Please see contact details in the Request for Expressions of Interest for the MS Word version of this template.

Assignment Title:

Leader²

Procurement Reference No.:



EXPRESSION OF INTEREST (CONSULTING SERVICES – **FIRMS SELECTION**)

JAMAICA: FOUNDATIONS FOR COMPETITIVENESS AND GROWTH PROJECT Loan No.:8408-JM

Name(s) of legal entity or entities making this application

Nationality¹

1. SUBMITTED by (i.e. the identity of the candidate)

M	Iember ³						
Et	tc						
2. DESCRIPTION OF THE LEAD APPLICANT and JOINT VENTURE PARTNERS ⁴							
Name of the Organization:		nization:					
Address:							
Contact No.:							
Email ID:							
Website							
Main Areas of Business:							
			_				

¹ Country in which the legal entity is registered.

for eventual contractual obligations.

³ State whether the member is a Joint Venture (JV) Partner or Sub-Consultant. **NB. JV Partners are jointly and severally liable**

² Add / delete additional lines for consortium members as appropriate. Any change in the identity of the leader and/or any consortium members between the deadline for receipt of applications indicated in the Request for Expressions of Interest and the award of the contract is not permitted without the prior written consent of the Planning Institute of Jamaica.

⁴ Complete a separate table for each Joint Venture Partner

No. of Employees in fields		PERMANENT:	OTHER:		
relevant to the assignment:		nt: (please indicate relevant fields	(please indicate relevant fields e.g. engineer, statistician etc.)		
Head of	the Organization		eriginal parameters		
Name:					
Contact No:					
Email II):				
Branch	Offices/				
Headqu	arters and their				
Address	(Please list):				
3	. CONTACT PE	RSON (for this application)			
	Name]	
	Organisation			1	
	Address			1	
	Telephone			1	
	e-mail				
				1	
4	. EXPERIENCE				
		each project/services for which your firm	•	* *	
		r individually as a corporate entity or a ag services to demonstrate experience to			
		sultants should not be included.	for each of the shorthsting effection	i. 1 \D .	
	to be Assessed:				
	of Firm (Joint Ve	nturo Partnor) ·			
. Manic	orrum (Joun ve	unici uinici).			
2. Name	of Project:	_			

PERMANENT:

No. of Employees:

OTHER:

3. Country:	4.	Value of Proje	ct (US\$):
	5.	Value of Service	e Undertaken by Firm (US\$):
6. Name of Employer/Client:	7.	Contact Name:	
8. Address of Employer/Client:	9.	Tel No.:	
	10	Email:	
11. Nature of services/works and s			
12. Description of services underta	ken by your firm in th	s Project:	
13. Duration of Project (Months):	14. Dates (month & ye		15. Input time by Firm (man-months):

5. ANY OTHER INFORMATION

6. SIGNATURE

Name	
Signature	
Date	