

Letter e-Delivery Form



PURPOSE AND CONTEXT OF THIS DOCUMENT

This document is intended to capture Purchase Authority User details and email address for the delivery of tender related letters. The requesting parties should fill in the form and send it back to the tender board. The request has three steps.

1. The Authorized Person making the request fills the form.
2. The request should be approved by the highest rank within the Purchase Authority, stamped and sent back to the Tender Board.
3. The Tender Board will enter the specified email address in the database and send a welcome message to the specified email address.

TERM AND CONDITIONS OF THIS DOCUMENT

1. All documents and information related to this application to add an Authorized Person must be correct.
2. The Tender Board shall keep all information about the Authorized Person confidential. However, the Tender Board is entitled to release such information upon a written request from a judicial or government entity.
3. The form is subject to acts, regulations, orders and resolutions that are currently in force in the Kingdom of Bahrain
4. The Purchase Authority undertakes to immediately inform the Tender Board of any changes or updates to the information stated in this form.
5. The Purchase Authority is liable for any communications with the Tender Board that are undertaken by a responsible or Authorized Person within the limits of his/her authority.
6. Each responsible or Authorized Person shall observe good practice and care when communicating with the Tender Board.
7. Each responsible or Authorized Person shall ensure the confidentiality of all communications with the Tender Board.
8. These terms and conditions shall be enforceable from the date of submission of this application.
9. Separate form should be used for every Authorized Person.
10. This email is only for forwarding reply letters and not to be used for other communication purposes.

All enquiries or requests for assistance should be made to the tender board help desk on (+973)17566697.



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FILLED IN BY PURCHASE AUTHORITY.			
AUTHORIZED PERSON FULL NAME			
AUTHORIZED PERSON C.P.R NUMBER			
AUTHORIZED PERSON ORGANIZATION			
AUTHORIZED PERSON DIRECTORATE/ UNIT OR DEPARTMENT			
AUTHORIZED PERSON OFFICIAL EMAIL			
AUTHORIZED PERSON TELEPHONE NO.			
REQUEST TYPE	<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> MODIFY EXISTING REQUEST	<input type="checkbox"/> CANCEL EXISTING REQUEST
REQUEST DATE			
AUTHORIZED PERSON SIGNATURE	I, THE UNDERSIGNED ACKNOWLEDGE THAT I HAVE, READ AND UNDERSTOOD THIS PROTOCOL AND THE POLICY HERETO AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.		
	SIGNATURE:		
APPROVED BY			
DATE			
SIGNATURE			
OFFICIAL STAMP			