

**2016/HTM/HIV/015 Request for Proposal (RFP):
Consultancy to support the preparation of the World Hepatitis Summit 2017**

Acceptance Form

The Undersigned,, undertakes, on its own behalf and on behalf of its possible partners and contractors, to perform tasks in accordance with the terms of the **Request for Proposals (RFP) No. 2016/HTM/HIV/015**, and its accompanying documents, for the following sums:

Item	Cost (Indicate Currency)
One-Time Costs	
<i>Total Proposed Manpower Costs by Phase (check only)</i>	0.00
Total Proposed Manpower Costs by Resource	0.00
Total Other Costs	0.00
Total Proposed On-Time Cost	0.00
Recurring Costs	
Total Other Costs	0.00
Total Proposed Recurring Cost	0.00

The enclosed Proposal is valid for 120 days from the date of this form.

The undersigned has read the RFP and agrees to the clauses communicated therein.

Agreed and accepted, on [date]

Bidder Name:

Mailing Address:

**Name and Title of
duly authorized
representative:**

Signature:

Date:

**Bidder's Stamp
or Seal (if relevant):**