

RECEIPT CONFIRMATION FORM

REQUEST FOR PROPOSALS

FOR THE AUDIT OF

Newfoundland-Labrador Federation of Co-operatives (NLFC)
and its subsidiary, Co-operative Development Fund Corporation (CDFC)

For any further distributed information about this Request for Proposals,
please return this form by email as soon as possible to:

Faith Gates
faith@nlfc.coop

COMPANY: _____

STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PROVINCE: _____ COUNTRY: _____

MAILING ADDRESS, IF DIFFERENT: _____

PHONE NUMBER: (___) _____ FAX NUMBER: (___) _____

CONTACT PERSON: _____

TITLE: _____

E-MAIL ADDRESS: _____

The enclosed proposal is submitted in response to the above-referenced Request for Proposals. Through submission of this proposal, we agree to all the terms and conditions of the Request for Proposals and agree that any inconsistent provisions in our proposal will be as if not written and do not exist. We have carefully read and examined the Request for Proposals and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by statements and representations made in our proposal.

Proponent's Full Legal Name: _____

Address of Proponent: _____

Signature of Person Authorized to contract on Behalf of Proponent: _____

Name and Title of Authorized Person: _____

Date of Signing: _____