

SCHEDULE C - FORM OF QUOTATION

**RFQ Title: Blackie Spit Washroom Expansion – Construction Services**

**RFQ No: 1220-040-2021-084**

**CONTRACTOR:**

**Legal Name of Contractor:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

TO:

**CITY OF SURREY:**

City Representative: Sunny Kaila, Manager, Procurement Services

Email for PDF Files: purchasing@surrey.ca

1.If this Quotation is accepted by the City, a contract will be created as described in:

(a) the Contract;

(b) the RFQ; and

(c) other terms, if any, that are agreed to by the parties in writing.

2.Capitalized terms used and not defined in this Quotation will have the meanings given to them in the Contract and RFQ. Except as specifically modified by this Quotation, all terms, conditions, representations, warranties and covenants as set out in the Contract and RFQ will remain in full force and effect.

3. I/We have reviewed the sample Contract (Schedule B). If requested by the City, I/we would be prepared to enter into the sample Contract, amended by the following departures (list, if any):

**Section Requested Departure(s) / Alternative(s)**

4. The City requires that the successful Contractor have the following in place **before providing the Work**:

1. Workers’ Compensation Board coverage in good standing and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided,

Workers' Compensation Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Prime Contractor qualified coordinator is Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Insurance coverage for the amounts required in the proposed Contract as a minimum, naming the City as additional insured and generally in compliance with the City’s sample insurance certificate form available on the City’s Website at [www.surrey.ca](http://www.surrey.ca). search [Standard Certificate of Insurance](http://www.surrey.ca/files/DCT_Standard_Certificate_of_Insurance_2014.docx);

(d) City of Surrey or Intermunicipal Business License: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(e) If the Contractor’s goods and services are subject to GST, the Contractor’s GST Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

(f) If the Contractor is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As of the date of this Quotation, we advise that we have the ability to meet all of the above requirements **except as follows** (list, if any):

**Section Requested Departure(s) / Alternative(s)**

5.The Contractor acknowledges that the departures it has requested in Sections 3 and 4 of this Quotation will not form part of the Contract unless and until the City agrees to them in writing by initialing or otherwise specifically consenting in writing to be bound by any of them.

**Changes and Additions to Specifications and Scope:**

6. In addition to the warranties provided in the Contract, this Quotation includes the

7. I/We have reviewed the RFQ, Schedule A – Scope of Work and Contract Drawings. If requested by the City, I/we would be prepared to meet those requirements, amended by the following departures and additions (list, if any):

**Requested Departure(s) / Alternative(s) / Addition(s)**

**SCHEDULE PRICES**

8. The *Contractor* offers to perform the entire scope of *Work* supply to the City of Surrey the Goods and Services for the prices plus applicable taxes as follows. Delivery of all materials and equipment shall be included in the prices freight prepaid FOB Destination (to the *Place of the Work)*:

**Table 1 – Quotation Price**

|  |  |  |
| --- | --- | --- |
| F.O.B.Destination | Payment Terms:A cash discount of \_\_\_\_% will be allowed if invoices are paid within \_\_\_ days, or the \_\_\_ day of the month following, or net 30 days, on a best effort basis. | Ship Via: |
| **Item #** | **Item Name** | **Price** |
| 1. | The *Contractor* will provide all labour, materials, equipment and plant and all other relevant services necessary for the performance of the *Work* as stated in the specifications and Contract Drawings, at Black Spit Washroom Expansion, located at 3136 McBride Avenue, Surrey, B.C., V4A 3E2.The detailed scope of *Work* is as described on the and Supplementary Specifications (Project) (Schedule B- Appendix 2) and Contract Drawings (Schedule B – Appendix 3)*[Note: All Overhead costs, general conditions and profit are to be included in the above amount(s).]* | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| CURRENCY: Canadian | Subtotal: | $ |
| GST (5%): | $ |
| **TOTAL QUOTATION PRICE:** | **$** |

