

INFORMATION ABOUT VENDOR

TITLE OF REQUEST FOR PROPOSAL: SUPPLY AND DELIVERY OF ORAL NUTRITION SUPPLEMENT (ONS) PROGRAMME

1. Vendor's name: _____
2. Company/Business registration no.: _____
3. Registered address: _____

4. Years of Establishment: _____
5. GST registration no. (if applicable): _____
6. Type of business (please select)
() Sole proprietorship () Private company (limited by shares)
() Partnership () Public company (limited by shares)
() Others (please specify): _____

7. Registration Number: EPPU /BCA / HSA* (*please delete where applicable)
8. Contact person
Name: _____
Title: _____
Tel No.: _____
Fax No.: _____
Email: _____

Authorised Signature: _____

Vendor's stamp : _____

9. The following are enclosed (compulsory submission):
- a) Extract of company/business registration from the Accounting & Corporate Regulatory Authority (ACRA), showing a full list of directors/partners of the Vendor (ACRA should not be more than 3 months from the point of submission);
 - b) A full description of the Vendor's track record;
 - c) A full description of the Vendor's track record with the NKF (if any), setting out all jobs awarded in the last six (6) months and/or to be completed in the next six (6) months;
 - d) The Vendor's latest audited Financial Statement submitted to ACRA from the date of our RFP or published accounts;
 - e) Names and contact details of at least two (2) reference customers;
 - f) Copies of certifications for public liability and professional indemnity insurances held; and
 - g) Any additional information or materials.
 - h) Should products or services be sourced from overseas, to declare that no knowledge of bribery issues or employment issues at the source countries
10. **I declare that I/the Vendor is not under investigation or conviction for bribery or corruption for the last 3 years.**
11. **I declare that I/the Vendor Employment practices are in line with local regulations.**
12. **I declare that I/the Vendor is not related¹ to any person in NKF who is involved in this Request for Proposal howsoever and whatsoever.**
13. The above named Vendor certifies and declares that all information, documents and materials provided in connection with its submitted bid are true and accurate to the best of its knowledge.

Executed by or on behalf of the Vendor this ____ day of _____ month _____ year.

Authorised Signature: _____

Signatory's name: _____ Signatory's title: _____

Vendor's name: _____ Vendor's stamp: _____

¹Related refers to the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organization of which you are serving as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.