

## Annex A

### QUOTATION FORM

Date : \_\_\_\_\_

To : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Having examined the General Instruction for the Construction works, namely machinery borehole drilling in Ehor, Edo state, the receipt of which is hereby duly acknowledge, I, representing *[name of company]* offer to execute the requested works in conformity with the General Instruction for the total Lump Sum amount of *[total bid amount in words and figures and currencies]* in accordance with the Priced Bill of Quantities which is herewith attached and form part of this Quotation.

I undertake if my offer is accepted, to deliver the Works in accordance with the Bill of Quantities, delivery schedule, plans and specifications.

I agree to abide by this Quotation for the Validity Period specified in the General Instruction which may be accepted at any time before the expiration of that period.

Until a formal contract is prepared and executed, this Quotation Form, together with your Notice of Award shall constitute a binding agreement between us.

I hereby certify that this Quotation complies with the requirements stipulated in the General Instruction.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
*[signature over printed name]*      \_\_\_\_\_  
*[in the capacity of]*

Duly authorized to sign Quotation for and on behalf of  
\_\_\_\_\_ *[name of company]*



Annex D

CONSTRUCTION SCHEDULE

Act.No.	Activity Name	Duration in Weeks or Months							
		1	2	3	4	5	6	7	8
1									
2									
3									
4									
5									
6									
7									
6									
7									
8									
9									
10									
11									
Manpower Allocation & Descriptions									
Equipment Allocation & Descriptions									

The Contractor may use extra pages to furnish additional information or may use other acceptable format to illustrate the construction schedule.

\_\_\_\_\_  
Contractors authorized signature over printed name

**KEY SUPERVISORY STAFF SCHEDULE**  
*(to be assigned for the proposed project)*

Name	Position	Yrs. w/ the Firm	Qualification	Largest Cost of Project Handled	Years of Experienced On said Position
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Attached CV if not yet attached at the eligibility documents submitted.

We hereby certify that the above key supervisory staff is available for use in the execution of the contract.

\_\_\_\_\_  
 Contractors authorized signature over printed name

**EQUIPMENT SCHEDULE**  
*(to be used for the proposed project)*

Type/description	Capacity	Age	Condition/Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Indicate if it is owned or to be leased.

We hereby certify that the above plant and equipment are available for use in the execution of the contract.

\_\_\_\_\_  
authorized signature over printed name

Contractors

