The National Kidney Foundation 全国肾脏基金会
81 Kim Keat Road, Singapore 328836 contact_us@nkfs.org www.nkfs.org

INFORMATION ABOUT VENDOR

TITLE OF REQUEST FOR PROPOSAL: _____

1. Vendor's name: _____

2. Company/Business registration no.: _____

3. Registered address: _____
   _____

4. GST registration no. (if applicable): _____

5. Type of business (please select)

   ( ) Sole proprietorship ( ) Private company (limited by shares)
   ( ) Partnership ( ) Public company (limited by shares)
   ( ) Others (please specify): _____
   _____

6. Contact person

   Name: _____
   Title: _____
   Tel No.: _____
   Fax No.: _____
   Email: _____

7. 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 annual report (if applicable) 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.

8. **I declare that I/the Vendor is not related[1] to any person in NKF who is involved in this Request for Proposal howsoever and whatsoever**.

9. 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:_____

[1]Related 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.