

APPEAL SUBMISSION FORM

Please follow the guidelines for completing the form.

PART A

Supplier's Name: *

Name of Procuring Entity: *

Procurement under dispute:

Reference Number: *

PART B

CONTACT INFORMATION OF THE REPRESENTATIVE

Name: *

Title in the Company:

E-mail: *

Phone:

Fax:

Postal Address:

Date of Notice of Best evaluated bidder *

Did you receive Debrief? * No

If yes, please enter the date of Debrief.

Date: (mmddyyyy):

* Mandatory Information

PART C

Please follow guidelines for filling up the form.

Fact 1

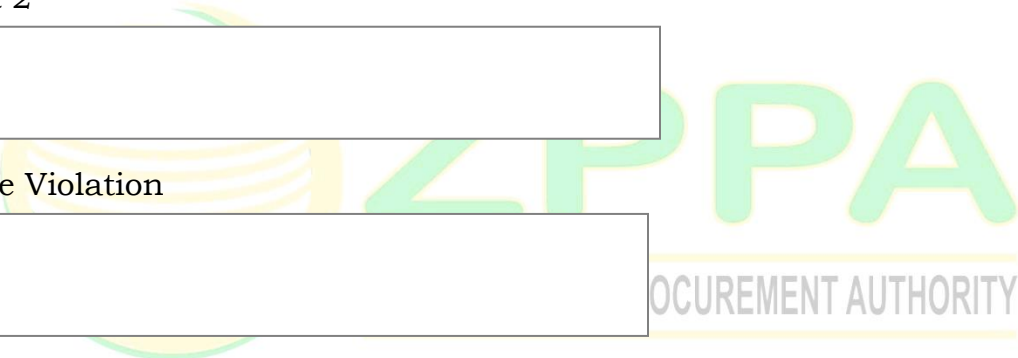
State Violation

Remedy sought

Fact 2

State Violation

Remedy sought



Declaration:

*By submitting this form, I declare the information contained in this form is correct to the best of my knowledge and belief and that I am a bidder/prospective bidder (**Cross which is not applicable**) in the said procurement.*

Name and Title

Date: _____

Signature: _____

Please submit this form via:

Email: info@zppa.org.zm

Fax: +260 (211) 250 633

Mail: Zambia Public Procurement Authority, P.O. Box 31009, Lusaka, ZAMBIA

FOR OFFICIAL USE ONLY

Lodged at Zambia Public Procurement Authority on.....day of....
20.....

SIGNED.....

Director General

