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| --- | --- | --- | --- |
| **ACCESS Health International Southeast Asia Ltd.** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Patricia Cifuentes |
|  | Address | | Calle 23 # 68 B 32 In 5 Ap 602, Bogotá, Colombia South America |
|  | Legal Status of | | NA |
|  | Country of Registration | | NA |
|  | Registration Number | | NA |
|  | Date of Contract and Doc Ref No. | | 20-Jun-22 |
|  | Completion of Contract | | 20-Nov-22 |
|  | Type of Contract | | Independent Consultant |
|  | Name of Point of Contact | | Rajvi Mehta |
|  | Contact No. / Email ID of Person to Contact | | (+57) 3118688947 / patriciacifuentesg@gmail.com |
|  | Name of the Project | | MetLife Fintech for Health (LatAm) |
|  | Budget Line Item | | Other Program Expenses |
|  | Available Budget | | US$ 2,400/monthly |
|  | Service/ Goods Description | | Consulting |
|  | Name of Approver of Contract | | Sejal Mistry |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Bank details will shared after signing the contract | |
|  | 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** | 20-Jun-22 | |
|  | **Place** | Singapore | |