**Table 2 – Schedule of Prices**

Contractor should provide a breakdown of its quoted price as described below. I/We the above named Contactor, provide the breakdown of items of Work included in our Total Quotation Price, as requested below. These prices do not include GST.

| **Description** | **Itemized Price, GST excluded.** |
| --- | --- |
| Insurance | $ |
| Division 01 – General Requirements | $ |
| Division 02 – Existing Conditions  | $ |
| Division 03 – Concrete | $ |
| Division 05 – Metals | $ |
| Division 06 – Wood, Plastics & Composites | $ |
| Division 07 – Thermal & Moisture Protection | $ |
| Division 08 – Openings | $ |
| Division 09 – Finishes | $ |
| Division 10 – Specialties | $ |
| Division 12 – Furnishings | $ |
| Division 21 – Fire Suppression | $ |
| Division 22 – Plumbing | $ |
| Division 23 – Heating, Ventilating & Air Conditioning (HVAC) | $ |
| Division 26 – Electrical | $ |
| Division 28 – Electronic Safety & Security | $ |
| Site Works | $ |

**List of Optional Prices:**

9. The following is a list of Optional Price(s) which may be considered to the *Work* and forms part of this RFQ, upon the acceptance of any or all of the Optional Price(s). The Optional Prices are an addition or a deduction to the Total Quotation Price and do not include GST. DO NOT state a revised Total Quotation Price.

 **Description of Optional Prices Addition Deduction**

 OP-1. $ [ ] $ [ ]

 OP-2. $ [ ] $ [ ]

**List of Separate Prices**:

10. The following is a list of Separate Price(s) to the Work and forms part of this RFQ, upon the acceptance of any or all of the Separate Price(s). The Separate Prices are an addition or a deduction to the Total Quotation Price and do not include GST. DO NOT state a revised Total Quotation Price.

 **Description of Separate Price Items Addition Deduction**

 SP-1. Performance Bond at 50% of total contract value:

 CCDC 221 (latest Preferred) $[ ] $[ ]

 SP-2. Labour and Material Payment Bond at 50% of total contract value:

 CCDC 222 (latest Preferred) $[ ] $[ ]

 SP-3. Replace Cedar roof shingles in existing boat building. New roof in boat building to match specs in new pavilion’s proposed roof

 $[ ] $[ ]

**Force Account Labour and Equipment Rates:**

11.  *Contractors* shall utilize qualified skilled trades personnel on this *Work*. The *Contractor* should provide force account labour rates in the table below for all labour categories that could be involved in the *Work*. The labour rates will remain firm for the term of the *Contract* and will be used by the City for the purpose of evaluating and valuing changes in the *Work* in the case of lump sum, or in case of force account valuation.

 Labour rates provided below are all-inclusive; all wages, taxes and assessments and benefits payable in accordance with applicable laws, mobilization and demobilization, supervision, administration, small tool allowance including small tool rental, *Overhead* and profit.

**Table 3 – Hourly Labour Rates:**

|  |  |  |
| --- | --- | --- |
| Labour Category | Straight Time/hr.(Plus GST) | Overtime Rate/hr.(Plus GST) |
| .1 Site Superintendent | $ | $ |
| .2 Foreman | $ | $ |
| .3 Carpenter | $ | $ |
| .4 Plumber | $ | $ |
| .5 Electrician | $ | $ |
| .6 Apprentice | $ | $ |
| .7 Skilled Labourer | $ | $ |
| .8 (other) | $ | $ |

 **Table 4 – Hourly Equipment Rate Schedule:**

Rates for equipment that could be used in performing the Work are stated below and will remain firm for the term of the *Contract*. The City will use these rates for evaluating and valuing changes in the *Work* in the case of lump sum, or in case of force account valuation. The rates below are all inclusive and include without limitation, operator, fuel, fuel surcharges, lubrication, service and maintenance, depreciation, mobilization and demobilization, *Overhead* and profit.

