

REQUEST FOR EXPRESSION OF INTEREST (REOI)

REOI Reference: Ref No: REOI_SOM-2024-003	Date: 25 October 2024

The International Organization for Migration (IOM) invites interested and eligible vendors to submit Expressions of Interest (EOIs) in respect of provision of the requirements described below. The purpose of the REOI is to identify vendors that wish to participate in a forthcoming solicitation process.

Description	Passenger and Goods Transportation Services in Somalia.
UNSPSC code(s)	78111808
Deadline for the Submission	18 November 2024
of EOI	If any doubt exists as to the time zone, refer to http://www.timeanddate.com/worldclock/ .
Content of EOI	The EOI should include the following information:
	 Brief presentation of company including number of staff, turnover, years in business Reference list demonstrating qualifications for participating in this
	 upcoming bidding process Contact information: full name and address, country, telephone number, e-mail address, website and contact person.
	Note: Prices are not required at this stage.
Method of Submission	Expressions of interest shall be sent by email as follows:
	Email address: procurement-tenderonly@iom.int
	File Format: PDF
	• File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.
	 All files must be free of viruses and not corrupted.
	 Max. File Size per transmission: 25MB
	 Mandatory subject of email: REOI-2024_Passenger and Goods Transportation Services in Somalia "Company Name"
	 Multiple emails must be clearly identified by indicating in the subject line "email no. X of Y", and the final "email no. Y of Y.
	You should receive an email acknowledging receipt.
Contact Person for	IOM Somalia Supply Chain Unit
correspondence and clarifications	E-mail address: iomsomprocurement@iom.int
REOI Conditions	This Request for Expression of Interest does not constitute a solicitation. IOM Somalia reserves the right to change or cancel the requirement at any time during the EOI and/or subsequent solicitation process. IOM Somalia also reserves the right to require compliance with additional conditions as and when issuing the final solicitation documents. Submitting an EOI does not automatically guarantee receipt of the solicitation documents when issued. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in accordance with the rules and procedures of IOM. Only companies that will pass the pre-qualification will be invited to submit their proposals for the ITB that will be





issued. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in accordance with the rules and procedures of IOM Somalia.

Terms of Reference

TERMS OF REFERENCE FOR VEHICLE RENTAL SERVICE

Location: Somalia

Duration (24 months) Estimate number of working days (730)

1. JUSTIFICATION/BACKGROUND

IOM is planning to contract a reputable car rental company in Somalia. The successful service provider shall perform the required services in line with IOM standards in high level of quality and shall follow all applications and directives as identified by this ToR. The transportation services include: Core Services: This includes provision of car and fixed driver rental services on weekly or monthly basis, quarterly, biannual and annual basis, as well as ad-hoc drivers & cars on daily and weekly basis when the office has a large demand on transport services. Ancillary Services: Other transportation services should be available upon IOM request, and involve point to point transfer services as follows: -

Passenger and Goods Transportation Services in Somalia.

2. OBJECTIVE AND TARGETS

To provide transportation services to IOM Somalia offices on fixed basis, on ad-hoc basis, and on point-to-point basis. Such transportation services include either travel to the field and point to point transport services for IOM travelers when required.

3. SCOPE OF THE WORK (WORK ASSIGNMENT):

The service provider is expected to provide the following services:

Vehicles rental services on daily, weekly, monthly, quarterly, bi annual and annual basis.

All rented vehicles should have comprehensive insurance coverage and GPS tracking system.

Drivers rented on daily, weekly, monthly, quarterly, bi annual and annual basis.

The drivers should be appointed on long term contract basis and should receive their monthly salary along with benefits such as the social security, medical insurance plans.

Point to point transportation services as explained in the ancillary services and short term rented drivers and vehicles: Such services should include the driver, the vehicle, the and fuel cost.

All vehicles should be maintained and cleaned by the successful service provider on regular basis.

All drivers should be monitored by the service provider for their driving behaviour, speed acceleration, harsh braking, alcohol and drugs use, criminal records.

IOM does not appoint drivers with criminal records nor alcohol and drug use. All drivers will be required to complete on daily basis the vehicle's log book which include the destination, the date, the name of the driver, the car plate number, the start and end time per trip the overtime hours if applicable, and the mileage.





