

**PROFORMA 1 – VERIFICATION AND ASSESSMENT PROFORMA**

**Instructions:**

- I. The Bidders are requested to complete this Verification & Assessment Proforma (“PROFORMA”) and to return it in accordance with the instructions below.
- II. Please answer all questions as accurately and concisely as possible. Where you consider that a question is not relevant this should be indicated with “N/A”. **Please do not leave any questions blank.**
- III. Failure to provide the required information or supply documentation referred to in responses may result your Proposal being rejected.
- IV. The completed Proforma, together with required supporting documentation should be signed and stamped (with *Organization’s Seal*) and uploaded along with **Proforma 1** of the Proposal.
- V. The Bidder’s signatory should be of Senior Management Level.

**Note:**

That by submitting the required information and necessary documentation, you hereby consent to collection and processing of data which relates to your Company/Organization/Firm/Staff for all purposes necessary to determine any potential funding arrangements. IPE Global may disclose and transfer such information and documentation to any other IPE Global’s entities, Client and any other third party, on a need to know basis, as IPE Global may reasonably deem necessary or appropriate.

- VI. No information contained in this, nor any communication between IPE Global and you in connection with the Proforma, shall constitute or be relied upon as constituting or in part constituting a contract, agreement or representation that any funding shall be offered to you. Under no circumstances shall IPE Global, and/or any of its subsidiary or associated companies, Client and any other third party incur any liability to you in respect of this Proforma or any supporting information.**CONTACT DETAILS**

<b>NAME OF THE APPLICANT</b>	
<b>NAME OF THE CONTACT PERSON</b>	
<b>REGISTERED ADDRESS</b>	
<b>CONTACT NUMBER</b>	
<b>EMAIL ADDRESS</b>	

**VII. INFORMATION / DOCUMENTATION FOR APPLICANT ASSESSMENT**

<b>DOCUMENT</b>	<b>APPLICANT</b>
<b>Applicant Presentation</b>	Highlighting current business operations, infrastructure, Vision & Mission of the Applicant, potential competitors in the market
<b>Applicant’s Memorandum of Association (MOA), Articles of Association (AOA), By laws &amp; Trust Deed</b>	
<b>Details of Registration of the Applicant (Type of Registration,</b>	Company/Society/Trust

DOCUMENT	APPLICANT
Date and Number) – include certificate of incorporation or any other supporting document	
Details of Registration under any other applicable Law (Such as MSME Act, 2006, Indian Partnership Act, 1932, University Grants Commission Act, 1956, Indian Trust Act, 1882, Societies Registration Act, 1860 etc.) – include certificate of incorporation or any other supporting document	
DUNS Number (mandatory)	
System for Award Management (SAM) Unique Entity ID (mandatory)	
FCRA Registration, <i>if any</i>	
Registration u/s 12AA of the IT Act, 1961	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taxpayer Identification Number (PAN, GSTIN, ESIC, EPE etc.), issued by Government Authority include certificate <sup>1</sup>	

**VIII. BACKGROUND ASSESSMENT (include necessary documentation)**

Details of Parent Company/Organization, if any (please incorporate in Table 1)	
Any subsidiaries and/or affiliates (please incorporate in Table 1)	
Any other companies or entities in which you have a controlling ownership interest (please incorporate in Table 1)	
Are there other persons who can exercise control over your organization/firm through any arrangement or relationship?  If Yes, please identify such persons and explain the nature of their interest, including how it is held along with the document proof (please incorporate in Table 2)	
Geographical presence (Countries/Regions of Operations)	
Share Holding Structure/ details of members or trustees (please incorporate in Table 3)	

<sup>1</sup> Pan & GSTIN Mandatory

<b>Details of Business Associates, including Supply Chain Vendors &amp; Business partners, who may be engaged by the Applicant for the current application/assignment (please incorporate in Table 4)</b>	
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**Table 1: Entities in which applicant has Controlling Interest or its Holding Company (50% or more) & Associate Entity (20% or more less than 50%)**

NAME	PERCENTAGE OF HOLDING BY HOLDING COMPANY/ APPLICANT ENTITY/ DIRECTOR/	RELATIONSHIP WITH APPLICANT ENTITY	INCORPORATED YEAR	KEY ACTIVITIES INVOLVED IN

*Please add further rows as per the requirement.*

**Table 2: Persons who can exercise control over your organization/firm through any arrangement or relationship**

NAME	PAN CARD NO.	RELATIONSHIP WITH APPLICANT	HOW IT IS HELD	DETAILS OF TRANSACTIONS (IF ANY)

*Please add further rows as per the requirement.*

**Table 3: Share Holding Structure/ details of members or trustees**

*Please add further rows as per the requirement.*

DATE	NAME	PERCENTAGE OF HOLDINGS	DIN NO. (IF APPLICABLE)	CONTACT NUMBER	EMAIL ID	DESIGNATION (IF ANY)

**Table 4: Details of Business Associates (if applicable)**

NAME	RELATIONSHIP WITH THE APPLICANT	CONTACT PERSON NAME	CONTACT NUMBER	DESIGNATION

Please add further rows as per the requirement.

**IX. MANAGEMENT STRUCTURE AND STAFFING (INCLUDE NECESSARY DOCUMENTATION)**

List of Board Members/ KMP with Short Profiles (please incorporate in Table 5)	
Name of Chief Executive	
Organogram	
Total number of full-time paid personnel (year wise for last three years)	Year 1: Year 2: Year 3:

Table 5: Profile of promoters/ directors/ members/ trustees etc. (Key Management Persons (KMP)), along with copy of Aadhaar Card (both side)

NAME	DESIGNATION	CONTACT NUMBER	EMAIL ADDRESS	EDUCATIONAL QUALIFICATION	EXPERIENCE	DIN (IF APPLICABLE)

Please add further rows as per the requirement.

**X. INFORMATION / CLARIFICATION / DOCUMENTATION PERTAINING TO FINANCIAL (INCLUDE NECESSARY DOCUMENTATION)**

Is your organization/firm fully compliant with Taxation statutory requirements – (please provide annual tax return, annual accounts etc. for the last three financial years)	
Annual Turnover for the last three financial years (mention financial years) – please provide audited financial statements for all years along with	Year 1: Year 2:

	<b>Year 3:</b>
<b>Bank Statement all the current accounts maintained by the Applicant for the past 3 months.</b>	
<b>Detailed writeup about arrangements for segregation and management of project funds.</b>	
<b>Do provide the details of Debts as per below Table 6 along with the copy of their sanction letters.</b>	

**Table 6: Details of Outstanding Debts**

<b>Date</b>	<b>Lender Name</b>	<b>Loan Type</b>	<b>Account Number</b>	<b>Sanction Amount</b>	<b>Outstanding Balance as on date</b>	<b>Outstanding Balance as on 31-3-2021</b>

*Please add further rows as per the requirement*

**XI. MONITORING MECHANISM, CORPORATE GOVERNANCE AND STAFFING**

PARTICULARS	YES/ NO
Does the Applicant have adequate Infrastructure, management systems, written procedures to facilitate effective running and functioning of its operations.	
Does the Applicant has skilled and qualified staff, and conduct timely trainings for skill & knowledge enhancement training for its staff	
Does the Applicant prepare monthly & project budgets to plan its activities and Is there any individual who is responsible for implementing & managing each budget.	
Does the Applicant has written policies & procedures for Financial, HR along with Delegation of Authority Matrix	
All fixed assets (e.g. vehicles, computers, equipment) owned by the Applicant are insured and controlled using a fixed assets register with details as to code, location, custody etc.	
The organization is free from any blacklisting by any donor agencies or any other organization/firm.	
Is there is any Monitoring system is maintained by the Applicant for Program Activities and is the reporting for the programs are data driven and are presented in front of the Program Owners on a timely basis	

*Note: Please provide details about the Internal systems and controls maintained by the Applicant Entity to ensure compliance with statutory accounting practices and mitigate frauds.*

