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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Sejal Mistry |
|  | Address | 16A Jervois Lane 03-02 Singapore 159192 |
|  | Legal Status of |  |
|  | Country of Registration |  |
|  | Registration Number |  |
|  | Date of Contract and Doc Ref No. | 5-Aug-22 |
|  | Completion of Contract | 31-Aug-22 |
|  | Type of Contract | Service Contract |
|  | Name of Point of Contact | Sejal Mistry |
|  | Contact No. / Email ID of Person to Contact |  |
|  | Name of the Project | Health Futures |
|  | Budget Line Item | Other program expenses |
|  | Available Budget | USD 5,670 |
|  | 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 |
|  |  |  |
|  |  |  |
|  | **Signature** |  |
|  | **Designation** |  |
|  | **Program Name** |  |
|  |  |  |
|  |  |  |
|  | **Date** | 4-Aug-22 |
|  | **Place** | Singapore |