

SECTION V

FINANCIAL STATEMENT AND CERTIFICATION

Must be completed and submitted by Suppliers as an integral part of their Offers

1. The information requested in the Tables below must be provided with your Offer, please complete accordingly:

Table 1

A.	Name of Company/organization	
B.	Address of Head Office	
C.	Fax and E-mail Numbers	
D.	Date Established and/or Registered	
E.	Paid up Capital	
F.	Date of the Latest Balance Sheet	
G.	Fixed Assets	
H.	Current Assets	
I.	Long Term Liabilities	
J.	Current Liabilities	
K.	Net Worth	
L.	Solvency Ratio (Current Assets/Current Liabilities)	
M.	Profit Margin Ratio	
N.	Name of Principal Officer	
O.	Where Applicable - Name and address of your Representative in the Country of the Project (if any) -	

Table 2

Please state your Yearly Total Value of Business for the last three (3) Years in US\$			
YEAR	DOMESTIC	EXPORT	US\$ TOTAL

Table 3

Please Provide Details of the Services/Goods Provided in the Advertised Sector during the last three (3) Years, if any				
CATEGORY/DESCRIPTION OF GOODS/SERVICES	Value US\$	1 st . Year	2 nd . Year	3 rd . Year

2. Please provide the Name and address of your company/organization's bank:

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3. Litigation in progress
Please provide brief information regarding on-going arbitration and other pending legal action, if any

4. Please provide details of Consortium or Group to which company/organization belongs, if any:

5. Please provide any other information (chronology and business line, organization structure, etc.):

We, the below, 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.)