



CENTRAL WATER AUTHORITY

ST. PAUL – MAURITIUS

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Website: <http://cwa.gov.mu>

EXPRESSION OF INTEREST

Appointment of Evaluators for Bid Evaluation in the CWA – Application Form

SURNAME:		TITLE:
NAMES:		DATE OF BIRTH:
Marital Status:		
Maiden Name or previous name:		
ADDRESS: Temporary Address for Communication (if applicable)		TELEPHONE NOS: MOBILE: HOME: OFFICE:
EDUCATION AND QUALIFICATION		
Date	School/University	Qualifications Obtained
PROFESSIONAL BODY Membership Status: Date obtained		
WORK EXPERIENCE		

Dates	Details

EXPERIENCE IN BID EVALUATION

Dates	Details

RECORD OF PRESENT AND PAST EMPLOYMENT

Dates	Details

REFERENCES

Name:	Name:
Address:	Address:
Occupation:	Occupation:
Tel No:	Tel No:

I confirm that the details given above are correct.

Signature of Applicant:

Date: