## **Expression of Interest (EOI) Submission Form**

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To: [Name and address of Client]

Dear Sirs:

We, the undersigned, offer to provide the consulting services for [Insert title of assignment] in accordance with your call for Expression of Interest (EOI) dated [Insert Date] and our EOI. We are hereby submitting our EOI, which includes the documents and information listed in your call of EOI.

We are submitting our EOI in association with: [Insert a list with full name and address of each associated Consultant and show the relationship]

We hereby declare that all the information and statements made in this EOI are true and accept that any misinterpretation contained in it may lead to our disqualification.

We, including any sub-consultants for any part of the contract subject to this EOI do not have any conflict of interest in accordance with the EIB Guide to Procurement;

We are familiar of the requirements of the Covenant of Integrity. We are not a government owned entity;

We or any of our subsidiary companies are not responding to this invitation either individually or part of another Joint Venture;

We understand you are not bound to accept any Proposal you receive.

We remain,
Yours sincerely,
Authorized Signature [In full and initials]:
Name and Title of Signatory:
Name of Firm:
Address:

### Form 2

# STRUCTURE OF APPLICANT'S EMPLOYEES

No.	Profession	Number of persons
1	2	3

# LIST OF TECHNICAL STAFF THAT THE APPLICANT INTENDS TO APPOINT FOR THE CONTRACT PERFORMANCE

No.	Name	Post to be held
1.	2.	4.

## LIST OF BACK-UP STAFF

No.	Name	Post to be held
1.	2.	4.

### Form 3

# **Details of Applicant**

Applicant and Joint Venture members must complete the information requested on the following form:

Applicant's legal name or Proposed name of JV:		
Legal Names of all Joint Venture Members, if applicable:		
1		
2		
3		
4		
Applicant's Actual or Intended country of constitution:		
Applicant's Actual or Intended year of constitution:		
Applicant's Legal Address in country of constitution:		
Applicant's authorized representative information:		
Name:		
Address:		
Telephone/Fax numbers:		
E-mail address:		

Financial Information	2014	2015	2016
Total Assets			
Total Liabilities			
Net Worth			
Current Assets			
Current Liabilities			
Total Revenue			
Total Consultancy Revenue			
Profits before Tax		_	

<sup>\*</sup>Companies financial statement should be confirmed by Certified Auditor

### **Details of Joint venture or Subcontractor**

The following form must be completed by each Joint Venture member and subconsultants with more than 10% of the estimated contract value.

Joint Venture Member or Sub-consultant(partner)'s legal name:			
Contractual Relationship (cross out inapplicable):			
1. Lead Contractor			
2. Member of Joint Venture			
3. Sub-consultant			
Each member of the proposed Joint Venture must provide a letter of intent to create a Joint Venture which also designates the lead contractor and the authorized representative. A model letter of intent is provided hereafter.			
Joint Venture Member or Subcontractor's country of constitution:			
Joint Venture Member or Subcontractor's year of constitution:			
Joint Venture Member or Subcontractor's Legal Address in country of constitution:			
Joint Venture Member or Subcontractor's authorized representative			
information:			
Name:			
Address:			
Telephone/Fax numbers:			
E-mail address:			

### **Financial Details**

Financial Information	2014	2015	2016
Total Assets			
Total Liabilities			
Net Worth			
Current Assets			
Current Liabilities			
Total Revenue			
Total Consultancy Revenue			
Profits before Tax			

# **Model Letter of Intent to Create a Joint Venture**

(to be prepared by all members of the Joint Venture)

Date:		
Invitation	on No.:	
	Contract:	
To:	(Contracting Authority)	
	(Address)	
	<u>ume of Enterprise</u> intends to enter into a Joint Venture Agreement	
	For the referenced contract. The Joint Venture shall be known as	<u>int</u>
	. The members of the Joint Venture are:	
3		
shall be Venture Venture Name: _ Compar Position Address Telepho	mbers of the Joint Venture agree that	int
Signed		
In the C	Capacity of	
Duly au	athorized to sign the application for and on behalf of:	
Legal N	Name of Applicant or Proposed Joint Venture:	
Register	red Address:	
Dated o	on day of,	_

#### Form 4

### FIRM'S REFERENCES

# Relevant Services That Best Illustrate Qualifications

Using the format below, provide information on each reference assignment for which your firm/entity, either individually as a corporate entity or as one of the major companies within an association, was legally contracted.

Assignment Name:		Country:	
Location within Country:	Professional Staff Provided by Your Firm/entity(profiles):		
Name of Client:	Nº of Staff:		
Address:		Nº of Staff-Months; duration of assignment:	
Start Date (Month/Year):	Completion Date (Month/Year):	Approx. Value of Services (in Current EUR):	
Name of Associated Consu	Nº of Months of Professional Staff Provided by Associated Consultants:		
Name of Senior Staff (Project Director/Coordinator, Team Leader) involved and functions performed:			
Narrative Description of Project:			
Description of Actual Services Provided by Your Staff:			

Firm's Name: