**LETTER OF INDEMNITY**

**NGHI SON REFINERY AND PETROCHEMICAL LLC**

Address : Nghi Son Economic Zone, Nghi Son District, Thanh Hoa Province

Hanoi office : 14th Floor, West Tower, Lotte Center Hanoi, 54 Lieu Giai, Cong Vi, Ba Dinh, Hanoi, Vietnam

**Attention : Procurement Section Manager**

**Subject : Bidder’s Letter of Indemnity**

**Reference :**

**Title :**

Dear Sirs:

Pursuant to the above referenced Request for Quotation, we [Bidder’s Name], having our registered office at [Bidder’s Address], hereby acknowledge to Nghi Son Refinery and Petrochemical LLC, hereinafter referred to as “Company” as follows:

We are in receipt of the subject Request for Quotation (“RFQ”) and intend to submit a Bid for consideration by Company.

We note and agree that this Letter of Indemnity shall form part of our Bid.

In consideration of the foregoing and in acknowledgement of the sole right, prerogative and control of Company over its bid evaluation and contracting processes, we hereby expressly agree to indemnify and hold harmless Company against all claims, losses or damages, including legal costs, expenses and liabilities, whether brought by our company, bid partner(s), associate(s), proposed subcontractor(s) and/or any party(ies) who participate with us or are related to us in any manner whatsoever with regard to the above mentioned Bid and any decision(s) arising therefrom.

And by signing this Letter we agree to waive all rights to complaints and lawsuits Company in any form regarding the Bid result or any decision made by Company.

Should we breach any our commitments under this Letter, resulting in Company being sued by any governmental agency, we will accept any sanctions that Company imposes on us without assuming any responsibility or obligation.

This Letter of Indemnity shall be valid from the date hereof and shall continue to survive 2 years from the date NSRP sending notice to us to inform about the bidding result.

Signed:

[BIDDER’S NAME]

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| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |