



ދިވެހިސަރުކާރުގެ ގެޒެޓް 20101 ވަނަ އަދަދު 10 ވަނަ ބައި

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NATIONAL BUREAU OF CLASSIFICATION

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BID SUBMISSION FORM

Bidder's Information:

Person\Company:		ID\Company Reg No.:	
Address:			
Phone:	Fax:	Mobile:	Email:

Previous Projects: (Most recent 5)

Year	Office\Company	Qty	Description	Warranty	Rate	Amount

Summary of Bid Items:

Quote#	Qty	Description	Rate	Amt	Discount	Delivery	Warranty

Authorized by:

Name:	Company Stamp Authorized Signature
Designation:	
Date:	

National Bureau of Classification's Use Only:

Bid Doc's Received by:	Designation:	
Date:	Time:	Signature: