RFP REQUEST FORM

**Date of request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| # | Details Required | Details |
|  | Name of Company |  |
|  | Address of Company |  |
|  | Website Link of Company |  |
|  | Name of Contact Person |  |
|  | Designation of Contact Person |  |
|  | Official Email-ID |  |
|  | Mobile Number of Contact Person |  |

1. The bidder shall send this request form to procurement@ccbl.com.bd
2. The requests received till 5 pm BST shall be responded within one working day