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| **Consultant Proposal** | |
| Proposal Submitted To |  |
| Proposal Submitted By |  |
| Date |  |
| ***Proposal Compiled By:*** | |
| Name of Employee |  |
| Designation |  |
| Contact No |  |
| Address |  |
| Email address |  |
| ***Proposed Scope of Consultancy Services:*** | |
| Project Name |  |
| Phase 1 |  |
| Phase 2 |  |

|  |  |
| --- | --- |
| ***Consultancy Fees:*** | |
| The Company shall pay an initial amount of | *$* |
| ***Term:*** | |
| We hope to establish a fruitful working relationship for a minimum of | |
| ***Contact Us*** | |
| Contact Number |  |
| Email Address |  |
| Office Address |  |
| Signature of representative of the  consultancy agency |  |
| Date |  |