### Expression of Interest (EOI)



# **Registration Response Form**

### In response to the call for Registrations of Interest

by: Thames-Coromandel District Council for: Tourism Information Services

### **1. About the Respondent**

| Item                            | Detail |
|---------------------------------|--------|
| Trading or Entity name:         |        |
| Full legal name (if different): |        |
| Physical address:               |        |
| Postal address:                 |        |
| Registered office:              |        |
| Business website:               |        |
| Type of entity (legal status):  |        |
| Registration number:            |        |
| Country of residence:           |        |
| GST registration number:        |        |

#### **Our Point of Contact**

| Item            | Detail |
|-----------------|--------|
| Contact person: |        |
| Position:       |        |
| Phone number:   |        |
| Mobile number:  |        |
| Email address:  |        |

## 2. Response to the Requirements

**Business Plan for the Management of the Information Centre** 

### **3. Our declaration**

#### DECLARATION

I/we declare that in submitting the Registration and this declaration:

- a. the information provided is true, accurate and complete and not misleading in any material respect
- b. the Registration does not contain Intellectual Property that will breach a third party's rights
- c. I/we have secured all appropriate authorisations to submit this Registration, to make the statements and to provide the information in the Registration and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Registration may result in the Registration being eliminated from further participation in the ROI process and may be grounds for termination of any Contract awarded as a result of the ROI.

By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the Respondent/s to make this declaration on its/their behalf.

| Signature:            |  |
|-----------------------|--|
| Full name:            |  |
| Title / position:     |  |
| Name of organisation: |  |
| Date:                 |  |