# RFQ FORM

Publication reference: ERDF.PA5.0106/7

CfQ for the supply and installation of blackout mechanical blinds.

(To be completed and signed by the bidder)

**A. RfQ SUBMITTED BY:**

|  |  |
| --- | --- |
| **Name of Bidder** | *(This will be included in the Summary of Tenders Received)* |

B. CONTACT PERSON (for this RfQ)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Telephone** |  |  |  |
| **Address** |  | | |
| **E-mail** |  | | |

C. BIDDER'S DECLARATION(S)

In response to your letter of invitation to the RfQ, we, the undersigned, hereby declare that:

**1** We have examined, and accept in full and in its entirety, the content of this RfQ document. We hereby accept the contents thereto in their entirety, without reservation or restriction. We also understand that any disagreement, contradiction, alteration or deviation shall lead to our offer not being considered any further.

**2** We offer to execute, in accordance with the terms of the RfQ and the conditions and time limits laid down, without reserve or restriction, the following:

* Two blackout mechanical roller blinds to be installed within the audio-visual room of the religious and cultural experience within St Dominic Priory.

**3** The total price of our offer (inclusive of duties, other taxes and any discounts but exclusive of VAT) is as included in the Financial Plan.

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. / Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of tenderer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duly authorised to sign this

tender on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Lead Partner VAT No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if applicable)*

Stamp of the firm/company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_