4. **EXPECTED DELIVERABLES**

4.A The car and driver rental services must include the following:

All vehicles assigned to IOM should be in excellent condition. IOM is not liable for the maintenance of the company's vehicles.

The car rental company will be responsible for its vehicles maintenance and cleaning services.

All vehicles and drivers should be tracked through the GPS tracking system for their movement, location, speed, driving behaviour including the speed acceleration and harsh braking.

All drivers should be tested for their alcohol, and drugs use on regular basis. The company is also expected to provide its assigned drivers to IOM account with awareness sessions on prevention of sexual harassment and abuse of authority.

The car rental company is expected to complete a vehicle log book on daily basis indicating the date of the trip, start /end mileage, driver name, passenger's signature. The log sheet needs to be verified by IOM as well as the overtime sheet if applicable on daily basis.

The car rental company's drivers and vehicles will be the liability of the company. IOM is not responsible in case of accidents.

The rented car and driver are expected to provide comprehensive insurance coverage during the period of the awarded contract with IOM. IOM will not be held liable in case of accidents

The driver should dress your good company's uniform. The company is in charge of providing the assigned driver with a mobile device and line to be used when on duty.

Travel to the field outside the city, will be part of the driver's daily assignment.

The company is required to inform IOM within 48 hours in advance in case of a change of the driver or vehicle assigned to IOM account.

The service provider shall provide car and driver rental services only when requested by IOM Administration Section who is directly in charges of transport services. The services shall be based on written instructions by IOM Administration Section.

The service provider shall provide qualified personnel to accomplish the work required by this contract. The company's transport manager must read, write, speak and understand English. It is the company's responsibility to insure that all contract employees are qualified to perform the specified job task.

The successful service provider's employees shall not loiter in any working or patron area. Upon completion of their assigned shift, employees shall depart the facility unless instructed to perform overtime.

Use of Alcoholic Beverages/Drugs: The use of alcoholic beverages or illegal drugs by service provider's personnel, while on duty, is strictly forbidden, The Contractor shall immediately remove and replace employees who are under the influence of alcohol or drugs immediately.

The service provider shall provide and maintain all necessary insurance, including medical coverage for his personnel, equipment and operations in IOM. The service provider shall provide cars with comprehensive





insurance coverage (including drivers). This is considered a mandatory requirement, where non-compliance will result terminating the contract.

Should the successful service provider be unable to provide the services required by IOM within 2 working days of contract commencement or during the course of contract, IOM shall have the right to procure services from the market and any additional expenses associated with this action will be borne by the service provider. This is considered a mandatory requirement, where non-compliance will result in terminating the contract.

The service provider undertakes sole responsibility for taxes and any other charges of public nature, which are or may be assessed in future against the service provider.

Personnel acting on behalf of the service provider shall not be entitled for any benefit, payment, compensation or entitlement except for as provided to the service provider by this agreement.

The services rendered by the service provider must be performed in full consideration to the confidentiality and secrecy. Upon receiving the awarded contract, the successful service provider shall present to IOM Copies of the assigned drivers contracts, compensation and medical Insurance plans & policies, and the social security plans as applicable by the law.

4.B-Driver Qualifications & Entitlements:

The assigned drivers to UOM account must have the following:

At least 4 years of driving experience in driving passengers with knowledge of the local traffic rules and knowledge of the different locations inside Somalia. IOM has the right to disapprove any driver who is found disqualified to provide such services.

Clear Criminal history, clear alcohol records, clear drugs records and clear sexual harassment records. IOM has the right to request proof of such records and has the right to interview the driver.

Good knowledge reading, writing, and speaking English as a second language.

The driver must be a Somali National with national ID and should have a valid Somali driving license from the local Somali Authority.

Must have at least two years' progressive accident free driving experience. The driver must also be professional and disciplined.

Must possess basic technical and regular maintenance knowledge of vehicles.

The driver must maintain high standards of personal hygiene and must wear uniform during the working hours. The driver must be equipped with mobile phone and sim card provided by the service provider.

Aside from the salary, the driver benefits must include minimum a second grade Medical Insurance, and they must be registered in the government social security system as per Somali labor law.

The driver must be entitled for annual and sick leaves in line with Somali Labor. Drivers must be entitled for overtime, maximum allowed hours for overtime is 40 hours per month.

The hourly overtime rates must be provided in the financial proposal.

4.C Driver Responsibility:





The assigned drivers will be responsible for the following:

The driver will report to IOM transportation focal point on all operational issues related to their day-to-day duties.

The driver must complete the daily log book detailing the locations visited, the names of the passengers and their signatures, the dates of the trips, the start and end odometer and the mileage, signed by IOM transport focal point.

The driver must comply with the traffic laws, IOM will not be responsible for any damages to the rented car that results from the driver's noncompliance to the traffic laws. The driver will not discuss his movement details with any third party that is not related to IOM.

The driver to follow IOM driving principles (to be shared upon awarding the contract) Driver will not smoke in the car, no accelerate the speed or harsh brake. The driver should not leave the vehicle motor open when the vehicle is not moving. The working hours are 8 AM to 5 PM in one shift with a lunch break. The working days are Sunday to Thursday. The driver will follow the UN holiday only (not the Somali Government holidays).

The service provider must provide a back-up driver to cover for the fixed drivers' while on annual leave.

4.D IOM Responsibilities:

Transport Assistant: IOM will appoint as a primary point of contact a transport assistant who will be in charge of managing the day-to-day transport services and request additional drivers and vehicles on ad-hoc basis.

All requests for ad-hoc daily and weekly drivers should be presented through an email sent at least 24 hours in advance.

Access to IOM premises: IOM will grant access to the drivers into IOM offices as require.

Fuel: IOM will not provide fuel for the rented vehicles which should be included in the rental fee.

5. QUALITY CONTROL & PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

5.A The performance evaluation will be based on the following criteria: -

The turn-over of the assigned drivers: the frequency of the change in the assigned personnel

The accuracy of the monthly invoices, overtime sheets and log books -The speed in responding to IOM emails, requests, and feedback -The company's monitoring system on its drivers behavior –

The condition of the vehicles assigned to IOM account -The level of training provided to its assigned personnel –

The company's control measures over its assigned drivers including their commitment to IOM working schedule, the daily uniform –

The company's compliance with the Somali labor law.

5.B Frequency of performance reviews:





Performance reviews to be carried out on periodical basis, once to four times per year, to measure the quality of the services and the company's performance as well as review the company's comments on any challenges that may arise during the contract period.

5.C Quality Control:

The service provider shall establish and operate to monitor on a regular and continual basis the quality of services provided to IOM. These procedures shall include a self-inspection system covering all the services to be performed under the Contract and shall include a method for monitoring, identifying and correcting deficiencies in the quality of service furnished to IOM. IOM shall be notified of any deficiencies found and corrective action taken.

5.D Vehicles Tools and Safety Measures:

The service provided must ensure that the assigned vehicles to IOM account must include all safety measures and tools to ensure its safety function. Such tools and measures include but not limited to the following:

- -Air condition
- -Spare wheel
- -Standard tool kits (including jack and bolt wrench)
- -Safety Triangle
- -Fire Extinguisher
- -Air Pump
- -Air bags
- -Seat belts
- -First Aid kit
- -Valid comprehensive insurance
- -Valid registration documents: the car is registered with traffic department (Copy of valid insurance demonstrating coverage for all listed vehicles, Vehicle registration certificates)

6. REALISTIC DELIVERY DATES AND DETAILS ON HOW THE WORK MUST BE DELIVERED

The successful service provider must be committed to providing the pool of drivers and vehicles on long term fixed periods of monthly to annual basis and on short term periods of daily to weekly basis.

All vehicles must be maintained on systematic basis to ensure there are no disruption to the services.

The company must have a system to retain the high performing drivers and therefore minimize the turnover of drivers which will disrupt the level of services provided to IOM.

The invoices must be issued within a period of 30 days for each serviced month. IOM will not acknowledge invoices that are older than 30 days.

Prequalification Requirements:

Brief presentation of company including number of staff, structuring, turnover, years in business.

Reference list demonstrating qualifications for participating in this upcoming bidding process including evidence of at least 3 transportation projects the company has executed.

