



PLEASE COMPLETE AND RETURN

THE NORTH WEST REGIONAL HEALTH AUTHORITY

BID FORM

**To: The Chairman
Tenders Committee
The North West Regional Health Authority
#39 Dundonald Street
PORT OF SPAIN**

Re: Sale of Vehicle - Mercedes Benz C180 - PDB 4001

1. I/We hereby submit the following bid:

Make/Model	Colour	Registration #	Bid Amount (TT\$) (VAT exclusive)
Mercedes Benz C180	Black	PDB4001	

2. I/We agree to pay all fees and taxes applicable to the sale and transfer of the vehicle.

3. I/We understand that the Authority reserves the right to accept or reject any or all bids without assigning any reason thereof or defraying any cost incurred in the submission of a bid.

Name (PLEASE PRINT): _____

Signature: _____

Address: _____

Telephone No: _____

Fax No.: _____

E-mail Address: _____

Date: _____