



REF : TENDER NO. UNES/HQS/018/2020-2021 – PROVISION OF STAFF MEDICAL INSURANCE COVER

ACKNOWLEDGEMENT OF ADDENDUM NO. 001

We, the undersigned hereby certify that the addendum is an integral part of the document and has been incorporated in the Proposal.

_____ *[Authorized Signature]*

_____ *[Name and Title of Signatory]*

_____ *[Name of Firm]*

_____ *[Address:]*