Complete set of the company official registration documents including Certificate of Registration from the Federal Government of Somalia and Certificate of Regional States.

Contact information: Fill, sign and stamp the attached "Vendor Information Sheet".





PROSPECTIVE VENDOR INFORMATION SHEET

vendor No.:	
	(IOM Internal Use)





Company Details				
Registered Vendor Name*:				
Tax Organization Type*:	Choose an item			
Supplier Type*:	Choose an item			
Company Web Site:		7		
Tax Country*:	Choose an item	l.		
Taxpayer ID/Tax Registration No*:				
Products and/or Services	Choose an item			
Additional Information				
UNGM No.:		Commitment to Antiracism	: Choose an item.	
UNPP No.:		Does your entity agrees with UN Supplie	r Choose an item.	
		Code of Conduc	t:	
Is your Entity Women Owned?:	Choose an item	. Is the Bank Account Certificate added a	s Choose an item.	
		attachment	?:	
Is your Entity Disability Inclusive?:	Choose an item	1.		
		_		
Address*				
Street Name and House No.				
ZIP/Postal Code*				
City*				
Region*	-			
Country*	Choose an item			
Contact Information for communicat	_	<u>'</u>		
	lions	IMPORTANT		1
First Name*:		IMPORTANT		
Last Name*:		All fields marked with * are mandatory.		
Job Title		The form will be returned if mandatory field/s is/are en		
Email*:		The Vendor Name should match ID or registration do	cuments	
Other Centests				
Other Contacts				
First Name*:		- Will this serves have a rate in Ways?	Change on items	
First Name*: Last Name*:		Will this person have a role in Wave?	Choose an item.	
First Name*: Last Name*: Job Title:		Will this person have a role in Wave? If yes, what will be that role?	Choose an item. Choose an item.	
First Name*: Last Name*:		-		
First Name*: Last Name*: Job Title: Email*:		-		
First Name*: Last Name*: Job Title: Email*: First Name*:		If yes, what will be that role?	Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*:		If yes, what will be that role? Will this person have a role in Wave?	Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title:		If yes, what will be that role?	Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*:		If yes, what will be that role? Will this person have a role in Wave?	Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title:		If yes, what will be that role? Will this person have a role in Wave?	Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*:		If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role?	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*:	mation above are true and	If yes, what will be that role? Will this person have a role in Wave?	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*:	mation above are true and	If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role?	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the content of the conten		If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role? correct. I am also authorizing IOM to validate all claims with conce	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*:	List o	If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with conce	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the content of the conten	List o	If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with conce	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the content of the conten	List o	If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerns of attachments Yer ID/Tax registration number certificate.	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the control of the contro	List o Taxpay Busine Id. of t	Will this person have a role in Wave? If yes, what will be that role? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerning ID/Tax registration number certificate. SE License the owner	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the content of the conten	List o Taxpay Busine Id. of t	If yes, what will be that role? Will this person have a role in Wave? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerns of attachments Yer ID/Tax registration number certificate.	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the control of the contro	List o Taxpay Busine Id. of t	Will this person have a role in Wave? If yes, what will be that role? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerning ID/Tax registration number certificate. SE License the owner	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the control of the contro	List o Taxpay Busine Id. of t Signed	Will this person have a role in Wave? If yes, what will be that role? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerns of attachments Yer ID/Tax registration number certificate. SES License The owner UN Supplier Code of Conduct	Choose an item. Choose an item. Choose an item.	
First Name*: Last Name*: Job Title: Email*: First Name*: Last Name*: Job Title: Email*: I hereby certify that the information of the control of the contro	List o Taxpay Busine Id. of t Signed Proof	Will this person have a role in Wave? If yes, what will be that role? If yes, what will be that role? Correct. I am also authorizing IOM to validate all claims with concerns attachments Fer ID/Tax registration number certificate. SES License The owner UN Supplier Code of Conduct Of women ownership share of the company	Choose an item. Choose an item. Choose an item.	





