**Functional Evaluation Criteria:**

**You are requested to submit/share the necessary documents/information mentioned in the below table.**

|  |  |  |
| --- | --- | --- |
| **SL** | **Description** | Bidder/ Vendor- Response |
| 1 | Year of Company Establishment |  |
| 2 | Number of own resources: In persons |  |
| 3 | Number of regional Offices and their addresses |  |
| 4 | Present Client List (Bank, FI & MNC): Please provide reference letters |  |
| 5 | License and proof of deposit with government: Please provide the latest one |  |
| 6 | Number of audited accounts: Please provide the documents and also share the details of the auditor if he is from BB approved list |  |
| 7 | Lead time for processing documents: In Calendar Days |  |