

BID FORM

(Currency: IDR)No	Items / Breakdown		Insurance Premium
1	HOSPITALIZATION	<i>Attached</i>	
2	OUTPATIENT	<i>Attached</i>	
3	DENTAL	<i>Attached</i>	
4	GLASSES	<i>Attached</i>	
5	OTHER (if any) *Please specify the break down	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TOTAL (Excluding PPN)			
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* Vendor's offer must be fully compliant with the Specifications (Annex A-1 and Annex A-2)

** **A quotation in the vendor's original format with a detailed breakdown of the price shall be attached to this Bid Form.**

*** There may be cases where the Japan Foundation, Jakarta requests the vendor to send the general information of the company and their financial statements to inspect the qualifications.

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Vendor's Name

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Name of Authorized Official

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Signature

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//2025.....

Date