

Crewe Town Council

Events Medical Cover 2024 – 2027

Appendix E – Form of Tender Template

**Contract Title – Events Medical Cover 2024 – 2027**

To whom it may concern

I/we, the undersigned, having read in full the Tender Documents, offer to provide the Works and/or Services in accordance with the rates and prices stated in our Tender Response and as utilised to price each of the activities in the Commercial Response enclosed with this Tender Offer.

I/we the undersigned confirm:

a) that this Tender shall remain open for acceptance for a period of thirteen working weeks from the closing date for receipt of Tenders and shall not be withdrawn or modified and shall remain binding upon us during that period.

b) if our Tender is accepted, we undertake forthwith to enter into a Contract in the form of the written Agreement.

(c) unless and until the formal written Agreement referred to above is prepared and signed, this Tender and completed schedule, together with your written acceptance thereof, will form a binding Agreement between us on the Terms of the Contract.

(d) I/we are fully conversant with all the Contract Documents and this Tender is submitted strictly in accordance with these Contract Documents and is without any conditions or qualifications whatsoever.

(e) I/we have not submitted a Tender or entered into a Contract in reliance upon any representation or statement (whether in writing or otherwise) which may have been made by the Employer.

(f) I/we have full power and authority to enter into the Contract and carry out the Service.

I/we confirm that I/we have read and understand the Instructions within the ITT and the Conditions relating to the Tender.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_