**XII. INFORMATION / DOCUMENTATION / DECLARATIONS PERTAINING TO LEGAL & COMPLIANCE:**

“Consent to extract CIBIL report” of Applicant on the letter head of the Applicant, signed and stamped by Authorised Signatory.	Provide Self-Declaration
Declaration about “nil statutory dues” or Clearance status of the same. If there is any outstanding balance, please provide documentary evidence.	Provide Self-Declaration
Self-declaration/ Information about the following on the letter head of the Applicant along with sign and stamp by Authorised Signatory for Not having “entered into any Agreement / Contract which prohibits the Applicant to associate with IPE Global or USAID” and seek affiliation (The list of prohibited source countries is available at <a href="https://www.usaid.gov/sites/default/files/documents/1864/310mac.pdf">https://www.usaid.gov/sites/default/files/documents/1864/310mac.pdf</a> .)	Provide Self-Declaration
Self-declaration/ Information about the following on the letter head of the Applicant along with sign and stamp by Authorised Signatory for “Compliance with regulatory authority” (like CBIC, CBDT, MCA, FCRA, ESIC EPFO etc.) requirements	Provide Self-Declaration
Self-declaration/ Information on the letter head of the Applicant along with sign and stamp by Authorised Signatory for any Bankruptcy proceedings in which the Applicant is a creditor or otherwise interested (if Yes provide the details as per Table 7)	Provide Self-Declaration and details as per Table 7

**Table 7: Details of Bankruptcy proceedings in which the Applicant is a creditor or otherwise interested**

SR. NO.	NAME OF THE ENTITY	DETAILS OF PROCEEDINGS	RELATIONSHIP WITH APPLICANT	IRP DETAILS (IF APPOINTED)	QUANTUM OF TRANSACTIONS (IN INR LAKHS)	FINAL / PRESENT POSITION OF THE CASE

Please add further rows as per the requirement

**XIII. COMPLIANCE ASSESSMENT (ATTACH SUPPORTING DOCUMENTS)**

**VIII.1 Litigation and Investigations**

VIII.1.1 Is there any pending, current or threatened internal or external investigations or proceedings relating to allegations of fraud, theft, bribery, corruption, money laundering, human rights violations, anti-competitive or other unethical or unlawful behaviour connected with your Organization/firm or any of its directors, senior management, 10%+ shareholders or owners?

Yes  No

**Explanatory Statement**  
(If “Yes”, please provide details in Table 8):

**Table 8: Complete list of ongoing litigation, litigation settled within the past year, and litigation for which there are ongoing responsibilities as per the format below:**

SR. NO.	NAME OF THE 2ND PARTY	NAME OF THE COURT	DATE OF INSTITUTION OF CASE	RELIEFS SORT FOR	REASONS FOR DISPUTE	FINAL/ PRESENT POSITION OF THE CASE

Please add further rows as per the requirement.

**VIII.2 Ethical History**

In the last ten years has your Organization/firm or have any directors, senior management, 10%+ shareholders or owners or any other person who has power of representation, decision or control of your Organization/firm or any of its associated Organization/firm or subsidiary companies:

VIII.2.1 ever been bankrupt, insolvent, unable to pay his or its debts, sought protection from his or its creditors, been wound-up or compulsorily dissolved by any court or tribunal or been involved in any insolvency and bankruptcy proceedings?

Yes  No

VIII.2.2 ever been convicted of a criminal offence in any country related to fraud, theft, bribery, corruption, money laundering, human rights violations, tax –evasion, social security violation, anti-competitive or other unlawful or unethical behaviour?

Yes  No

VIII.2.3 entered into any deferred prosecution agreement, settlement agreement or similar arrangement with any law enforcement, prosecutorial or regulatory agency or body relating to investigations or allegations of fraud, theft, bribery, corruption, money laundering, human rights violations, anti-competitive or other unlawful or unethical, behaviour?

Yes  No

VIII.2.4 ever been convicted of an offence related to abuse of children?

Yes  No

VIII.2.5 ever been listed by any country or Organization or any authority for being involved in terrorism or money-laundering activities?

Yes  No

VIII.2.6 ever received or been the subject of allegations or press/media reports of misconduct - including fraud, bribery, theft, corruption, money laundering, human rights violations, anti-competitive behaviour (including bid-rigging, cartels, collusion or coercion), damage to the environment, health or safety of employees or employment or abuse of children?

Yes  No

VIII.2.7 ever had cancelled or revoked or failed to hold any licence or membership of an Organization/firm required by law?

Yes  No

VIII.2.8 Is your Organization/firm or any director, senior manager, 10%+ shareholder or owner of your organization/firm, or any of its associated or subsidiary companies, currently sanctioned by, disqualified, blacklisted, barred or suspended from doing business with any government, national or public international organization/firm including any multilateral development bank?

