|  |  |  |
| --- | --- | --- |
| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name |  |
|  | Address |  |
|  | Legal Status of |  |
|  | Country of Registration |  |
|  | Registation Number |  |
|  | Date of Contract and Doc Ref No. |  |
|  | Completion of Contract |  |
|  | Name of Point of Contact |  |
|  | Contact No. / Email ID of Person to Contact |  |
|  | Name of the Project |  |
|  | Grant Start Date |  |
|  | Grant End Date |  |
|  | Budget Line Item |  |
|  | Available Budget |  |
|  | Service/ Goods Description |  |
|  | Name of Approver of Contract |  |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | Routing Number |  |
|  | IFSC Code |  |
|  | Swift Code |  |