

# **LETTER OF INTENT**

Date: \_\_\_\_\_

To: \_\_\_\_\_

c/o Mr/Mrs \_\_\_\_\_

PASSPORT Number: \_\_\_\_\_

We, [ \_\_\_\_\_ **COMPANY NAME** \_\_\_\_\_ represented by  
\_\_\_\_\_ **LEGAL REPRESENTATIVE NAME** \_\_\_\_\_ company's  
\_\_\_\_\_ **CORPORATE POSITION HELD** \_\_\_\_\_ ], as  
Buyer of the product for our client [For Govt and / or Healthcare and / or Civil entities inside the  
Country of \_\_\_\_\_ **STATE / NATION** \_\_\_\_\_ ], state  
and represent that it is our corporate intention to purchase the following product for the quantity,  
unit, price, and total amount as specified below; contingent on price and availability.  
This representation is made with full corporate authority and responsibility of the named buyer.  
The said purchase is intended for our use for [hospitals/nursing homes, govt, inside the country  
of \_\_\_\_\_ **STATE / NATION** \_\_\_\_\_ ] and will not be  
resold or exported outside of this country.

## **Product List:**

**Product:** \_\_\_\_\_

**Origin:** Manufacturer Specified

**Specifications:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_

**Price:** We are aware that the price will be communicated with invoice proforma

**Shipment** we are aware that the shipment is at our charge and will have to be fully and  
financially anticipated if we request it

**Destination Port:** \_\_\_\_\_ **If shipping is requested** \_\_\_\_\_

**Documents:** Standard Purchase & Sale Documents for a product of this type

**SIGNATORY:** \_\_\_\_\_

\_\_\_\_\_ **LEGAL REPRESENTATIVE NAME** \_\_\_\_\_

I hereby swear under penalty of perjury that the information given above is  
accurate and true.

**SIGNATURE AND SEAL** (electronic signature or original)

**SIGNATORY:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **COMPANY NAME** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**TITLE:** Owner

**COUNTRY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Affidavit:**

**DATE:** \_\_\_\_\_

We, [ \_\_\_\_\_ **COMPANY NAME** \_\_\_\_\_ ] are submitting this Letter of Purpose to confirm our intent to procure the product indicated above and or its Distributors/ Resellers/Suppliers to help get critical supplies which may also be critical to personnel in need in support of the fight against the spread of COVID-19.

All purchased products are intended to provide immediate supply and support to governmental bodies, healthcare providers and workers (including hospitals and other healthcare facilities), health care facilitators and other medical personnel also to help reduce the risk of the spread of COVID -19 virus and also reduce their economic burden.

We look forward to receiving a detailed offer with terms and conditions for our consideration and finalization.

**SIGNATURE AND SEAL (electronic signature or original)**

**SIGNATORY:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **COMPANY NAME** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**TITLE:**Owner

**COUNTRY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATORY:** \_\_\_\_\_

\_\_\_\_\_ **LEGAL REPRESENTATIVE NAME** \_\_\_\_\_

**ATTACHED IS A PERFECTLY SCANNED COPY OF THE LEGAL REPRESENTATIVE'S PERSONAL DOCUMENT (PASSPORT).**