**Form I: Expression of Interest Submission Form**

(To be submitted on the Proponent’s official letterhead)

**Date:**

**Expression of Interest Invitation No:**

**Project Number:**

**To:**  
Ms. Fathimath Rishfa Ahmed,

Chief Procurement Executive,

National Tender Department,

Ministry of Finance and Planning,

Ameenee Magu, Male’, Maldives

**Subject:** **Expression of Interest to Manage and Operate a Cath Lab at Addu Equatorial Hospital (AEH) for a period of 5 years**

We, the undersigned, hereby submit our Expression of Interest (EOI) for the project titled **"** **Manage and Operate a Cath Lab at Addu Equatorial Hospital (AEH) for a period of 5 years"** in accordance with the requirements outlined in the Terms of Reference.

We provide the following information in support of our submission:

**1. Proponent Information**

|  |  |
| --- | --- |
| Full Legal Name of the Proponent |  |
| Type of Entity |  |
| **Registered Address** |  |

**2. In Case of a Consortium *(if applicable)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consortium Member | Country of Registration | Legal Status | % Ownership | Role |
| Lead Member |  |  |  |  |
| Member 2 |  |  |  |  |

**3. Declaration**

We confirm the following:

* We are a **legally registered company** or, where applicable, a consortium comprising no more than two legally registered companies submitting this proposal jointly.
* ***(if applicable)*** We, as a consortium, have appointed a Lead Member holding at least 55% equity, who is authorized to represent all members in legal, contractual, and administrative matters related to this project.
* We are incorporated under the relevant Companies Act in our respective countries, and at least one consortium member is duly registered in the Maldives.
* We have not submitted more than one proposal in this procurement process, whether independently or as part of a consortium.
* We are not participating in this EOI both as a sole proponent and as a member of another consortium.
* We have not been declared insolvent, under liquidation, or bankrupt at any time during the past five (5) years.
* We have not been convicted in any jurisdiction of fraud, corruption, collusion, money laundering, or any criminal offense involving dishonesty, violence, or professional misconduct.
* ***(if applicable)*** We accept that all consortium members shall be jointly and severally responsible for fulfilling the obligations under any resulting contract.
* We meet the **eligibility requirements** stated in the Terms of Reference Section 6 (1).
* We have not been **barred, blacklisted, or had contracts terminated** due to default by any public entity in the Maldives or abroad as stated in Terms of Reference Section 6 (1).
* We have no **conflict of interest** that could affect our participation in this process as stated in Terms of Reference Section 6 (2).

All information submitted in this EOI is true, complete, and correct to the best of our knowledge.

We agree to provide any supporting documents or clarifications requested by Ministry of Finance and Planning.

We understand that the submission of this EOI does not constitute a commitment by Ministry of Finance and Planning to proceed with further procurement stages.

**Name of the Proponent**: \*[*insert complete name of the Proponent*]

**Name of the person duly authorized to sign the EoI on behalf of the Proponent**: \*\* [*insert complete name of person duly authorized to sign the Bid*]

**Title of the person signing the EoI**: [*insert complete title of the person signing the Bid*]

**Signature of the person named above**: [*insert signature of person whose name and capacity are shown above*]

**Date signed** [*insert date of signing*] **day of** [*insert month*], [*insert year*]

**Form II – Proponent Information Form**

|  |  |
| --- | --- |
| Proponent's name |  |
| In case of Joint Venture (JV), name of each member: |  |
| Proponent's actual or intended country of registration:  *[indicate country of Constitution]* |  |
| Proponent's actual or intended year of incorporation: |  |
| Proponent's legal address [in country of registration]: |  |
| Proponent's authorized representative information:  Name:  Address:  Telephone/Fax numbers:  E-mail address: |  |
|  In case of JV, letter of intent to form JV or JV agreement must be submitted | |
| Proponent’s JV name: |  |
| JV member’s name: |  |
| JV member’s country of registration: |  |
| JV member’s year of constitution: |  |
| JV member’s legal address in country of constitution: |  |
| JV member’s authorized representative information  Name:  Address:  Telephone/Fax numbers:  E-mail address: |  |

