

**EXPRESSION OF INTEREST FORM**  
**SSB ref. EOI2021/0001**

**Subject: ENGAGEMENT OF A CONSULTANT TO CONDUCT COMPREHENSIVE PHYSICAL SECURITY ASSESSMENT AUDIT FOR BVI SOCIAL SECURITY BOARD (SSB)**

- 1) Individuals or firms are ineligible for this assignment if they fulfil the following eligibility criteria:
  - a) *they are bankrupt or being wound up, or they are having their affairs administered to by the courts, have entered arrangements with creditors, or have suspended business activities, and are subject of proceedings concerning those matters;*
  - b) *they have been convicted of offenses concerning their professional conduct by a judgment that has the force of res judicata; (i.e., against which no appeal is possible).*
  - c) *they have been declared guilty of professional misconduct proven by any means which the SSB can justify;*
  - d) *they have not fulfilled obligations related to the payments of social security contributions, national health insurance contributions or the payment of taxes under the Laws of the Virgin Islands;*
  - e) *they have been the subject of a judgment which has the force of res judicata for fraud, corruption, having any involvement in a criminal organization or any other illegal activity detrimental to the SSB's financial interests; or*
  - f) *they are currently subject to an administrative penalty.*
  
- 2) Interested parties must complete and return page 2 of this document in a sealed envelope clearly marked "**REFERENCE NUMBER: EOI2021/0001 ENGAGEMENT OF A CONSULTANT TO CONDUCT COMPREHENSIVE PHYSICAL SECURITY ASSESSMENT AUDIT,**" addressed to:

**Jeanette Scatliffe Boynes**  
**Acting Director**  
**BVI Social Security Board**  
**P.O. Box 698**  
**Road Town, Tortola VG1110**  
**British Virgin Islands**

- 3) Your Expression of Interest should be valid for a period of \_\_\_\_\_ days from the date of deadline for submission.
  
- 4) The deadline for submission of your Expression of Interest, to the above address indicated is May 13, 2021 at 4:00 p.m. local time.

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Individual or Company information:

a) Name: \_\_\_\_\_

b) Address (address responding to this EOI): \_\_\_\_\_

\_\_\_\_\_

c) Telephone: \_\_\_\_\_

d) Fax: \_\_\_\_\_

e) E-mail: \_\_\_\_\_

f) Contact: \_\_\_\_\_