|  |  |  |
| --- | --- | --- |
| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | ACCESS Health International, Inc. |
|  | Address | 384 WEST LANE, RIDGEFIELD, CT 06877 |
|  | Legal Status of |  |
|  | Country of Registration |  |
|  | Registration Number |  |
|  | Date of Contract | 4/20/2023 |
|  | Completion of Contract | 9/6/2023 |
|  | Name of Point of Contact | Anju Aggarwal |
|  | Contact No. / Email ID of Person to Contact | anju.aggarwal@accessh.org |
|  | Name of the Project | Health Futures |
|  | Type of Contract | Inter Office Service Agreement |
|  | Budget Line Item | Inter office |
|  | Available Budget | USD 3,600 + travel costs for one person |
|  | Service/ Goods Description | Pfizer co-creation workshop on private health insurance innovation |
|  | Name of Approver of Contract | Krishna Reddy Nallamalla |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | Routing Number |  |
|  | Routing Number |  |
|  | IFSC Code |  |
|  | Swift Code |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Submitted to** |  |
|  | **Name of the Person** | Krishna Reddy Nallamalla |
|  | **Designation** | President, Asia |
|  |  |  |
|  | **Date** | 6/5/2023 |