IFB REGISTRATION FORM IFB GHURA-24-003

INSURANCE COVERAGE FOR EXCESS LIABILITY, AUTOMOBILE AND WORKERS COMPENSATION

GHURA will receive sealed bids until Thursday, January 25, 2024 at 2:00 PM, ChST at the GHURA Main Office located in Sinajana. Bids received after this time will not be considered.

Company Phone Nos(Incl. Cell pl	none number, if any)	
	none number, if any)	
	none number if any)	
Company Phone Nos.		
(Or Name of Responsit	oie Management Empi	loyee (RME))
Company Owner(Or Name of Responsible)	-1- M E1	DME
Commony Overson		
Email Address:		
<u></u>		
Company Mailing Address		
Commons Molling Address		
	,	
(Name written on Co	ontractor's License)	
Company Name		