**Appendix 3. Self-Declaration of Finance & Tax & other Financial Information**

|  |
| --- |
| **Financial Information** |
| **Turnover figures entered into the table must be the total sales value before any deductions.**‘Turnover of related products’ is for companies that provide items or services in multiple sectors. Please enter information on turnover of items or services that are similar in nature to the items or services requested under this tender. |
| **Turnover History** |
| Trading Year | Turnover | Turnover of related product/services/works |
| 2020 |  |  |
| 2019 |  |  |
| 2018 |  |  |
|  |
| **Historic Information for the last three (3) financial years** |
| **Information from Balance Sheet** |
|  | 2018 | 2019 | 2020 |
| Total Assets |  |  |  |
| Total Liabilities |  |  |  |
| Current Assets |  |  |  |
| Current Liabilities |  |  |  |
|  |
| **Information from Income Statement** |
|  | 2018 | 2019 | 2020 |
| Total /Gross Revenue |  |  |  |
| Profits before Taxes |  |  |  |
| Net Profit |  |  |  |
| Current Ratio |  |  |  |
|  |
| Latest Credit Rating (if any) indicate the source. |  |  |  |
|  |
| **Annual Financial (Third Party) Audit Reports** |
| **Please submit the Annual Financial (Third Party) Audit Reports of the last three financial years** |
|  |
| * Attached are copies of the audited financial statements (balance sheets, including all related notes, and income statements for the years required above complying with following condition and submission of Tax Clearance Certificate for 2020:
* Should reflect the financial situation of the Tenderer.
* Historic financial statements should be audited by a certified public accountant or as required by local Law.
* Historic financial statements should correspond to accounting periods already completed and audited. No statements for partial periods shall be accepted.
 |
|  |
| Include a short narrative below to explain any trends year to year |
|  |
| **Banking Information** |
| This information is necessary to enable GOAL to pay through bank transfer. It will solely be used to instruct our bank to issue payment of any legitimate invoices from your company.If no banking information is available, please advise on other possible payment methods. |
| Bank Name: |  |
| Bank Address: |  |
| Account Number: |  |
| Account Currency: |  |
| Account Name: |  |
| Swift Code: |  |
| IBAN Number: |  |
|  |
| GOAL operates within the law of the country of operation and within international legal requirements. GOAL expects all companies to fulfil their legal obligations, including meeting their tax liabilities and duties in accordance with the relevant tax legislation. Please comment below if you feel there are any matters you need to bring to GOAL’s attention. |
|  |
| **Performance Bank Guarantee** |
| When specifically requested by GOAL, a bank guarantee from a well reputed bank acceptable to GOAL in the currency in which the Contract is payable and for an amount to be prescribed by GOAL shall be obtained by the Service provider/contractor at his expense and deposited with GOAL before start of the Contract. In the event of any loss, damage and/or extra costs incurred by GOAL by reason of the Service provider/contractor's default, negligence or failure to perform the terms and conditions of the Contract or any part thereof, that part of any such loss, damage and/or extra costs which is represented by the full or by any lesser amount of such guarantee shall be immediately and initially reimbursable to GOAL from such guarantee without prejudice to its right to hold the Service provider/contractor liable for the full amount of such loss, damage and/or extra cost. The guarantee shall be valid for a period of not less than 30 days after the services or works are confirmed as concluded by GOAL.  |
| **Please confirm if a Bank Guarantee can be provided if requested by GOAL.** | Yes | No |
| **Insurance** |
| **Please confirm if you have the required insurance**  |
| **Third Party Liability Insurance** | Yes | No |
| **Health & Safety (Employees) Insurance** | Yes | No |
| **Work-related Insurance** | Yes | No |
| **Other** | Please specify |
| **Should the Tenderer has not the any insurance, please confirm if you are able to acquire as required** | Yes | No |
|  **Liquidated Damages** |
| If the Contractor shall fail to complete the Works within the time for completion prescribed in the Contract, or any extended time for completion in accordance with the Contract, then the Contractor shall pay to GOAL liquidated damages equivalent to 1 percent of the Contract value per day or part thereof, for the delay between the time prescribed in the Contract or the extended time for completion, as the case may be, and the date of substantial completion of the Works as stated in the Certificate of Completion, subject to the applicable limit stated in the Contract. Liquidated damages shall not exceed 10 percent of the contract value. GOAL has the right to deduct this amount from Contractor’s outstanding invoices, if any. This remedy is without prejudice to any others that may be available to GOAL, including cancellation, for the Contractor’s non-performance, breach or violation of any or condition of the contract.  |
|  |
| I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from participation in future tenders. |
| Signed: (Director) |  |
| Date: |  |
| Print Name: |  |
| Company Name: |  |
| Address: |  |
|  |