**Form III – Historical Contract Non-Performance and Pending Litigation & Litigation History**

Proponent’s Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*JV Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Non-Performed Contracts in accordance with Section 6 (2)** | | | | | | | |
|  Contract non-performance did not occur since 1st January *[insert year]*   Contract(s) not performed since 1st January *[insert year]* | | | | | | | |
| **Year** | **Non- performed portion of contract** | | **Contract Identification** | | | **Total Contract Amount (current value, currency, exchange rate and US$ equivalent)** | |
| *[insert year]* | *[insert amount and percentage]* | | Contract Identification: *[indicate complete contract name/ number, and any other identification]*  Name of Employer: *[insert full name]*  Address of Employer: *[insert street/city/country]*  Reason(s) for nonperformance: *[indicate main reason(s)]* | | | *[insert amount]* | |
| **Pending Litigation, in accordance with Section 6 (2)** | | | | | | | |
|  No pending litigation | | | | | | | |
|  Pending litigation. | | | | | | | |
|  | | | | | | | |
| **Year of dispute** | | | **Amount in dispute (currency)** | | **Contract Identification** | **Total Contract Amount (currency), MVR** | |
|  | | |  | | Contract Identification: \_\_\_\_\_\_\_\_\_  Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_  Address of Employer: \_\_\_\_\_\_\_\_\_\_  Matter in dispute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Party who initiated the dispute: \_\_\_\_  Status of dispute: *\_\_\_\_\_\_\_\_\_\_\_* |  | |
|  | | |  | | Contract Identification:  Name of Employer:  Address of Employer:  Matter in dispute:  Party who initiated the dispute:  Status of dispute: |  | |
| **Litigation History in accordance with Section 6 (2)** | | | | | | | |
|  No Litigation History   Litigation History | | | | | | | |
| **Year of award** | | | **Outcome as percentage of Net Worth** | | **Contract Identification** | **Total Contract Amount (currency), MVR** | | |
| *[insert year]* | | | *[insert percentage]* | | Contract Identification: [indicate complete contract name, number, and any other identification]  Name of Employer: *[insert full name]*  Address of Employer: *[insert street/city/country]*  Matter in dispute: *[indicate main issues in dispute]*  Party who initiated the dispute: *[indicate “Employer”]*  Reason(s) for Litigation and award decision *[indicate main reason(s)]* | *[insert amount]* | | |
| *[insert year]* | | | *[insert percentage]* | | Contract Identification: [indicate complete contract name, number, and any other identification]  Name of Employer: *[insert full name]*  Address of Employer: *[insert street/city/country]*  Matter in dispute: *[indicate main issues in dispute]*  Party who initiated the dispute: *[indicate “Employer”]*  Reason(s) for Litigation and award decision *[indicate main reason(s)]* | *[insert amount]* | | |
| I/we hereby declare that, except as disclosed above, there is no action, suit, proceeding, investigation, adjudication, arbitration, or litigation pending or, to the best of our knowledge, threatened against the Proponent (including all members of the consortium, if applicable), which either individually or in aggregate, could, if resolved adversely, materially affect the execution or performance of the proposed project, or impair our ability to fulfill the obligations set out under the resulting Agreement/Contract.  I/we further declare that the information provided herein is true, complete, and correct, and that this declaration is made in good faith and without concealment of any material facts.  I/we understand that any misrepresentation or concealment of relevant information may lead to disqualification from the procurement process or termination of the contract, if awarded.  I/we make this declaration under penalty of perjury, fully aware of the legal consequences of making a false statement. | | | | | | | | |
| Name: | | | | |  | | | |
| Designation: | | | | |  | | | |
| Company Name: | | | | |  | | | |
| Signature: | | | | |  | | | |
| Date: | | | | |  | | | |
| Company Seal (if applicable) | | | | |  | | | |

