

**EXPRESSION OF INTEREST
IN PROVIDING A SERVICE FOR A TWINNING PROJECT SUPPORTED
BY THE SMALL STATES NETWORK FOR ECONOMIC DEVELOPMENT**

1. Project Name

2. Service Provider
Name:
Country:

I am expressing interest on behalf of a public sector entity [name of entity] in [country name].

I am expressing interest on behalf of a Private Service Provider. I have consulted with the Ministry of Finance of my country and I have been given permission to express my interest in providing the services requested in the attached Twinning Project Request Document.

3. Declaration by Potential Service Provider:

I have read the Twinning Project Request Document (copy appended) submitted by [name of small state].

I declare that I am prepared to offer the service/s indicated on the attached Twinning Project Request Document, subject to the following comments regarding the budget:

I am satisfied with the budget indicated in the Twinning Project Request Document, and I do not wish to propose changes.

I am not satisfied with the budget indicated in the Twinning Project Request Document, and I wish to propose changes, as indicated in the attached document.

7. Other comments (optional)

8. Details of applicant

Signature of person filling form: _____ Date: _____
Title, Name and surname: _____
Position: _____ Institution: _____
Address _____
Tel: _____ Fax _____ Email: _____

9. In the case of Private Service Providers: Countersignature by Ministry of Finance:

Signature of Ministry of Finance Representative: _____ Date: _____
Title, Name and surname: _____
Position: _____ Department: _____
Address _____
Tel: _____ Fax _____ Email: _____

Ministry
Stamp