



# MOST AT RISK POPULATIONS INITIATIVE (MARPI)

P.O. Box 5346 Kampala - Uganda STD/Skin Clinic Mulago Tel: +256 414 530 019  
 Email: admin@marpi.org Website: www.marpi.org

## Bidder Information Sheet

Date: ..... *[insert date (as day, month and year) of Bid Submission]*

**Subject of Procurement: PROVISION OF TRANSPORTATION SERVICES**

|   |                                                                                                                                                                                                            |                |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 | <b>BIDDER'S LEGAL NAME</b>                                                                                                                                                                                 |                |
| 2 | <b>PHISICAL ADRESS</b>                                                                                                                                                                                     |                |
| 3 | <b>TELEPHONE</b>                                                                                                                                                                                           |                |
| 4 | <b>EMAIL</b>                                                                                                                                                                                               |                |
| 5 | <b>BIDDER'S AUTHORIZED REPRESENTATIVE</b>                                                                                                                                                                  | NAME:          |
|   |                                                                                                                                                                                                            | ADRESS:        |
|   |                                                                                                                                                                                                            | TELEPHONE:     |
|   |                                                                                                                                                                                                            | EMAIL:         |
| 6 | <b>BANKING DETAILS</b>                                                                                                                                                                                     | BANK NAME      |
|   |                                                                                                                                                                                                            | BRANCH NAME    |
|   |                                                                                                                                                                                                            | BRANCH ADDRESS |
|   |                                                                                                                                                                                                            | ACCOUNT NAME   |
|   |                                                                                                                                                                                                            | ACCOUNT NUMBER |
| 7 | Attached are copies of original documents of: <i>(Tick on attached documents)</i><br><input type="checkbox"/> Certificate of Incorporation/Registration,<br><input type="checkbox"/> Valid Trading License |                |

We the undersigned, acknowledge and confirm that the information provided above is correct.

Signed: ..... *[signature of person whose name and capacity are shown below]*

Name: ..... *[insert complete name of person signing the bid]*

In the capacity of ..... *[insert legal capacity of person signing the bid]*

Duly authorised to sign the bid for and on behalf of: .....

..... *[insert complete name of Bidder/Joint Venture]*

Dated on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ *[insert date of signing]*  
 COMPANY STAMP