

Financial offer of having a medical scout who will be serving as the first point of contact for Medical related issues to GIZ in Lebanon Name: Mobile number: Date of Birth: Email: Address: MoF number¹: Project name: **GIZ-RMO Description** Fees for 1 year USD A medical scout who will be serving as the first point of contact for Medical related issues to GIZ in Lebanon **Bank Details:** Account name: Account number: Bank name: Bank branch: IBAN number:

Date:

Signature:

 $^{^{\}rm 1}$ If there is no MoF number a 7.5% will be deducted from the amount paid