**EXPRESSION OF INTEREST (EOI) FORM**

**SUPPLY OF MATTRESSES, AND BEDDING FOR TE MAEVA NUI CELEBRATIONS 2025**

**ATTACHMENT 1**

Please fill in this form to express your interest

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| --- | --- | --- | --- |
| **Details:** |  | | |
| *Full name:* |  | | |
| *Trading name (if Company):* |  | | |
| *Contact person (if Company):* |  | | |
| *Physical address:* |  | | |
| *Phone number:* |  | | |
| *Email address:* |  | | |
|  | | | |
| *Signature* | |  | *Date* |
| *Full Name* | |  | *Position (if Company)* |

1. Please tick the supply option that you are interested in offering (tick all that apply):

* Sale
* Hire

2. Components you are interested in supplying (tick all that apply):

* Mattresses – Foam
* Mattresses – Inflatable
* Air pumps (if required)
* Mattresses – Other
* Sheet sets – Single
* Sheet sets – Other
* Pillows
* Pillow case

3. Product Details:

For each item you are interested in supplying please provide specifications/attach photos, if available.

Basic details should include:

* Description/Model
* Dimensions/Specs
* Material

4. Supply Capacity and Delivery:

|  |  |  |
| --- | --- | --- |
| **Items** | **Can you supply 500 units of the items you are interested in?** | **What Date can you have this delivered/available to the Ministry of Cultural Development?** |
| * Mattresses | Yes/No |  |
| * Air pumps (if required) | Yes/No |  |
| * Sheet sets – Single | Yes/No |  |
| * Pillow case | Yes/No |  |
| * Pillows | Yes/No |  |

5. Indicative Pricing (NZD):

Can you provide an estimate costs now? Yes/No

If yes, can please provide us with costs in NZD.

6. Relevant Experience (brief summary or attach reference) if available.

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7. Any other comments please also include here:

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| --- | --- | --- |
|  | | |
| *Signature* |  | *Date* |
| *Full Name* |  | *Position (if Company)* |

END