## APPLICANT’S CHECK LIST ACTED [Afghanistan]

Date: 08/09/2024

Prequalification N°: *P/MULTI/MULTI/NATIONAL/080920224*

**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** | **Business License, Owner ID, TIN** |  |  |  |  |  |
| **5** | **Resume / CV / Company Profile** |  |  |  |  |  |
| **6** | **List of staff and their specialisations** |  |  |  |  |  |
| **7** | **Evidence of similar past experience with other NGOs, institutions, private companies, etc…** |  |  |  |  |  |
| **8** | **Any relevant document that will support the scoring system as detailed below** |  |  |  |  |  |

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

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

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