 ****

|  |
| --- |
| **MEDIA AUDITING SERVICES**  **FRAMEWORK POPULATION TEMPLATE**  **REFERENCE NUMBER**  **RM 3727**  **ATTACHMENT 10** |

**PART A - FRAMEWORK POPULATION TEMPLATE**

Please complete the tables below as applicable. This information will be used to populate the Framework if successful in this Procurement.

**FRAMEWORK – RECITALS:**

|  |  |
| --- | --- |
| **Information Required** | **Response** |
| Registered company name |  |
| Registered company address |  |
| Registered company number |  |

**FRAMEWORK – CLAUSE 46.6.2:**

|  |  |
| --- | --- |
| **Information Required** | **Response** |
| Name of Supplier |  |
| Address of Supplier |  |
| For Attention of – Supplier Contact Name |  |
| Telephone |  |
| Fax |  |
| Email |  |

**SCHEDULE 7 – SUB CONTRACTORS**

|  |  |
| --- | --- |
| **Name and Full Contact Details** | **Obligation** |
| [insert Sub-Contractor details] | [insert Sub-Contractor obligation(s)] |
| [insert Sub-Contractor details] | [insert Sub-Contractor obligation(s)] |
| [insert Sub-Contractor details] | [insert Sub-Contractor obligation(s)] |

**SCHEDULE 11 – MARKETING:**

|  |  |
| --- | --- |
| **Required Details** | **Details** |
| Marketing Contact Name | [insert details] |
| Marketing Address | [insert details] |
| Marketing Telephone Number | [insert details] |
| Marketing E-Mail Address | [insert details] |

## **SCHEDULE 17 – COMMERCIALLY SENSITIVE INFORMATION:**

| **No.** | **Date** | **Item(s)** | **Duration of Confidentiality** |
| --- | --- | --- | --- |
|  | [insert date] | [insert details] | [insert duration] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |