|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FORM 2: AFFIDAVIT OF EXPERIENCE OF THE CONSULTANT | | | | | |
| **Project name and general scope of service** | | Investment Amount of the project (US$) | **Client** | **Date of signature of the Contract and duration of service** | **Contact Reference** |
| **Name, email, phone number** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |