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| --- | --- | --- | --- |
| **ACCESS Health International Southeast Asia Ltd.** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Abhishek Sudke |
|  | Address | | Third Floor, 114 Master Block C, Street No. 3, Shakarpur Extension, Beside Aggarwal Bhawan, New Delhi - 110092 |
|  | Legal Status of | | Citizen |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract and Doc Ref No. | | 2-May-22 |
|  | Completion of Contract | | 31-Oct-22 |
|  | Type of Contract | | Junior Consultant |
|  | Name of Point of Contact | | Sireesha/Sejal |
|  | Contact No. / Email ID of Person to Contact | | (+91) 8838078743 / abhisudke@outlook.in |
|  | Name of the Project | | MetLife Fintech for Health |
|  | Budget Line Item | | Other Program Expenses |
|  | Available Budget | | USD 1,100/monthly |
|  | 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, Southeast Asia | |
|  |  |  | |
|  |  |  | |
|  | **Signature** |  | |
|  | **Designation** |  | |
|  | **Program Name** |  | |
|  |  |  | |
|  |  |  | |
|  | **Date** | 13-Apr-22 | |
|  | **Place** | Singapore | |