

REQUEST FOR QUOTATION

PR Ref: 29-22/04/2025-382522

To implement the activities of the INTERSOS Humanitarian Organization, the NTERSOS office in Erbil, kindly requests you to provide us the best prices (**VAT excluded, including all possible costs and warranties**) for the services and works described as follow:

No	Description (Technical specifications or Terms of Reference)	Unit of Measure	Quantity	Unit Cost in USD	Total Cost in USD
1	Tax Analysis and Reporting Federal Iraq	Lumpsum	1		
TOTAL QUOTATION AMOUNT in IQD					

Name and position of INTERSOS Manager: Sarbast RASHID, CLSC

- The main purpose of this RFQ is to provide consultancy and Calculation for the taxes as outlined in the ToR, please go through it and read it carefully.
- The request for a quotation is not a financial commitment.
- The Eligibility Criteria are as follow (Pass/Fail):
 1. A track record of successfully assisting and completing the tax annual Report for Directorate of Non-Profit Organizations in Baghdad (DNGO) for international humanitarian organization(s) in Federal Iraq, minimum 2 examples.
 2. The bidder is a legally registered entity in the Federal Iraq government and has geographical presence.
 3. Tax clearance letter is required.
 4. Knowledge of accounting and Federal Iraq tax calculations (provide sample of tax calculation in Excel sheet related to an employee working in the humanitarian sector) that can be shown in the provided work experiences.
- Desirable
 1. Strong relationship with local authorities.
 2. Capability to work on professional and ethical grounds so that no false practices are included in their tax advice.
 3. Computer literacy (MS Excel in particular).
 4. Delivery time within strict timelines and defined parameters.
- The Publication of the Tender is July 14, 2025.
- The submission deadline is **(July, 19th 2025) 16:00**
- Submission will be via email: (tender.iraq@intersos.org)
- The Selection criteria will be as follows:
- Economic Offer (100%)

NAME OF THE Supplier _____

REGISTRATION Nr. _____ **TEL.** _____

NAME OF THE MANAGER _____

ADDRESS _____

DELIVERY LEAD TIME _____ **PAYMENT TERMS AND CONDITIONS** _____

DATE _____ **VALIDITY OF THE QUOTATION** _____

STAMP AND SIGNATURE OF THE Supplier _____