



Ministry of Health
Department Responsible: Department of Health
Central Government Lab
Request for Proposals No.: MOH - 2501

COMPANY PROFILE FORM

COMPANY PROFILE FORM

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		
<i>Vendor Name</i>		
<i>Company Description</i>		
Contact Information		
<i>Primary Contact</i>	<i>Phone</i>	<i>Email</i>

SECTION II

Product or Service Details	
Details	<i>Provide a detailed description of the product or service your company delivers</i>
Capabilities	<i>Provide more information about the benefits and capabilities your company provides</i>

SECTION III

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

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				
<i>Professional References</i>	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.			
	<i>Project</i>	<i>Date Completed</i>	<i>Phone</i>	<i>Email</i>