
INTENTION TO BID FORM

Intention to Bid for [Health Insurance Services] Tender Number: **STC-10-2022**

The organization named below intends to submit a proposal in response to the tender of "Health Insurance Services", **No. STC-10-2022** and we will be submitting our required documents before the advertised closing date and time.

Name of Respondent (Company Name)	
Authorized Individual (Name & Surname)	
Authorized Signatory	
Contact Person 1 Name Email Telephone	
Contact Person 2 Name Email Telephone	
Date	

M.B