 It is acknowledged by the *Contractor* that if any portion of an hour is spent in performing the Work on a force account basis, a pro-rated portion of the force account rate shall only be charged.

|  |  |  |
| --- | --- | --- |
| No. | Equipment Description *(State)* | Hourly Equipment Rate |
| 1. |  | $ |
| 2. |  | $ |

**Table 5 – Mark-up on Materials:**

|  |  |
| --- | --- |
| **Description** | **Percent %** |
|  |  |
|  |  |

**Preliminary Construction Schedule:**

12. Contractors should provide a preliminary construction schedule, with major item descriptions and time:

(a) Commence the *Work* on or before: February 2022; and

(b) to achieve *Substantial Performance* of the *Work* on or before: May 31st, 20221.

Contractor should provide a Microsoft Project (or similar) schedule outlining the Critical Path and should include all major phases of the Work and indicate start and substantial completion dates for each.

|  |  |
| --- | --- |
| ACTIVITY | Time from Notice to Proceed in Days |
|  | **10** | **20** | **30** | **40** | **50** | **60** | **70** | **80** | **90** | **100** |
|  |  |  | SAMPLE |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Proposed Disposal Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience and References:**

13. *Contractors* should provide information on their relevant **experience and qualifications** for the performance of the *Work* similar to those required by the *Contract* (use the spaces provided and/or attach additional pages, if necessary):

**(a) Contractor’s Experience:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** |  | **Description of Contract** |  | **Owner’s Name & Telephone Number** |  | **Contract Value ($ Canadian)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**(b) Sub-Contractor’s Experience**

 Name of Subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** |  | **Description of Contract** |  | **Owner’s Name & Telephone Number** |  | **Contract Value ($ Canadian)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Key Personnel**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Project Manager**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Site Superintendent**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Safety Supervisor**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c) Subcontractor’s Senior Supervisory Staff Experience:**

Name of Subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Project Superintendent**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Project Superintendent**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment: **Project Superintendent**

Experience:

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontractors and Suppliers:

14. The *Contractor* proposes to use the following Subcontractors and Suppliers for the divisions or section of Work / supply listed below. [Note: It is not necessary for the *Contractor* to list all *Subcontractors* and *Suppliers* that the *Contractor* proposes to use – only those for the divisions or sections of *Work* / supply may be listed below] (use the spaces provided and/or attach additional pages, if necessary):

The City reserves the right of approval for each of the subcontractors and material suppliers. The Contractor will be given the opportunity to substitute an acceptable subcontractor and material supplier, if necessary.

**Health and Safety Program**

15. Does your firm have a written safety program in place that meets the requirements of the Workers’ Compensation Board? **[ ]  Yes [ ]  No.**

If no is checked, describe how safety training is accomplished.

16. Due to the current COVID-19 situation, the Contractor should provide response to the following:

(i) Risk Mitigation Plan: information that adheres to the current guidelines on HealthLinkBC and WorkSafeBC, that addresses at minimum, the following:

(a) preventative measures (e.g. social and physical distancing and supplies); and

(b) policies for employees related to sickness (e.g. the steps you are taking to protect the health and safety of your staff, your plan for employees who may have, or think they may have, been exposed to the virus, have tested positive or are exhibiting symptoms).

(ii) Business Continuity Plan: for execution of Services provide information on how the Proponent is planning to minimize known and reasonably foreseeable impacts of COVID-19 on your workplace. This plan should address, at minimum:

(a) Training for staff and back-up resources;

(b) Staff absences (e.g. planning for significant staff absences);

(c) Potential material supply; and

(d) Any other current or reasonably foreseeable COVID-19 impacts to the delivery of the Services.

17. I/We the undersigned duly authorized representatives of the Contractor, having received and carefully reviewed the RFQ and the Contract, submit this Quotation in response to the RFQ.

This Quotation is executed by the Contractor this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

**CONTRACTOR**

I/We have the authority to bind the Contractor.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Legal Name of Contractor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name and Position of Authorized Signatory) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name and Position of Authorized Signatory) |