

---

---

## INTENTION TO BID FORM

### Intention to Bid for [Health Insurance Services] Tender Number: **STC-03-2022**

The organization named below intends to submit a proposal in response to the tender of "Health Insurance Services", **No. STC-03-2022** and we will be submitting our required documents before the advertised closing date and time.

<b>Name of Respondent (Company Name)</b>	
<b>Authorized Individual (Name &amp; Surname)</b>	
<b>Authorized Signatory</b>	
<b>Contact Person 1</b> Name Email Telephone	
<b>Contact Person 2</b> Name Email Telephone	
<b>Date</b>	