Yes  No

If you have answered “Yes” to any of the above, please give an explanatory statement:

**Explanatory Statement**  
(If “Yes”, please provide details):

**XIV. APPLICANTS POLICIES/PROCEDURES/STATEMENTS**

Please provide details of the person(s) responsible for your Corporate’s/Organization’s/Firm’



Policies/Statements.

<b>Name:</b>	
<b>Title:</b>	
<b>Contact Number:</b>	
<b>E-mail address:</b>	

**IX.1 Does your Organization/firm have current, published policy and/or procedures and/or statements on the following:**

- Anti-Fraud and Anti-Corruption Policy  Yes  No
- Conflict of Interest Policy  Yes  No
- Ethical Code of Conduct<sup>2</sup>  Yes  No
- Equity and Diversity Policy  Yes  No
- Child Protection Policy  Yes  No
- Modern Slavery and Human Trafficking Statement  Yes  No
- Policy on Prevention of Sexual Exploitation and Abuse  Yes  No
- Whistle Blower Policy  Yes  No

(If yes to any of the above, please attach a copy of the policy and/or procedures and/or statements)

**IX.2 Do you agree that such policies and/or procedures and/or statements of the mentioned above proactively will flow down to your subsidiaries, joint-venture partners, contractors, consultants, sub-contractors, suppliers, representatives and agents engaged under the current application/assignment and does that current policy include procedures for reporting bribery when discovered?**

Yes  No

**IX.3 If “No” to any of the policies and/or procedures and/or statement as mentioned under IX.1 above, will your Organization/Firm agree and undertake to adopt, comply with and implement such policies and/or procedures and/or statements IPE Global and/or the Client?**

Yes  No

**Explanatory Statement**  
 By answering “Yes” to question V.3, your Organization/Firm will be committing itself to implementing a programme to demonstrate its compliance with equivalent policies and/or procedures and/or statements IPE Global and/or the Client whilst working on any project for or with IPE Global.

**IX.4 Do you agree that your Organization/firm shall undertake ethical and compliance due diligence on joint-venture partners, contractors, consultants, sub-contractors, suppliers, representatives and agents engaged under the current application/assignment ,?**

Yes  No

<sup>2</sup> These includes safeguarding against any form of sexual exploitation, abuse and harassment; child abuse, inequality or discrimination on the basis of race, gender, age, religion, sexuality, culture or disability.

**XV. DETAILS OF PROJECTS UNDERTAKEN**

Please provide details of donor funder and/or government funded and/or through private funded projects that your organization/firm has implemented in the last 5 years as per Table 9 below.<sup>3</sup>

**Table 9: Complete list of ongoing/ Completed projects undertaken as per the format below:**

CLIENT NAME	NAME & BRIEF ABOUT THE ASSIGNMENT	START DATE	DATE OF COMPLETION	CONTRACT VALUE (IN INR LAKHS)

Please add further rows as per the requirement

Note: The Applicant, at a later stage, will be required to report the total compensation of its five most Highly Compensated Executives under USAID Projects.

**DECLARATION:**

We hereby certify that the information above is true and accurate. We also acknowledge that IPE Global reserves the right to further request supporting documents at any time to prove the information provided above.

Any information as given above, if found to be incorrect, wrong or misleading, will render/us liable to rejection of our claim without prejudice to any other action that may be taken against us in this behalf and IPE Global has the right to blacklist us.

\_\_\_\_\_  
*(Signed by Authorized Representative<sup>4</sup>)*

**NAME:**

**DESIGNATION:**

**ORGANIZATION:**

**PLACE AND DATE:**

<sup>3</sup> These projects must be similar assignments as per the Scope of Work mentioned in the Request for Application - IPE-USAID\_PAHAL-2022 (RFP) – 039. You must mention if you have received funding for similar assignments, if funded by USAID (either as a prime or a sub-awardee).

<sup>4</sup> An authorized representative should be of Senior Management Level.

