

The Cabinet Office Department Responsible: Department of Employee & Organizational Development Request for Quotations No.: DW DEOD 2025 001

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

## **SECTION III**

COMPANY EXPERIENCE, PROFESSION	MPANY EXPERIENCE, PROFESSIONAL AND TECHNICAL STAFF			
	Provide any information about previous experiences, clients, or success stories a minimum of 3 examples			
Relevant Experience				

	Provide a List of key personnel and their experience, certifications and/or skills
Key Personnel	
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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

CUSTON	at least three (3) recent client onding reference letters to you		d contact information (e-mail and
60	Email		
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Professional References			
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Profe			