



**FORMAT FOR REQUEST  
OF  
EXPRESSION OF INTEREST**

**Public Procurement Board**

**Accra, Ghana**

**December 2019**



**SELECTION OF CONSULTANTS BY PROCUREMENT ENTITIES**  
**FORMAT FOR REQUEST FOR EXPRESSION OF INTEREST**

[NAME OF PROJECT OR SPECIFIC CONSULTING ASSIGNMENT]

**CONSULTING SERVICES**

**Expressions of Interest**

*This request for expression of interest follows the general procurement notice for this project that appeared in \_\_\_\_\_ [specify publication] Issue No. [insert number] of [insert date].*

The \_\_\_\_\_ [insert name of Procurement Entity] intends to apply part of its budgetary allocation to payments under the contract for \_\_\_\_\_ [insert name of project/the services].

The services include [brief description of assignment – introduction/background, objective, scope of service, duration.]

The \_\_\_\_\_ [insert name of Procurement Entity] now invites eligible consultants to indicate their interest in providing the services. Interested consultants must provide information indicating that they are qualified to perform the services (brochures, description of similar assignments, experience in similar conditions, availability of appropriate skills among staff, etc.). Consultants may associate to enhance their qualifications (if applicable)

A consultant will be selected in accordance with the procedures set out in the Public Procurement Act, 2003 (Act 663), as amended, of the Republic of Ghana and shall meet the following criteria:

- a) Certificate of Registration of Firm
- b) Valid Tax Clearance Certificate
- c) VAT Certificate
- d) Valid SSNIT Certificate
- e) Evidence of registration with Public Procurement Authority
- f) Relevant Experience of Firm
- g) Availability and Experience of relevant key staff
- h) Any other requirements as necessary

Interested consultants may obtain further information at the address below [state address at the end of document] from \_\_\_hrs - to \_\_\_hrs GMT [insert office hours].

Expressions of interest in three copies (1 original, 2 copies) must be delivered to the address below by \_\_\_\_\_ [insert date].

Mailing Address : \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Floor/Room Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ Region: \_\_\_\_\_, Ghana.

Telephone: (233- -)\_\_\_\_\_

Facsimile Number: (233 - -)\_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_