



**EXPRESSION OF INTEREST RESPONSE FORM, FOR SUPPLY OF
GOODS & SERVICES**

The form should be typewritten in uppercase (or written in capital letters) and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form.

SECTION 1: COMPANY DETAILS AND GENERAL INFORMATION

1. NAME OF COMPANY/INSTITUTION:

2. STREET ADDRESS:

POSTAL CODE: _____ **CITY:** _____

COUNTRY: _____

3. P.O. BOX and MAILING ADDRESS:

4. TEL NO: _____ **6. E-MAIL ADDRESS:** _____

5. FAX NO: _____ **7. INTERNET ADDRESS:** _____

8. CONTACT NAME AND TITLE:

9. PARENT COMPANY (Full legal name):

10. SUBSIDIARIES, ASSOCIATES AND/OR OVERSEAS REPRESENTATIVE(S):
(Attach list, if necessary)

11a. NATURE OF BUSINESS (Tick one box only):

Manufacturer: **Trader:** **Authorized Agent:** **Consulting Company:**

Other (specify): _____

11b. TYPE OF BUSINESS:

Corporate/Limited: **Partnership:** **Government Agency:** **University:**

Other (specify): _____

12. YEAR ESTABLISHED:

13. NUMBER OF FULL-TIME EMPLOYEES:

14. LICENCE NUMBER/STATE WHERE REGISTERED: _____

15. VAT NUMBER/TAX IDENTIFICATION: _____

SECTION 2: FINANCIAL INFORMATION

16. ANNUAL VALUE OF TOTAL INCOME FOR THE LAST 3 YEARS:

(1) Year ___ US\$ ___ million (2) Year ___ US\$ ___ million (3) Year ___ US\$ ___ million

17. BANK NAME: _____

ADDRESS: _____

SWIFT/BIC ADDRESS: _____

18. BANK ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

19. PLEASE PROVIDE A COPY OF THE COMPANY'S MOST RECENT ANNUAL OR AUDITED FINANCIAL REPORT.

SECTION 3: TECHNICAL CAPABILITY AND INFORMATION ON GOODS/SERVICES OFFERED

20. IF, AVAILABLE, PLEASE PROVIDE A COPY OF YOUR LATEST QUALITY ASSURANCE CERTIFICATION (e.g. ISO 9000 or equivalent).

21. INTERNATIONAL OFFICES/REPRESENTATION :

(Countries where the Company has local offices/representation-optional)

SECTION 4: EXPERIENCE

22. RECENT CONTRACTS WITH LOCAL REPUTABLE ORGANISATIONS

Organization	Value in FJ\$	Year	Goods/Services Supplied

SECTION 5: OTHER

23. LIST ANY NATIONAL, OR INTERNATIONAL TRADE OR PROFESSIONAL ORGANIZATIONS OF WHICH YOUR COMPANY IS A MEMBER:

24. CERTIFICATION:

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name _____ Functional Title _____

Signature _____ Date _____

PLEASE RETURN THE COMPLETED FORM, BY FAX OR MAIL. CONTACT ADDRESS:

PropertyTender@forumsec.org