**Form IV - Technical Eligibility & Experience Form**

*(Operation of Multispecialty / Super Specialty Hospital with Interventional Cardiology or Cardio-Thoracic Surgery Facilities)*

|  |  |
| --- | --- |
| **Name of Proponent (Sole Member / Consortium Member):** |  |
| **Hospital Details** | |
| **Name of Hospital Operated:** |  |
|  | **Type of Hospital (select one):** ☐ Multispecialty   ☐ Super Specialty |
|  | **Specialties Available (check all that apply):** ☐ Interventional Cardiology ☐ Cardio-Thoracic Surgery |
| **Hospital Address:** |  |
| **Period of Continuous Operation:** | From: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  To: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ *(Must cover at least the last 3 financial years)* |
| **Accreditation Details** | |
| **Is the hospital accredited to an international standard?** | ☐ Yes  ☐ No |
| **Name of Accrediting Body (e.g., NABH, JCI, equivalent):** |  |
| **Accreditation Certificate Attached:** | ☐ Yes  ☐ No |
| **Cath Lab Operations** | |
| **Number of Cath Labs Operated by Proponent:** |  |
| **Location of Primary Cath Lab:** |  |
| **Is the Cath Lab staffed with fully trained service personnel?** | ☐ Yes  ☐ No |
| **Number of Cardiac Catheterization Procedures Performed in the Last Financial Year:**  *(Must be at least 1,000)* |  |
| **List of procedures with detailed interventions:** |  |

**5. Supporting Documents Attached *(check all that apply):***

☐ Hospital Registration Certificate  
☐ Statutory License(s) (e.g., Clinical Establishment Act registration)  
☐ Accreditation Certificate (e.g., NABH, JCI)  
☐ Summary List of Cardiac Catheterization Procedures (Certified)  
☐ Other documentary proof of operation and specialties  
  (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form V – Financial Eligibility Form**

FIN- 1 Financial Situation and Performance

Proponent’s Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*JV Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Financial data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Financial information in**  **(currency)** | **Historic information for previous** *\_\_\_\_\_\_\_\_\_years,*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **(amount in currency, currency, exchange rate\*, MVR equivalent)** | | | | |
|  | Year 1 | Year 2 | Year 3 | Year4 | Year 5 |
| Statement of Financial Position (Information from Balance Sheet) | | | | | |
| Total Assets (TA) |  |  |  |  |  |
| Total Liabilities (TL) |  |  |  |  |  |
| Total Equity/Net Worth (NW) |  |  |  |  |  |
| Current Assets (CA) |  |  |  |  |  |
| Current Liabilities (CL) |  |  |  |  |  |
| Working Capital (WC) |  |  |  |  |  |
| Information from Income Statement | | | | | |
| Total Revenue (TR) |  |  |  |  |  |
| Profits Before Taxes (PBT) |  |  |  |  |  |
| Cash Flow Information | | | | | |
| Cash Flow from Operating Activities |  |  |  |  |  |

**2. Financial documents**

The Proponent and its parties shall provide copies of financial statements for *5 (five)* years pursuant Section 6 (5) (iii). The financial statements shall:

(a) reflect the financial situation of the Proponent or in case of JV member, and not an affiliated entity (such as parent company or group member).

(b) be independently audited or certified in accordance with local legislation.

(c) be complete, including all notes to the financial statements.

(d) correspond to accounting periods already completed and audited.

 Attached are copies of financial statements[[1]](#footnote-1) for the *\_\_\_\_\_\_\_\_\_\_\_\_*years required above; and complying with the requirements

Form FIN – 2  
Average Annual Turnover

Proponent’s Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*JV Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Annual turnover data** | | |
| **Year** | **Amount**  **Currency** | **Exchange rate** | **USD equivalent** |
| *[indicate year]* | *[insert amount and indicate currency]* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Average Annual Turnover \* |  |  |  |

\* See Section 6 (5)

Form FIN – 3  
Financial Resources

Specify proposed sources of financing, such as liquid assets, unencumbered real assets, lines of credit, and other financial means, net of current commitments, available to meet the total cash flow demands of the subject contract as specified in Section 6 (5)

|  |  |  |
| --- | --- | --- |
| **Financial Resources** | | |
| **No.** | **Source of financing** | **Amount (MVR equivalent)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |  |  |

1. If the most recent set of financial statements is for a period earlier than 12 months from the date of EoI submission, the reason for this should be justified. [↑](#footnote-ref-1)