



ANNEX A – SPECIFICATION & PRICE PROPOSAL FORM

REQUEST FOR QUOTATION NO: PR/SUD/PSD/2025/39

Quotation TO BE RECEIVED 18 June 2025

Health Insurance Service

I undertake if our quotation is accepted, to ensure the supply of any of the services in accordance with the required specification, quality, financial offer, and delivery period of three weeks as specified in the bidding document, I agree to abide by this quote for a period of **90** days from the date fixed for the opening of the quotation in the invitation to tender (ITT) document. and it shall remain binding upon us and may be accepted at any time before the expiration of the period.

The undersigned hereby accepts the ALIGHT General Terms and Conditions for provision of services , including ALIGHT payment terms as specified in this ITT.

S/No	Item Description	Unit Cost in SDG	Unit Cost in USD
1	One year of coverage per staff member		
1.1			
1.2			
1.3			
2			
2.1			
2.2			
2.3			

Name of Bidder **Designation**

Telephone No **Email Address**

Company Name

Company Address.....

Authorized Signature **Agent Stamp**

Date