**SECTION III**

**RETURNABLE APPLICATION SCHEDULES\_REV 1\_14 Nov 2024**

***[Note to Applicants:*** ***Instructions to complete each Returnable Application Schedule are highlighted in blue in each schedule. Please complete the Returnable Application Schedules as instructed***]

**Returnable Application Schedule 1**

**Form of Application**

United Nations Office for Project Services

Austria Multi Country Office (AUMCO)

Tashkent, Uzbekistan

Dear Sir/Madam,

**Subject: Application for pre-qualification for the supply, delivery, and installation of medical or laboratory equipment in Uzbekistan, IFP Case No. PQ/2024/54600 dated 7 November 2024**

1. We, [***Name of Applicant***], hereby submit an application for pre-qualification for the supply, delivery, and installation of medical or laboratory equipment in response to the above-referenced IFP.
2. We warrant that in preparing and submitting this application, we have complied with, and are willing to be bound by, any and all of the requirements and provisions of the above-referenced IFP, including the terms and conditions for pre-qualification as set out in Particulars and Evaluation Criteria sections of the IFP.
3. Based on the above, we confirm our interest to participate in the upcoming bidding processes and provide an offer to execute and provide such goods and services in conformity with UNOPS requirements.
4. Our application shall remain valid for UNOPS’ acceptance until 120 days from the Deadline for Application submission.
5. We acknowledge and agree that subject to Section I of the IFP, UNOPS is not bound to accept any application it may receive in response to the above-referenced IFP;

I, the undersigned, certify that I am duly authorized by [***insert name of Applicant***] to sign this application and bind [***insert name of Applicant***] should UNOPS accept this application:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[***Stamp form of application with official stamp of the Applicant***]**

*Attachments required; None*

*Evaluation Criteria; Form filled, signed and stamped – Pass/Fail criteria***RETURNABLE APPLICATION SCHEDULE 2**

**APPLICANT'S DETAILS**

| IFP Case No.: PQ/2024/54600  Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trade Licence title/ Company Registration and No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of registered office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Applicant representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address for service of notices (if different than above):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

*Attachments required; Latest renewal company registration certificates, VAT registration certificates and a copy of the company profile.*

*Evaluation Criteria; Form filled, signed, the company should have been in operation for five (5) years or more and the other requested attachments provided – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 3**

**EXPERIENCE FORM**

**(PART I) - CURRENT CONTRACT COMMITMENTS**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant shall provide information on his current commitments on all contracts that have been awarded, or for which a letter of intent or acceptance has been received, or for contracts approaching completion, but for which an unqualified, full completion certificate has yet to be issued.

| No | Name & description of Contract | Contact details of Employer (Name, Address, Tel, E-mail) | Value of Outstanding Goods/services  [Current USD Equivalent] | Estimated Completion Date | Average Monthly Invoicing Over Last Six Months [USD/month] |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

*Attachments required; None*

*Evaluation Criteria; Form filled, signed and information on all current contract commitments shown – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 3**

**EXPERIENCE FORM**

**(PART II) – PREVIOUS EXPERIENCE**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants shall provide information on all contracts that have been completed during the last 5 years or longer.

| **Previous Experience** | | | | |
| --- | --- | --- | --- | --- |
| Start date | Completion date | Total value of goods and services the Contractor was responsible for | Contract Name and title  Brief Description of the goods supplied and services Executed by the Bidder  Contact details of Employer: (Name, address, telephone, e-mail) | Role of Bidder |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Attachments required; Completion Certificates*

*Evaluation Criteria; Form filled, signed and at least Two (2) previous contracts worth equal to or more than USD 50,000/= each in the last five (5) years. Supply and delivery of medical equipment, lab equipment considered as relevant work experiences – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 4**

**(PART I) - FINANCIAL SITUATION FORM**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information supplied should be the relevant information of the Applicant in terms of the amounts billed to clients for each year for work in progress or completed

|  | **Financial Data for Previous 3 Years [USD]** | | |
| --- | --- | --- | --- |
| **Previous 3 Years** | **Year 2021:** | **Year 2022:** | **Year 2023:** |

Information from Balance Sheet

| Total Assets |  |  |  |
| --- | --- | --- | --- |
| Total Liabilities |  |  |  |
| Net Worth |  |  |  |
| Current Assets |  |  |  |
| Current Liabilities |  |  |  |

Information from Income Statement

| Total Revenues |  |  |  |
| --- | --- | --- | --- |
| Profits Before Taxes |  |  |  |
| Profits After Taxes |  |  |  |

*Attachments required; Copy of company’s audited balance sheets for last Three (3) years (profit/loss accounts, assets/liabilities) and all supporting financial data.*

*Evaluation Criteria; Form filled, signed and attachments provided – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 4**

**(PART II) ANNUAL TURNOVER**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Bidders should have annual turnover of minimum the value USD 300,000.00 in any one of the last five ( 5) years. This has to be demonstrated through the bidder's balance sheets for the last three years (2021, 2022 and 2023 ( or 2020, if 2023 is not available).

| NO | Description | 2023 | 2022 | 2021 | 2020, if required |
| --- | --- | --- | --- | --- | --- |
| 1 | Annual Sales Turnover |  |  |  |  |

