



APPENDIX A
BIDDER INFORMATION

Contact Information				
Contractor/Individual Name:				
Bidder Reference Number				
Email:				
Contractor Website:				
Primary Contact Name:				
Primary Contact Phone Number:				
Secondary Contact Name:				
Secondary Contact Phone Number:				
Professional information				
Main Team Member Name	Position /role	Year of Birth	OEA registration #	OEA registration Location
1				
2				
3				
4				
Company registration #, if applicable:				
Stamp (OEA or Company)				
Years of experience in adaptation and				



rehabilitation work:			
Previous experience with NGOs/INGOs:			
Main Subcontractors Name	Position /role	Year of Birth	Domain
1			
2			
3			
4			
Conflict of Interest			
Do you or any of your employees have an affiliation with any of Nusaned's staff or board members, or a member of their family? (Yes or NO)			
If yes, please identify the pertinent individual(s) and their relationship to you (or your employees).	Name	Affiliation	
		Date:	
		Signature:	