**QUALIFICATION FORM**

**AUDITOR/EXPENDITURE VERIFIER**

**FOR AN EXPENDITURE VERIFICATION**

**Promoting Green Economic Initiatives by Women and Youth**

**Farmer in the Sustainable Agriculture Sector in Indonesia**

**(ECHO Green)**

**PENABULU FOUNDATION**

**SUBMITTED BY:**

[Name of Public Accounting Firm]

**LETTER OF INTEREST**

The undersigned below:

|  |  |
| --- | --- |
| Name | : |
| Position | : |
| Acting on behalf of the public accounting firm | : |
| and on behalf | : |
| Address | : |
| Telephone/Fax | : |
| Email | : |

I truly declare that, after knowing the plan to procure the auditor/expenditure verifier for an expenditure verification the Promoting Green Economic Initiatives by Women and Youth Farmers in the Sustainable Agriculture Sector in Indonesia (ECHO Green) project of the Penabulu Foundation.

Therefore, I hereby express my interest in participating in the auditor/expenditure verifier procurement selection for for an expenditure verification the Promoting Green Economic Initiatives by Women and Youth Farmer in the Sustainable Agriculture Sector in Indonesia (ECHO Green) project for the period 1 January 2020 - 28 February 2023 until completion.

Thus, we make this statement with full awareness and a sense of responsibility.

Jakarta, ………….., 2023

[Name of Public Accounting Firm]

Stamp duty of 10,000

Date and Company Stamp

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

**INTEGRITY PACT**

The undersigned, in the context of implementing the procurement of the auditor/expenditure verifier for an expenditure verification for the Promoting Green Economic Initiatives by Women and Youth Farmers in the Sustainable Agriculture Sector in Indonesia (ECHO Green) project for the period 1 January 2020 - 28 February 2023, states that:

1. Won't engage in corruption, collusion, or nepotism;
2. Will report to the authorities parties if they find signs of corruption, collusion, or nepotism in this procurement process;
3. In this procurement process, I promises to carry out tasks honestly, transparently and professionallyway, meaning that I would use all of my skills and resources in the best way possible to get the best work done;
4. If I violate the promises I've made in this Integrity Pact, I'm willing to face moral sanctions, administrative sanctions, and being sued for compensation and punishment according to the laws and rules that apply.

Jakarta, February …, 2023

1. Service user;

|  |  |
| --- | --- |
| Penabulu Foundation |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procurement Team:** | |  | **Panel Team:** | |
| 1. Ratna Dwi Puspitasari, Finance and Grant Manager – ECHO Green |  |  | 1. Farhan, Finance Director |  |
| 2. Delia Uriyanti, HR Officer |  |  | 2. Iis Yuni, Operation and HR Director |  |
| 3. Rizky Andini Siregar, Finance Officer – ECHO Green |  |  | 3. Suwarida, National Project Manager – ECHO Green |  |
| 4. Mutiara Nurdanita, General Admin Officer |  |  |  |  |

1. Service Provider:

|  |  |
| --- | --- |
| (Name of Public Accounting Firm) |  |

**AUDITOR/EXPENDITURE VERIFIER QUALIFICATION**

**FOR AN EXPENDITURE VERIFICATION**

The undersigned below:

|  |  |
| --- | --- |
| Name | : |
| Position | : |
| Acting on behalf of the public accounting firm | : |
| and on behalf | : |
| Address | : |
| Telephone/Fax | : |
| Email | : |

I truly declare that:

* I have the authority to sign a contract based on the Establishment Deed;

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and the Deed of Amendment;

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I or my company is not being declared bankrupt, or is not currently discontinuing business activities, or is not currently under criminal sanctions or court supervision;
* I have never received criminal sanctions or court decisions for actions related to my professional conduct.
* My company's information is as follows:

1. **COMPANY ADMINISTRATIVE INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1.** | **GENERAL INFORMATION** |  |
|  | 1. Name of Public Accounting Firm | : |
|  | 1. Status of Company | : Center/Branch |
|  | 1. Company Address | : |
|  | Phone/Fax | : |
|  | Email | : |
|  | 1. Central Company Address   \* if the status of the company is a branch | : |
|  | Phone/Fax | : |
|  | Email | : |
| **2.** | **BUSINESS LISENCE** |  |
|  | 1. Company Business License | : |
|  | 1. The validity period of the business license | : |
|  | 1. Business licensing Institution | : |
|  | 1. **Deed of Establishment** |  |
|  | Deed Number | : |
|  | Dated | : |
|  | The notary's name | : |
|  | 1. **Deed of Amendment (last)** |  |
|  | Deed Number | : |
|  | Dated | : |
|  | The notary's name | : |

\**Please submit the files or documents that can be verified with the information in Table 2. BUSINESS LISENCE*

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** | **COMMISSIONER (FOR A PRIVATE COMPANY)/PARTNER** | | |
|  | **NAME** | **IDENTITY NUMBER** | **POSITION** |
|  | …… |  |  |
|  | …… |  |  |
|  | …… |  |  |
|  | …… |  |  |
| **4.** | **BOARD OF DIRECTORS/PARTNER** | | |
|  | **NAME** | **IDENTITY NUMBER** | **POSITION** |
|  | …… |  |  |
|  | …… |  |  |
|  | …… |  |  |
|  | …… |  |  |
|  |  |  |  |

\**Please submit the files or documents that can be verified with the information in Table 3. COMMISSIONER (FOR A PRIVATE COMPANY)/PARTNER; and Table 4. BOARD OF DIRECTORS/PARTNER*

