

Prescribed Format for Submission of Expression of Interest (EOI)

(In case of Joint Venture, this Form to be completed by each JV partner)

Package No.	:	SD- 10.
Title of Service	:	Selection of ‘Consultant for Internal Audit (Firm)’
Letter of Submission [Addressing Project Director, NSDS Implementation Support Project, Bangladesh Bureau of Statistics (BBS), SID, Ministry of Planning]		

1. Firm’s legal title:

2. Firm’s registered address:

3. Firm’s year of registration (years in business):

(Year of Establishment/Years in business), as per Trade License/Registration Certificate, etc.)

(Necessary Attachments: Company/Firm’s Registration Certificate, etc.)

4. Firm/Company Background (General Information including Core Business)

(Necessary Attachments: Brochure etc.)

5. General Experience of the Firm successfully completed in last twenty (20) years

(List only those assignments for which the Firm was legally contracted by the Client/Procuring Entity as a firm or was one of the joint venture members.)

Name of the Assignment	Brief Description of the Assignment (main deliverables/ Outputs)	Role in the Assignment (Single Entity/ Lead partner in a JV/JV partner)	Name and address of the client. Contact information for references.	Service Duration (Start & End Dates)	Value of Service			Man-Month Input	
					Total Value	No. of Partners (if Any)	Value of Service Provided by the Firm	Firm’s Input	Partners’ Input

(Necessary Attachments: Details Description of nature assignment done by the firm Separately)

6. Specific Experience of the Firm in Similar Assignments successfully completed in last ten (10) years

(List only those assignments for which the Firm was legally contracted by the Client/Procuring Entity as a firm or was one of the joint venture members.)

Total No. of Similar Nature Assignment done by the Firm

Name of the Assignment	Brief Description of the Assignment (main deliverables/ Outputs)	Role in the Assignment (Single Entity/ Lead partner in a JV/JV partner)	Name and address of the client. Contact information for references.	Service Duration (Start & End Dates)	Value of Service			Man-Month Input	
					Total Value	No. of Partners (if Any)	Value of Service Provided by the Firm	Firm’s Input	Partners’ Input

(Necessary Attachments: Details Description of similar nature assignment done by the firm Separately)

7. List of Professional/Managerial staff of the Firm :

SN	Name of Professionals	Position held in the Firm	Educational Qualification	Total Years of Experience	No. of Years as Firm's Employee

8. Financial Capacity of the Firm (Turnover of last 03 years)

a) 2020-2021 (Up to Present)

:

b) 2019-2020

:

c) 2018-2019

:

(Necessary Attachments: Payment Received Certificates/Audit Report)

9. Capacity and logistics of the Firm

a) Office Space (Area, Floor No. etc.)

b) No. of Support Staffs

c) Description of Important Office Equipment

