**ANNEX D**

**STATEMENT OF CONSULTANT SPECIFYING ITS NATIONALITY AND CONFIRMING THAT THOSE WHO WILL ACTUALLY PERFORM THE SERVICES**

**ANNEX C**

***Date: \_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENGR. JOSHUA M. BINGCANG  
Chairman**

Bids and Awards Committee-Consultancy Services

Bases Conversion and Development Authority

2/F, Bonifacio Technology Center, 31st Street, corner Second Avenue

Bonifacio Global City, Taguig City

Dear **ENGR. BINGCANG:**

***(Insert your company name)*** is issuing this statement in compliance with the requirements of the Bases Conversion and Development Authority (BCDA) Bids and Awards Committee-Consultancy Services, that the members of the Team below of Filipino and/or Foreign nationality that can and shall actually perform the service in accordance with the eligibility requirements.

Proposed Communications Team for the project are follows:

|  |
| --- |
| **Communication Strategist** |
| **Project Director** |
| **Publicity Management Specialist** |
| **Writer** |

Attached for your reference are the Curriculum Vitae (Annexes F to I) of the above-mentioned personnel.

***(Insert your company name)*** issues this statement in accordance with Clause 2.1.a.v of the eligibility requirements for the project.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Printed name and signature  
of authorized representative**

**ANNEX E1**

**FORMAT OF CURRICULUM VITAE (CV) FOR COMMUNICATION FIRM**

**Name of Firm:**

**Address**

**No. of Years of Operation:**

**Years of Professional Experience in**:   
Communications: \_\_\_\_\_\_\_\_\_\_ Advertising: \_\_\_\_\_\_\_\_\_\_ Graphic Design: \_\_\_\_\_\_\_\_\_\_  
Others (Pls. Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership in Professional Societies**:

**Major Accounts/Projects Handled:**

1. *Major accounts refer to contracts with the following clients/industries: government, multinational, and/or financial institutions, and doing investment promotions, stakeholder and reputation management, strategic communications solutions, cross-market research and /or business advisory services in the Asia Pacific region.*
2. *List all major accounts covering contracts within the period of November 2012 to November 2017.*
3. *Aside from similarity in nature with the BCDA requirement, major accounts should have a contract value of at least half of the Approved Budget for the Contract.*
4. *Provide the names and address of employing company using the matrix below.*

**Major Accounts Handled:** (continue on separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Value of Contract | Nature of Services as Relevant to His Function in the Communication Team  \*Please indicate if nature is: design, design and printing or printing only |
|  |  |  |  |  |

**Accounts Presently Being Handled:** (continue on separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Nature of Services as Relevant to His Function in the Communication Team  \*\*Please indicate if nature is: design, design and printing or printing only |
|  |  |  |  |

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

[Full name of authorized representative] *Day/Month/Year*

***Note:*** *The CONSULTANT is advised to provide all pertinent information and data required in this Form. Missing information or data may cause the CONSULTANT to get a rating of ZERO (0) in some of the criterion which will be used in the Evaluation of Bids.*

**ANNEX E2**

**FORMAT OF CURRICULUM VITAE (CV) FOR THE**

**REGIONAL COMMUNICATION FIRM/s IN THE ASIA PACIFIC**

**Name of Firm:**

**Address**

**No. of Years of Operation:**

**Years of Professional Experience in**:   
Communications: \_\_\_\_\_\_\_\_\_\_ Advertising: \_\_\_\_\_\_\_\_\_\_ Graphic Design: \_\_\_\_\_\_\_\_\_\_  
Others (Pls. Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership in Professional Societies**:

**Major Accounts/Projects Handled:**

1. *Major accounts refer to contracts with the following clients/industries: government, multinational, and/or financial institutions, and doing investment promotions, stakeholder and reputation management, strategic communications solutions, cross-market research and /or business advisory services in the Asia Pacific region.*
2. *List all major accounts covering contracts within the period of November 2012 to November 2017.*
3. *Aside from similarity in nature with the BCDA requirement, major accounts should have a contract value of at least half of the Approved Budget for the Contract.*
4. *Provide the names and address of employing company using the matrix below.*

**Major Accounts Handled:** (continue on separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Value of Contract | Nature of Services as Relevant to His Function in the Communication Team  \*Please indicate if nature is: design, design and printing or printing only |
|  |  |  |  |  |

**Accounts Presently Being Handled:** (continue on separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Nature of Services as Relevant to His Function in the Communication Team  \*\*Please indicate if nature is: design, design and printing or printing only |
|  |  |  |  |

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

[Full name of authorized representative] *Day/Month/Year*

***Note:*** *The CONSULTANT is advised to provide all pertinent information and data required in this Form. Missing information or data may cause the CONSULTANT to get a rating of ZERO (0) in some of the criterion which will be used in the Evaluation of Bids.*