

## PROPOSER'S FINANCIAL STATEMENT

1. Name and other information:

- A. Name of company \_\_\_\_\_
- B. Address of head office \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_
- C. Date established and/or registered \_\_\_\_\_
- D. Paid-up capital \_\_\_\_\_
- E. Latest balance sheet (as of) \_\_\_\_\_
  - (1) Fixed Assets \_\_\_\_\_
  - (2) Current Assets \_\_\_\_\_
  - (3) Long Term Liabilities \_\_\_\_\_
  - (4) Current Liabilities \_\_\_\_\_
  - (5) Net Worth \_\_\_\_\_
  - (6) Solvency Ratio (Current Assets/Current Liabilities) \_\_\_\_\_
  - (7) Profit Margin Ratio \_\_\_\_\_
- F. Name of principal officer \_\_\_\_\_

2. Yearly total volume of business for the last three years:

Year	Domestic	Export	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The services/goods provided in the advertised sector during last three years:

	1st Year	2nd Year	3rd Year
_____	_____	_____	_____
_____	_____	_____	_____
Name of the services/goods	_____	_____	_____
Value	_____	_____	_____
_____	_____	_____	_____

4. Name and address of the company's bank:

\_\_\_\_\_  
\_\_\_\_\_

5. Litigation in progress  
Information regarding all claims, arbitration and other pending legal action

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6. Consortium or group to which company belongs, if any:

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7. Other information (chronology and business line, organization structure, etc.):

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We hereby certify to the best of our knowledge that the foregoing statements are true and correct and all available information and data have been provided herein, and that we agree to show you documentary proof thereof upon your request.

\_\_\_\_\_  
(Date)                      (Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name of Authorized Representative)

\_\_\_\_\_  
(Position of Authorized Representative)

\_\_\_\_\_  
(Telephone No. and Fax No.)

Certified:

\_\_\_\_\_  
(Date)                      (Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name of Authorized Representative)

\_\_\_\_\_  
(Position of Authorized Representative)

\_\_\_\_\_  
(Name of Certifying Authority and Telephone No. and Fax No.)