**Annexure – III**

**Financial Proposal for**

**Edge Certification Audit Service for City Bank PLC**

The following formats needs to be filled and signed in ink along with the financial proposal.

## **Declaration of Financial Proposal**

I / We declare that we accept all the Terms and Conditions as mentioned in the RFP for **Edge Certification Audit Service for City Bank PLC.**

I / We declare that the Technical & Financial Proposal has been submitted without any conditions and strictly as per the conditions of the RFP document and I / we are aware that the Financial Proposal is liable to be rejected if it contains any other conditions.

Signature of the bidder with seal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Signatory :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation of Authorized Signatory :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bidder/Company :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Mobile :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pricing Format**

(To be returned in original along with the Bid Proposals)

Document No.

To

Sir,

I/We hereby submit our proposal in response to the RFP for **Edge Certification Audit Service for City Bank PLC** in accordance with the specified requirements, timeline, and the terms and conditions outlined in the RFP. The price is quoted in the prescribed format given below:

###### **FINANCIAL PROPOSAL Price in Bangladeshi Taka (BDT)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL. No.** | **Description** | **UoM** | **Total Cost in BDT including Taxes** |
| 1 | Edge Certification Audit Service | Job |  |
| **Sub-Total Cost including Tax** | | |  |
| **VAT** | | |  |
| **Grand Total Cost including VAT & Tax** | | |  |

*Note: The Quoted price includes all sorts of cost including Consultation/audit fees, certification fees (applicable if any) air fare, travel, accommodation, OPE, VAT, Taxes & all other duties, fees/charges etc. as applicable.*

**Total Quoted Price in Word: Taka…………………………………………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL. No.** | **Description** | **UoM** | **Total Cost in USD including Taxes** |
| 2 | Surveillance Audit Service for Re-certification | Job |  |
| **Sub-Total Cost including Tax** | | |  |
| **VAT** | | |  |
| **Grand Total Cost including VAT & Tax** | | |  |

*Note: The Quoted price includes all sorts of cost including Consultation/audit fees, re-certification fees (applicable if any) air fare, travel, accommodation, OPE, VAT, Taxes & all other duties, fees/charges etc. as applicable.*

**Total Quoted Price in Word: United State Dollar …………………………………………………….**

**Project completion timeline:** ……………………………… (Bidder will mention)

**Performance Guarantee:**

We agree to submit a Performance Guarantee (PG)equivalent to 10% of total Work/Purchase Order value from any schedule commercial bank of Bangladesh in a prescribed format available with The City Bank Limited. The validity of the PG would be up to the end of implementation period. The Guarantee must be signed by 02 authorized signatories of the Guarantor-Bank who have PA and/ AS numbers. Please note that in this case, we do not receive any PG from our own Bank. The PG should be submitted to us within 07 working days after the Work/Purchase Order has been issued. For delaying the implementation time, PG needs to be renewed. If the awarded bidder fails to perform its obligation, PG may be forfeited.

**Payment Terms:**

Milestone base phase wise payment will be made upon attaining the respective milestones of each services on the following basis:

* 10% payment will be made after mobilization of team subject to submission of Performance Guarantee
* 40% after completion of initial audit

50% after submission of final report and completion of certification process.

**Payment Currency:**

Payment will be made in local currency (in BDT) to the local agent/partner of the awarded overseas bidder.

**Penalty:**

Edge Certification Audit Service for City Bank PLC should be delivered within the agreed time line. If delayed, bank is entitled to charge a penalty @ 0.05% of Purchase Order/Contract value per day basis subject to a maximum ceiling of 20% of the Purchase Order/Contract value or will lead to cancellation of the purchase order itself.

**Client List to whom provided the similar type services:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Name** | **Client Name** | **Client’s Address** | **Industry Type** | **Service Year** | **Contact Person** | **Contact Number** | **Email** | **Remarks** |
| Edge Certification Audit Service |  |  |  |  |  |  |  |  |
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*If require please insert rows*

**Company’s Financial & Resources Strength, Geographical Footprint**

i). last 3 years revenue (share scan copy audited P&L & Balance Sheet)

|  |  |  |
| --- | --- | --- |
| **Particular** | **Financial Year** | **Figure in BDT** |
| Revenue | 2023-24 |  |
| Revenue | 2022-23 |  |
| Revenue | 2021-22 |  |

ii**). Resource strength**

|  |  |  |
| --- | --- | --- |
| **Particular** | **Number** | **Remarks** |
| Partners |  |  |
| Sr. Consultant/auditor |  |  |
| Consultant/auditor |  |  |
| Project Manager |  |  |
| Other staffs |  |  |
| **Total** |  |  |

iii). **Company establishment & geographical footprint**

|  |  |  |
| --- | --- | --- |
| **Particular** | **Year/Country** | **Remarks** |
| Company Establishment | Mention the year | Provide supporting such as Trade license, Certification of Incorporation etc. |
| Geographical footprint |  | Mention the name of country where have your subsidiary business |

**Profile of potential consultant(s)/auditors & engagement team to be deployed for this project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Title** | **Qualification** | **Year of Experience** | **Expertise Knowledge** |
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*If require please insert rows*

Signature of the bidder with seal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Signatory :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Mobile :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_