |
| **Company’s Name**  (as per registration documents) |  |
| **Company Authorized Representative’s Name**  (as per registration documents or duly signed Power of Attorney) |  |
| **Company Registration Number** |  |
| **Registration body** |  |
| **Company’s mailing address**  Shop/Office/Building No  Street name  City  Governorate/province/district  Country |  |
| **Commercial representative for the application**  (if different from authorized representative) |  |
| **Phone contact number**  Landline  Mobile No |  |
| **Email address** |  |

I undersigned (to be filled in by the Bidder) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

1. **Have you worked with NGOs before?**  □ YES □ NO

If yes, please list them with detailed information:

1. **Have you worked on similar types of projects before?** □ YES □ NO

If yes, please list them below with detailed information (if needed please provide separate list):

1. **Contract Award History**

*Please list the last similar contracts awarded to your company over the last 3 years*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Project Description** | **Location** | **Partner Name** | **Duration** | **Project Cost (USD)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

1. **Annual turnover data for the last 3 years**

|  |  |  |
| --- | --- | --- |
| **Year** | **Contract Description** | **Total Contract Amount (current value, US$ equivalent)** |
|  |  |  |
|  |  |  |
|  |  |  |

Name of Applicant’s Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature and stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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