

**Ministry of Health**

**Department Responsible: Department of Health**

**Request for Quotations No.: SRCF - 2301**

**COMPANY PROFILE FORM**

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This document comprises the following Sections:

Section I: Company Information

Section II: Product or Service Details

Section III: Company Experience; Professional and Technical Staff

Section IV: Customer experiences  
  
**Note:** In addition to this form, respondents may submit their standard company profile brochures.

**SECTION I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Information** | | | |
| ***Vendor Name*** | |  | |
|  | |  | |
| ***Company Description*** | | | |
| **Contact Information** | | | |
| ***Primary Contact*** | ***Phone*** | | ***Email*** |
|  |  | |  |

**SECTION II**

|  |  |
| --- | --- |
| **Product or Service Details** | |
| ***Details*** | ***Provide a detailed description of the product or service your company delivers*** |
|  |
| ***Capabilities*** | ***Provide more information about the benefits and capabilities your company provides*** |
|  |

**SECTION III**

|  |  |
| --- | --- |
| **COMPANY EXPERIENCE, PROFESSIONAL AND TECHNICAL STAFF** | |
| ***Relevant Experience*** | ***Provide any information about previous experiences, clients, or success stories a minimum of 3 examples*** |
|  |
| ***Key Personnel*** | ***Provide a List of key personnel and their experience, certifications and/or skills*** |
|  |

The respondent may attach documentation to support this section in lieu of completing this section.

Please indicate that documentation has been attached above.

**SECTION IV**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CUSTOMER EXPERIENCES** | | | | |
| ***Professional References*** | Provide information for at least three (3) recent clients including name and contact information (e-mail and phone). Attach corresponding reference letters to your submittal. | | | |
| ***Project*** | ***Date Completed*** | ***Phone*** | ***Email*** |
|  |  |  |  |
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