

TENDER FORM FOR ASSOCIATE CONSULTANTS

Category Applied for: Lot:				
District:				
Applicant Full Name:				
Applicant Contact Number(s):				
Applicant email(s):				
Applicant's Location:				
(Indicate: TA/EPA & District)				
Indicate post-secondary education:				
List your higher educational achievements:				
Education Acquired	Institution	Year completed		
Work experience:				
List your work experience, position held a	and the period you served:			
Employer	Position and Responsibility	Period		
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Expertise				
Lot/ Area of Expertise	Specific Skills (Tick)	Lot/ Area of	Specific Skills (Tick)	
(Tick)		Expertise (Tick)		
[] Agro-processing	[] Food Safety [] Voluntary and Private Standards [] HACCP [] Best Manufacturing Practices	[] Marketing & Communication	[] Product Packaging, Labelling & Branding [] Product Development [] Marketing plan [] Market Assessment [] Sales & Marketing	
[] Agriculture	[] Climate Smart Agriculture [] Global GAP [] Irrigation [] Post harvest Management [] Organic farming [] Farm Mechanization	[] Legal	[] Contracting [] Business formation and registration. [] Patenting [] Good Labour Practices [] Fair/Ethical Trade [] Litigation/Claims handling	
[] Enterprise Development	[] Planning/Business Plan [] Business Scenario planning. [] Commercial and operational risk mgt. [] Value Chain adaptation [] Human Resources Management [] Good Governance	[] ICT/ Information Management	[] Electronic records [] HR & Accounting systems [] MIS [] Decision Support systems [] Database management systems [] Software development	
[] Financial Management	[] Financial statements [] Tax Computation [] Financial modeling [] Auditing [] Financial systems [] Company Valuation	[] Retail Management	[] Store management [] Merchandizing [] Inventory management [] Customer Service [] Sales management	
[] Access to Finance	[] Financial Literacy [] Investment proposals [] Capital Sourcing [] Decision Support on Investments	[] Logistics	[] Transport [] Export documentation [] Inventory management [] Warehouse Management [] Fumigation certification	
Applicant's Affiliation:				
List the organisations/companies you are affiliated with providing the consulting services:				
Company affiliated	Services provide	ed	Frequency in a year	

List the reasons, you want to work with Tradeline in the engagement?				
1.				
2.				
3.				
4.				
5.				
Tick the clients that you prefer most to provide your services.				
[] Individual Rural Farmers				
List the reasons for the selection from above. 1.				
2.				
3.				
4.				
5.				
Tick the services that you prefer mostly. [] Development of tools [] Training [] Development of procedure Manuals [] Coaching/Guidance [] Information sharing [] Technical Assistance [] Linkages Facilitations [] Other (Specify)				
Reference Information Enter the following information for clients you serviced with in the last three (3) years:				
First reference Client Name:				
Contact Person:				
Telephone:email:				
Assignment type:				
Your role in the assignment:				
Contract Value (MWK):Date Completed:				
Second reference Client Name:				
Contact Person:				
Telephone:email:				
Assignment type:				

Your role in the assignment:				
Contract Value (MWK):		Date Completed:		
Third reference Client Name:				
Contact Person:				
Telephone:	email:			
Assignment type:				
Your role in the assignment:				
Contract Value (MWK):		Date Completed:		
<u>Declaration</u> By signing below, I declare that the information provided in this document and attachments are true and complete. I am aware that it is on this basis of the information that I have provided that Tradeline will make its decision whether or not to shortlist me. I authorize Tradeline to make verification of the information provided where need arises. I acknowledge that this form does not constitute an offer or acceptance of consultancy assignment in terms of any legislation relating to the provision of the services.				
Signature of Applicant:		Date:		
Print Name:				
Payment Details	D. C	D		
Date of payment:	Keterence:	Depositor:		