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| **ACCESS Health International Southeast Asia Ltd.** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Samriti Sharma |
|  | Address | Seishincho 1-1-19, 202, Tokyo, Edogawa-ku 1340087 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract and Doc Ref No. | 25-Apr-23 |
|  | Completion of Contract | 31-May-23 |
|  | Type of Contract | Service Contract |
|  | Name of Point of Contact | Rajvi |
|  | Contact No. / Email ID of Person to Contact | 070-4336-7340 / samriti.sharma@alum.upf.edu |
|  | Name of the Project | CVD Alliance |
|  | Budget Line Item | Other Program Expenses |
|  | Available Budget | USD 3,000 |
|  | Service/ Goods Description | Consulting |
|  | Name of Approver of Contract | Rajvi Mehta Dalal |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code (Routing Number) |  |
|  | Swift Code |  |
|  |  |  |
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|  | **Submitted to** |  |
|  | **Name of the Person** | Rajvi Mehta Dalal |
|  | **Designation** | Operations Director |
|  | **Signature** |  |
|  | **Date** | 21-Apr-23 |
|  | **Place** | Singapore |