1. **FINANCIAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **SHARE OWNERSHIP STRUCTURE (FOR A PRIVATE COMPANY)/** **PERSERO COMPOSITION (FOR CV/FIRM)/** **PARTNER LIST** | | | |
|  | **NAME** | **IDENTITY NUMBER** | **ADDRESS** | **PERCENTAGE** |
|  | …… |  |  |  |
|  | …… |  |  |  |
|  | …… |  |  |  |
|  | …… |  |  |  |
|  |  |  |  |  |

*\*Please submit the files or documents that can be verified with the information in Table 1. SHARE OWNERSHIP STRUCTURE*

|  |  |  |
| --- | --- | --- |
| **2.** | **TAX** |  |
|  | 1. Taxpayer Identification Number | : |
|  | 1. axable Entrepreneur for VAT Purposes | : |
|  | 1. **Evidence of previous year's tax payments** |  |
|  | Nomor | : |
|  | Dated | : |
|  | 1. **Report on income tax/value-added tax for the last three months** |  |
|  | Nomor | : |
|  | Dated | : |

*\*Please submit the files or documents that can be verified with the information in Table 2. TAX*

1. **HUMAN RESOURCES INFORMATION**

\*Partners/Staff/Experts owned [related to Term Of Reference For An Expenditure Verification - 4.2.3 Categories of staff/experts]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **NAMA** | **DATE/MONTH/YEAR OF BIRTH** | **EDUCATIONAL BACKGROUND** | **POSITION** | **WORK EXPERIENCE**  **\*in years** | **PROFESSION/**  **SKILL** | **CATEGORIES OF STAFF/EXPERTS** |
|  |  |  |  |  |  |  |  |
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Jakarta, ………….. , 2023

|  |
| --- |
|  |
| **[NAME]** |
| [POSITION] |

1. **COMPANY EXPERIENCE (WITHIN THE LAST THREE YEARS)**

| **NO** | **SERVICE USER** | **NAME OF WORK/**  **ASSIGNMENT BASED ON CONTRACT** | **LOCATION OF WORK/**  **ASSIGNMENT** | **CONTRACT** | **COMPLETION OF WORK** |
| --- | --- | --- | --- | --- | --- |
| 1 | \*Name:  \*Phone:  \*Email:  \*Address: |  |  | Contract No. …  Dated:  Value:  Work/assignment periode: | Official Report No. ….  Dated: |
|  |  |  |  |  |  |
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1. **AUDIT OR EXPENDITURE VERIFICATION EXPERIENCE WITH NON-PROFIT ORGANIZATIONS**

| **NO** | **SERVICE USER** | **NAME OF WORK/**  **ASSIGNMENT BASED ON CONTRACT** | **LOCATION OF WORK/**  **ASSIGNMENT** | **CONTRACT** | **COMPLETION OF WORK** |
| --- | --- | --- | --- | --- | --- |
| 1 | \*Name:  \*Phone:  \*Email:  \*Address:  \*Number of personnel: |  |  | Contract No. …  Dated:  Value:  Work/assignment periode: | Official Report No. ….  Dated: |
|  |  |  |  |  |  |
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1. **ONGOING AUDIT OR EXPENDITURE VERIFICATION INFORMATION**

| **NO** | **SERVICE USER** | **NAME OF WORK/**  **ASSIGNMENT BASED ON CONTRACT** | **LOCATION OF WORK/**  **ASSIGNMENT** | **CONTRACT** | **PROGRESS OF WORK/ASSIGNMENT** |
| --- | --- | --- | --- | --- | --- |
| 1 | \*Name:  \*Phone:  \*Email:  \*Address:  \*Number of personnel: |  |  | Contract No. …  Dated:  Value:  Work/assignment periode: | Work performance …….. %  Dated: |
|  |  |  |  |  |  |
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**LETTER OF STATEMENT**

**THE ACCURACY OF INFORMATION, FILES, AND DOCUMENTS**

**IN THE QUALIFICATION FORM**

The undersigned below:

|  |  |
| --- | --- |
| Name | : |
| Position | : |
| Acting on behalf of the public accounting firm | : |
| and on behalf | : |
| Address | : |
| Telephone/Fax | : |
| Email | : |

I truly declare that the information, files, and documents that we submit in the Qualification Form are correct.

If, in the future, it is proven that the information, files, and documents that we submitted in the Qualification Form are in fact untrue and there are falsifications, then we are willing to be subject to administrative sanctions, namely being blacklisted for a period of 2 (two) years, as well as civil and criminal sanctions in accordance with applicable laws and regulations..

Thus, we make this statement with full awareness and a sense of responsibility.

Jakarta, ………….., 2023

[Name of Public Accounting Firm]

Stamp duty of 10,000

Date and Institution Stamp

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

**LETTER OF STATEMENT**

**CONCERNING SANCTIONS FROM THE FINANCE DEPARTMENT**

The undersigned below:

|  |  |
| --- | --- |
| Name | : |
| Position | : |
| Acting on behalf of the public accounting firm | : |
| and on behalf | : |
| Address | : |
| Telephone/Fax | : |
| Email | : |

I truly declare that I truly declare that, until now, our company has never received any sanctions related to the implementation of work from the Finance Department of the Republic of Indonesia.

If, in the future, it is proven that the information we submitted was untrue and there was falsification, then we are willing to be subject to sanctions being prosecuted before the court in accordance with applicable laws and regulations.

Thus, we make this statement with full awareness and a sense of responsibility.

Jakarta, ………….., 2023

[Name of Public Accounting Firm]

Stamp duty of 10,000

Date and Institution Stamp

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