|  |  |  |  |
| --- | --- | --- | --- |
| **ACCESS Health International Southeast Asia Ltd.** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Vriens & Partners |
|  | Address | | Pacific Place Building, 14th Floor, 1402-1403, 83B, Ly Thuong Kiet Street, Hoan Kiem District, Hanoi, Vietnam |
|  | Legal Status of | |  |
|  | Country of Registration | | Vietnam |
|  | Registation Number | |  |
|  | Date of Contract and Doc Ref No. | | 13-Dec-21 |
|  | Completion of Contract | | 11-Mar-22 |
|  | Type of Contract | | Service |
|  | Name of Point of Contact | | Samuel |
|  | Contact No. / Email ID of Person to Contact | | [84 43633 1811 / samuel@vrienspartners.com](mailto:samuel@vrienspartners.com) |
|  | Name of the Project | | MetLife Fintech for Health |
|  | Budget Line Item | | Other Program Expenses |
|  | Available Budget | | USD 14,000 |
|  | Service/ Goods Description | | Consulting |
|  | Name of Approver of Contract | | Sejal Mistry |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code (Routing Number) |  | |
|  | Swift Code |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  | **Submitted to** |  | |
|  | **Name of the Person** | Sejal Mistry | |
|  | **Designation** | Regional Director, Southeast Asia | |
|  |  |  | |
|  |  |  | |
|  | **Signature** |  | |
|  | **Designation** |  | |
|  | **Program Name** |  | |
|  |  |  | |
|  |  |  | |
|  | **Date** | 13-Dec-21 | |
|  | **Place** | Singapore | |