Enquiry Form - Questionnaire

Notes to Project Participant/Developer/Consultant:

1. An authorized signatory must fill and send this form and send it to us.
2. This questionnaire is designed as per accordance of requirements to gather sufficient information required for generation of proposal. And to check within us to whether we are authorized for the scope and technical area. The information provided is treated confidential.
3. You can send us the PDD/PIN/MR/GS Passport/Other relevant document deemed necessary along with this form

Name of Project Participant : Click here to enter text.

Type of Service : Choose an item.

Proposal for : Choose an item.

Section 1: Clients contact details:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
| Phone | Click here to enter text. |
| E-mail | Click here to enter text. |
| Organization Type | Choose an item. |
| Provide information on the involvement as applicable: | |
| Identification of the PA:  Development of the PA:  Consultant of the project :  Financing of the project : | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

Section 2: Project details:

|  |  |
| --- | --- |
| Title of Project | Click here to enter text. |
| If registered, UNFCCC/GS Registration No. | Click here to enter text. |
| Scale of the project | Choose an item. |
| Location of the Project | Click here to enter text. |
| If, PoA | Choose an item. |
| Name of CME/CPA Implementer | Click here to enter text. |
| Host Country/Party | Click here to enter text. |
| DNA/DNAs | Click here to enter text. |
| Applied Methodology and Version | Click here to enter text. |
| Scope | Click here to enter text. |
| If Validation, Start date of the project activity | Click here to enter text. |
| Analysis to Prove additionality | Choose an item. |
| Estimated Annual CERs | Click here to enter text. |
| If Verification, Monitoring Period | Click here to enter text. |
| Periodic Verification Number | Click here to enter text. |
| If multiple sites, number of sites | Click here to enter text. |
| Annual CERs claimed | Click here to enter text. |
| Specify any Liability | Click here to enter text. |

Section 3 :Safety and Travel

|  |  |
| --- | --- |
| Any safety precaution to be taken for site visit | Choose an item. |
| If Yes, provide the details | Click here to enter text. |
| Nearest Airport | Click here to enter text. |
| Travel time | Click here to enter text. |
| Others, if any | Click here to enter text. |

Section 4 :Declaration of Impartiality

|  |  |
| --- | --- |
| As 4KES provided any services to Company/Project | Choose an item. |
| If Yes, provide the details | Click here to enter text. |
| Authorized Person Name | Click here to enter text. |
| Date | Click here to enter text. |
| Signature | Click here to enter text. |

To be filled by 4KES Office

|  |  |
| --- | --- |
| Received from | Click here to enter text. |
| Date | Click here to enter text. |
| Checked by | Click here to enter text. |
| Assigned Team Leader | Click here to enter text. |
| 4KES Proposal Number | Click here to enter text. |
| DOE Office | Click here to enter text. |