**PROFORMA I: DECLARATIONS OF ANNEXURE 2 – VERIFICATION AND ASSESMENT PERFORMA**

*(This declaration is to be given on letterhead of the Organization and stamped)*

**DECLARATION: ANTI-FRAUD & ANTI-CORRUPTION POLICY**

We, [Name of Entity], hereby declare that we have read and understood IPE Global Limited’s Anti-Fraud & Anti-Corruption Policy [[http://www.ipeglobal.com/upload/content/ipe020785\\_Anti-FraudAnti-CorruptionPolicy.pdf](http://www.ipeglobal.com/upload/content/ipe020785_Anti-FraudAnti-CorruptionPolicy.pdf)] and agree to abide by it. Also, we understand the legislation/ act on prevention of fraud and corruption applicable in the project country.

We further declare that we will observe and uphold IPE Global’s position on fraud and corruption. Also, during the course of our association with IPE Global, we will promote a culture of honesty, integrity and professionalism. We undertake to inform designated nodal officer through email about any issue or suspicion of malpractice at the earliest possible stage.

In case of any instances in relation to fraud and/or corruption with our association with IPE Global, the below mentioned coordinates should be contacted immediately. All suspicions will be treated with the utmost confidentiality.

- IPE Global has a Corporate Risk and Compliance Department which deals with fraud and other forms of corruption that should be contacted in the first instance at [hotline@ipeglobal.com](mailto:hotline@ipeglobal.com) or on **+91 11 40755962**.

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**Signed by Authorized Representative<sup>5</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

**Note:** *The organization warrants that for the duration of the funding period, it agrees to adhere to the above.*

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<sup>5</sup> The Authorized representative should be of Senior Management Level.

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: CONFLICT OF INTEREST POLICY**

**Project Ref.:** \_\_\_\_\_ **[Name of the Project]**

We, [Name of Entity], hereby declare that we have read and understood IPE Global Limited's Conflict of Interest (Col) Policy [[www.ipeglobal.com/upload/content/ipe43b9b4\\_ConflictOfInterestPolicy.pdf](http://www.ipeglobal.com/upload/content/ipe43b9b4_ConflictOfInterestPolicy.pdf)] and hereby agree to abide by it.

We confirm that no Partner/Shareholder/Director/Advisor/Consultant/Employee, etc. or direct relations of any of these mentioned of [Name of Entity] is in any way connected to the Partner/Shareholder/Director/Advisor/Consultant/Employee, etc. of IPE Global Limited or its subsidiaries. We undertake to inform IPE Global through email about any issue of Col that may crop up in future, at an earliest possible stage.

*[Please strike-off if Not Applicable]*

**OR**

We confirm that a/some Partner/Shareholder/Director/Advisor/Consultant/Employee, etc. or direct relations of any of these mentioned of [Name of Entity] is/are connected to the Partner/Shareholder/Director/Advisor/Consultant/Employee, etc. of IPE Global Limited or its subsidiaries. We are attaching the specific details separately.

*[Please strike-off if Not Applicable]*

We confirm that the above details are true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
**Signed by Authorized Representative<sup>6</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

**Note:** *The organization warrants that for the duration of the funding period, it agrees to adhere to the above.*

\_\_\_\_\_  
<sup>6</sup> The Authorized representative should be of Senior Management Level.

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: SAFEGUARDING**

IPE Global Limited ("IPE Global") has operated a policy of zero tolerance and if we encounter any evidence of abuse we will act swiftly and decisively. It is also essential for us, and most importantly for our beneficiaries, to ask all our downstream partners and sub-contractors to confirm that you have appropriate policies in place, that they are fully operational and embedded in the culture of your organization.

**To this end we are writing to ask that you please confirm:**

1. That you provide a safe and trusted environment which safeguards anyone who your organization has contact with, including beneficiaries, staff, subcontractors and volunteers.
2. That you set an organizational culture that prioritizes safeguarding<sup>7</sup>, so that it is safe for those affected to come forward, and to report incidents and concerns in line with the relevant compliance procedures.
3. That you will take this opportunity to review your Safeguarding policies, procedures and measures to protect people and that these measures are embedded throughout your organization.
4. That as part of your Safeguarding policies and procedures, you have absolute clarity as to how incidents and allegations will be handled should they arise, including reporting to the relevant authorities, including to funding partners.
5. That in respect of the work funded by IPE Global, you have processes in place which require that any incidents, allegations or concerns relating to possible failures to keep staff, subcontractors and beneficiaries safe and free from abuse will be notified to IPE Global promptly, and that we will be kept updated of material developments; and that any such matters have in fact been fully reported to us in line with those processes.
6. In case of any instances in relation to safeguarding concerns with our association with IPE Global, the below mentioned coordinates shall be contacted immediately. All reporting will be treated with the utmost confidentiality.
  - [hotline@ipeglobal.com](mailto:hotline@ipeglobal.com) or on +91 11 40755962.