SPEND AUTHORIZED SUPPLIER INFORMATION SHEET

pplier Details pplier's Name*:						
pplier Number*:	-					
yment Details						
yment Method*:	☐ Bank	transfer		I	MPORTANT	
	☐ Checl	k**		,	All fields marked with * a	re mandatory.
	☐ Cash ²	**			The form will be returned	d if mandatory field/s is/are er
	Othe	rs**:				match ID or registration doc
If a Non-Bank Payment						
ethod was selected, please						
ovide justification:						
nk Details* (This informat	ion is manda	tory if pay	yment method is	via Bank Transfer		
nk Name*				_		NOTES
dress				_		NOTES
y*				<u> </u>		nt currency must be clearly
stal Code				_	indicated	to avoid delays and additional
untry*				_		bank charges
nk Account Name*				_		
count Currency	-			_		company has multiple bank
k Account Number	1			—		, indicate the default account
ft Code/BIC (outside U.S.A.)				Fill only the code		and add an extra sheet with
N Number				corresponds to ye	our I full info	ormation of other accounts
				location*		
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON' ntact Information	TACT INFOR	RMATION	I ONLY IF IT NEE	location*		R PROFILE
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name:	TACT INFOR	RMATION	I ONLY IF IT NEE	location* DS TO BE UPDAT	ED IN THE SUPPLIE	
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name:	TACT INFOR	RMATION	I ONLY IF IT NEE	location* DS TO BE UPDAT Will this pe	rson have a role in Wave	? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name: Title:	TACT INFOR	RMATION	I ONLY IF IT NEE	location* DS TO BE UPDAT Will this pe	ED IN THE SUPPLIE	? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: : Name: Title:	TACT INFOR	RMATION	I ONLY IF IT NEE	location* DS TO BE UPDAT Will this pe	rson have a role in Wave	? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: : Name: Title: ail*:	TACT INFOR	RMATION	I ONLY IF IT NEE	location* DS TO BE UPDAT Will this pe	rson have a role in Wave	? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name: Title: ail*: t Name:	TACT INFOR	RMATION	I ONLY IF IT NEE	DS TO BE UPDAT Will this pe	rson have a role in Wave es, what will be that role	? Choose an item. ? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name: Title: ail*: t Name:	TACT INFOR	RMATION	I ONLY IF IT NEE	DS TO BE UPDAT Will this pe If y Will this pe	rson have a role in Wave es, what will be that role	? Choose an item.? Choose an item.? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: Name: Title: iil*: t Name: Name: Title: tile: iirite:	TACT INFOR	RMATION	I ONLY IF IT NEE	DS TO BE UPDAT Will this pe If y Will this pe	rson have a role in Wave es, what will be that role	? Choose an item.? Choose an item.? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: : Name: title: iil*: t Name: : Name:	TACT INFOR	RMATION	I ONLY IF IT NEE	DS TO BE UPDAT Will this pe If y Will this pe	rson have a role in Wave es, what will be that role	? Choose an item.? Choose an item.? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name: Title: ail*: t Name: t Name: Title:	TACT INFOR	RMATION	I ONLY IF IT NEE	DS TO BE UPDAT Will this pe If y Will this pe	rson have a role in Wave es, what will be that role	? Choose an item.? Choose an item.? Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: Name: Title: til*: t Name: Title: til*:				DS TO BE UPDAT Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: Name: Title: til*: t Name: Title: til*:				DS TO BE UPDAT Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.
EASE, FILL IN THE CON' react Information Name: Name: Fitle: *: Name: Name: Name: Fitle: *:				DS TO BE UPDAT Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information : Name: Name: Title: il*: Title: il*:			t. I am also authorizing	DS TO BE UPDAT Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: : Name: Title: ail*: t Name: Title: ail*:				DS TO BE UPDAT Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.
A No. for ACH (U.S.A.) LEASE, FILL IN THE CON ntact Information t Name: t Name: Title: ail*: t Name: Title: ail*:		and correct	List of attachme	DS TO BE UPDAT Will this pe If y Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role	Choose an item.
earing Number (Switzerland) A No. for ACH (U.S.A.) LEASE, FILL IN THE CON' ntact Information It Name: It Name		and correct	List of attachme	DS TO BE UPDAT Will this pe If y Will this pe If y Will this pe If y	rson have a role in Wave es, what will be that role es, what will be that role es, what will be that role	Choose an item.