**Liquidity Ratio: The ratio Current assets / Current liabilities in any one of the last three years (2021, 2022 and 2023 (or 2020, if 2023 is not available) must be equal or greater than 1.**

| NO | Description | 2023 | 2022 | 2021 | 2020, if required |
| --- | --- | --- | --- | --- | --- |
| A | Current Assets ( CA) |  |  |  |  |
| B | Current Liabilities ( CL) |  |  |  |  |
| Liquidity Ration ( CA/CL) | |  |  |  |  |

*Attachments required; None*

*Evaluation Criteria; Form filled, signed*

*-Annual turnover for any one year of the last five (5) years is equal to or greater than USD 300,000 – Pass/Fail criteria*

*- The ratio Current assets / Current liabilities in any one of the last three years (2021, 2022 and 2023 (or 2020, if 2023 is not available) must be equal or greater than 1.*

**RETURNABLE APPLICATION SCHEDULE 5**

**LOCAL PARTNERS INFORMATION FORM**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Local Partner’s Information | |
| --- | --- |
| Local Partner’s Company Name | ( Complete) |
| Contact Information  (address, telephone numbers, fax numbers, e-mail address | ( Complete) |

Bidder (or its local partner) shall provide proof of possession of at least 3-years operating experience in Uzbekistan through registration certificate and 3 contract executed within last 3 years

| Year | Execute by  (the bidder itself or local Partner) | Placed By | | | Order No | Order Date | Value of order | Description and Quantity of ordered items |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Address | Contact Person ( Name and Position) | Contact email/phone number |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*Attachments required; Completion certificates*

*Evaluation Criteria; Information Required – Check and Clarify*

Bidder or its local partner shall provide possession of at least 3- year Operating experience in Uzbekistan through registration certificate and 3 contracts executed within the last 3 years.

**RETURNABLE APPLICATION SCHEDULE 6**

**DECLARATION**

United Nations Office for Project Services

Austria Multi Country Office (AUMCO)

Tashkent, Uzbekistan

Dear Sir/Madam,

**Subject: Application for pre-qualification for the supply, delivery, and installation of medical or laboratory equipment in Uzbekistan, IFP Case No. PQ/2024/54600 dated 7 November 2024**

I, [***insert name and title***], [***insert title***], do solemnly and sincerely declare that:

1. I am duly authorised by [***Insert name of Applicant***] (the Applicant)to make this declaration on its behalf.
2. I make this declaration on behalf of the Applicant.
3. Before the Applicant submitted its application, neither the Applicant, nor any of its employees or agents, had knowledge of the application by any other Applicant who submitted, or of any person, company, other body corporate or firm that proposed to submit, an application for pre-qualification in response to this IFP.
4. Before the Deadline for Application Submission of this pre-qualification process, neither the Applicant, nor any of its employees or agents, disclosed the Applicant’s application to:
   1. any other Applicant who submitted an application for pre-qualification in response to this IFP;
   2. any person, company, other body corporate or firm proposing to submit an application for pre-qualification in response to this IFP.
5. Neither the Applicant, nor any of its employees or agents, has provided information to:

###### any other Applicant who has submitted an application for pre-qualification in response to this IFP;

###### any person, company, other body corporate or firm proposing to submit an application for pre-qualification in response to this IFP; or

###### any other person, company, body corporate or firm for the purpose of assisting in the preparation of an application for pre-qualification in response to this IFP.

1. The Applicant is genuinely competing to get short-listed.
2. Neither the Applicant, nor any of its employees or agents, has entered into any contract, agreement, arrangement or understanding, other than as disclosed to UNOPS in the application, that the successful Applicant for the short-listing shall pay any money to, or provide any other benefit or other financial advantage to, an industry association in respect of the Contract.
3. Neither the Applicant, nor any of its employees or agents, has entered into any contract, agreement, arrangement or understanding that the successful Applicant for the short-list shall pay any money to, or provide any other benefit or other financial advantage to, any other Applicant who unsuccessfully applied for the short-list.
4. Neither the Applicant, nor any of its employees or agents, has entered into any contract, agreement, arrangement or understanding that Applicants for the short-listing would include an identical or similar condition or qualification in their applications.

I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to penalties.

| DECLARED at [***insert place***] on [***insert date***] before me:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of authorised witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of authorised witness  (capital letters)  Address of authorised witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness’ Occupation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of declarant |
| --- |

*Attachments required; None*

*Evaluation Criteria; Form filled and signed – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 7**

**CONFLICTS OF INTEREST**

IFP Case No.: PQ/2024/54600

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### *Note to Applicant: Applicant shall declare any actual or potential conflicts of interest which may arise with respect to the project as between:*

#### 

#### *UNOPS and the Applicant; and*

#### *UNOPS and any subcontractor (including consultants) proposed by the Applicant*

*Attachments required; None*

*Evaluation Criteria; Form filled, signed and information declared (if applicable) of any conflicts of interest – Pass/Fail criteria*

**RETURNABLE APPLICATION SCHEDULE 8**

**DISPUTE DETAILS**

IFP Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note to Applicants: Applicant shall submit a statement below providing details of any current contract dispute and/or arbitral or legal proceeding involving the Applicant. The statement shall include details of any dispute which has been, or is reasonably likely to be, referred to formal dispute proceedings (e.g. mediation or arbitration) or is the subject of litigation in any court locally or overseas. This information shall be provided regardless of whether such action has been instigated by the Applicant against a client or a client of the Applicant against the Applicant.*

*Attachments required; None*

*Evaluation Criteria; Form filled, signed and information declared (if applicable) of any current contract dispute and/or arbitral or legal proceeding involving the Applicant – Pass/Fail criteria*