**Non-obligatory\* Reply Slip**

**INTENTION TO BID**

**To: Procurement Department**

 **ASTRI**

**By Fax: (852) 3406-2803**

**By E-mail:** **procurement@astri.org**

**From:**

Company Name:

Contact Name:

#### Address:

Telephone: Fax:

E-mail Address:

**Re: Provision of Group Medical and Dental Insurance 2020-22 (Ref. TN2019/011)**

|  |  |
| --- | --- |
|  | We intend to submit proposals to this Tender by the **tender closing date as of 17 Jan 2020 (12:00noon)**. Please send us additional information on tender requirement. |
|  | Company profile and client reference provided. |

Name of Signatory:

 (Please Print)

Signature of Signatory:

Date:

**٭** Submission of this Reply Slip does not bind you to submit proposals.