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**Signed by Authorized Representative<sup>8</sup>:**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

**Note:** *The organization warrants that for the duration of the funding period, it agrees to adhere to the above.*

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

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<sup>7</sup> These includes safeguarding against any form of sexual exploitation, abuse and harassment; child abuse, inequality or discrimination on the basis of race, gender, age, religion, sexuality, culture or disability.

<sup>8</sup> The Authorized representative should be of Senior Management Level.

**DECLARATION FOR PROHIBITION ON ABORTION-RELATED ACTIVITIES**

**[Name of the Organization]**, or any of its members, employees, agents, affiliates and/or sub-contractors warrants and represents that it has not carried out directly or indirectly and undertakes that it will not directly or indirectly carry out:

- (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning;
- (ii) special fees or incentives to any person to coerce or motivate them to have abortions;
- (iii) payments to persons to perform abortions or to solicit persons to undergo abortions;
- (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and
- (v) lobbying for or against abortion.

It is further clarified that **[Name of the Organization]** or any of its members, employees, agents, affiliates and/or sub-contractors complies with any in-country legislation relating to Prohibition on Abortion-Related Activities.

If **[Name of the Organization]** or any of its members, employees, agents, affiliates and/or sub-contractors is in breach of any term of this Declaration, then IPE Global shall be entitled to terminate any on-going funding and/or discussions regarding any future assignment(s) and blacklist the organization for any future funding.

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**Signed by Authorized Representative<sup>9</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

**Note:** *The organization warrants that for the duration of the funding period, it agrees to adhere to the above.*

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<sup>9</sup> The Authorized representative should be of Senior Management Level.

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: BANKRUPTCY OF CREDITORS**

**Project Ref.:** \_\_\_\_\_ **[Name of the Project]**

We declare and certify that:

There are no Bankruptcy proceedings in which the Applicant is a creditor or otherwise interested & in no manner affecting the rights of our Company/entities to any movable / immovable asset.

For, Entity Name

\_\_\_\_\_  
**Signed by Authorized Representative<sup>10</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

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<sup>10</sup> The Authorized representative should be of Senior Management Level.

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: CONSENT TO EXTRACT INFORMATION**

**Project Ref.:** \_\_\_\_\_ **[Name of the Project]**

We/ I, [Name of Entity/ Person], hereby provide our/ his/ her consent to extract information related to Criminal Record, CIBIL Report and Social Media Check for **Project Ref.:** \_\_\_\_\_ **[Name of the Project]**.

For, Entity Name/ Director

\_\_\_\_\_  
**Signed by Authorized Representative/ Director<sup>11</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

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<sup>11</sup> The Authorized representative should be of Senior Management Level.



*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: COMPLIANCE WITH REGULATORY AUTHORITY**

**Project Ref.:** \_\_\_\_\_ **[Name of the Project]**

We, [Name of Entity], hereby declare and certify that:

There are no statutory dues outstanding to be paid by our entity as on date.

Our Entity has complied with Indian & International Laws as per applicability & there is no Non-Compliance which in manner may affect the rights of our entities to any movable / immovable asset.

For, Entity Name/ Director

\_\_\_\_\_  
**Signed by Authorized Representative<sup>12</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

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<sup>12</sup> The Authorized representative should be of Senior Management Level.

*(This declaration is to be given on letterhead of the Organization with Organization's Seal)*

**DECLARATION: PROCUREMENT FROM RESTRICTED GEOGRAPHY**

**Project Ref.:** \_\_\_\_\_ **[Name of the Project]**

We, [Name of Entity], hereby declare and certify that:

Our Entity is not procuring or selling Goods/ Services in the Restricted Geography as described by USAID authorized Geographic Code 935.

For, Entity Name

\_\_\_\_\_  
**Signed by Authorized Representative<sup>13</sup>**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

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<sup>13</sup> The Authorized representative should be of Senior Management Level.