


	Questionnaire	
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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/Activity Participant : **Click here to enter text.**

Type of Service : **Choose an item.**

Proposal for : **Choose an item.**


Proposal for Others, specify registry : **Click here to enter text.**

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 project:	Mention organization name
Development of the project:	Mention organization name
Consultant of the project :	Mention consultant organization name
Financing of the project :	Mention financing organization name

Section 2: Project details:

Title of Project	Click here to enter text.
If registered, Reg/Ref 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	Click here to enter text.

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the project activity	
Analysis to Prove additionality	Choose an item.
Estimated Annual CERs/ A 6.4 ER	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/ A 6.4 ER	Click here to enter text.
Specify any Liability	Click here to enter text.
Provide Information related to the sustainable development tool including the forms (A6.4-FORM-AC-015, A6.4-FORM-AC-016 and A6.4-FORM-AC-017) and outcome of the local stakeholder consultation (Any document shall be shared as attachment)	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.

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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.