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| --- | --- | --- | --- | --- | --- |
| **ACCESS Health International, INC** | | |  |  |  |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |  |  |  |
|  | Name | Timothy Fang |  |  |  |
|  | Address | Blk 353 Ang Mo Kio St 32, #10-143, Singapore 560353 |  |  |  |
|  | Legal Status of | Singapore |  |  |  |
|  | Country of Registration | Singapore |  |  |  |
|  | Registation Number | NA |  |  |  |
|  | Date of Contract and Doc Ref No. | 1-Nov-22 |  |  |  |
|  | Completion of Contract | 31-Oct-25 |  |  |  |
|  | Type of Contract | Singapore Employment Contract |  |  |  |
|  | Name of Point of Contact | Timothy Fang |  |  |  |
|  | Contact No. / Email ID of Person to Contact | (+65) 91912450 / timothyseanfang@hotmail.com |  |  |  |
|  | Name of the Project | Health Futures |  |  |  |
|  | Budget Line Item | Health Futures Salaries |  |  |  |
|  | Available Budget | SGD 8,000 per month (SGD 96,000 per annum) |  |  |  |
|  | Service/ Goods Description | Senior Consultant |  |  |  |
|  | Name of Approver of Contract | Sejal Mistry |  |  |  |
|  |  |  |  |  |  |
| **Bank Details** | | |  |  |  |
|  | Please make payment to | Will be provided after signing of the contract |  |  |  |
|  | Bank Name |  |  |  |  |
|  | Account Number |  |  |  |  |
|  | Bank Address |  |  |  |  |
|  | Routing Number |  |  |  |  |
|  | Routing Number |  |  |  |  |
|  | IFSC Code |  |  |  |  |
|  | Swift Code |  |  |  |  |
|  | |  | | --- | |  | |  |  |  |  |
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|  |  |  |  |  |  |
|  | **Signature** | Sejal Mistry |  |  |  |
|  | **Designation** | Regional Director |  |  |  |
|  | **Program Name** | Health Futures |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Date** | 13-Sep-22 |  |  |  |
|  | **Place** | Singapore |  |  |  |