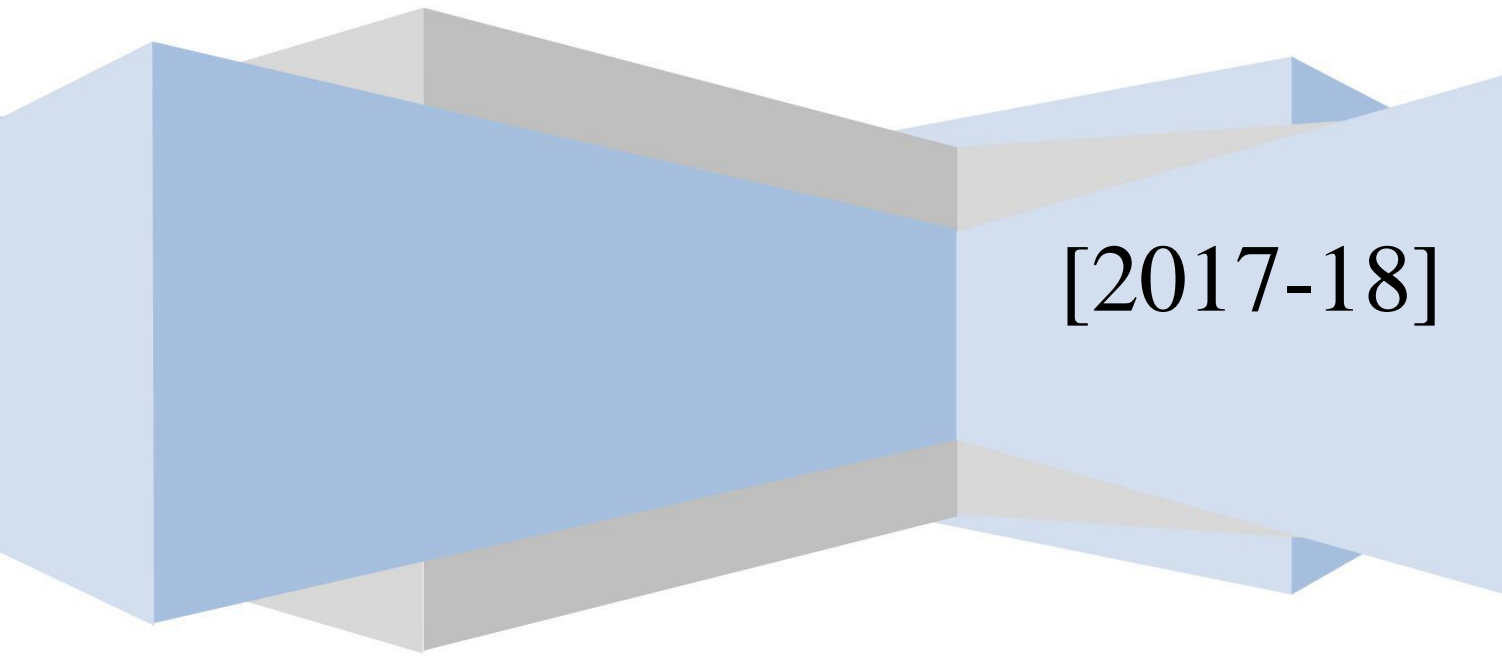


Request for Proposal (RFP)

For appointment of Statutory Auditor for State Health Society (SHS) and District Health Societies (DHSs) for Audit of all programmes under NHM including flexible pools of NRHM-RCH, NUHM, NDCP and NCD.



[2017-18]

REQUEST FOR PROPOSAL (RFP)

State Health Society, Jharkhand seeks to invite Proposal from *C&AG empaneled Chartered Accountant firms who are eligible for major PSU audits for the year 2017-18* for conducting the statutory audit of State and District Health Societies under National Health Mission, Jharkhand for the Financial Year 2017-18.

The details about the background of the auditee, the units to be covered in the audit, scope of work, terms of reference, and the eligibility criteria for selection of the CA firms are given in the following paragraphs.

Terms of Reference (ToR)

National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare was launched on 12th April, 2005 by the Government of India to improve medical facilities in the country. From 2013-14 onwards the NRHM programme has been subsumed under the umbrella programme of National Health Mission. NHM is overarching NUHM and includes Communicable and Non-Communicable Diseases (NCD) as well. The NHM seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Ratio (MMR) in the country from 167 to 100 per 1,00,000 live births, Infant Mortality Rate (IMR) from 40 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1.

2. One of the visions of the Mission is to increase public spending on health from 1.3% to 2-3% of GDP, with the improved arrangement for community financing and risk pooling. The NHM has provided an umbrella under which the erstwhile Reproductive and Child Health Programme (RCH), various National Disease Control Programmes (NDCPs) and Non-Communicable Disease Programme (NCDs) have been repositioned. National Urban Health Mission (NUHM) has also been added as sub-mission of National Health Mission.
3. At present the following Programmes/Schemes come under the purview of National Health Mission:

A. NHM-RCH Flexible Pool:

- **RCH Flexible Pool** including Routine Immunization (RI), Pulse Polio Immunization (PPI) and National Iodine Deficiency Disease Control Programme (NIDDCP)
- **Health System Strengthening (HSS) under NRHM** including National Programme for Prevention and Control of Deafness (NPPCD), National Oral Health Programme (NOHP), National Programme for Palliative Care (NPPC), Assistance to State for Capacity building (Burn Injury), National Programme for Fluorosis (NPF).

B. National Urban Health Mission (NUHM) Flexible Pool.

C. Flexible Pool for Communicable Diseases:

- National Vector Borne Disease Control Programme (NVBDCP),
- Revised National Tuberculosis Control Programme (RNTCP),
- National Leprosy Eradication Programme (NLEP),
- Integrated Disease Surveillance Project (IDSP).

D. Flexible Pool for Non-Communicable Diseases:

- National Programme for Control of Blindness (NPCB),
- National Mental Health Programme (NMHP),
- National Programme for Health Care of the Elderly (NPHCE),
- National Tobacco Control Programme (NTCP),
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

4. Institutional and Funding Arrangements:

For the implementation of the above programmes, MoH&FW has mandated the creation of an Integrated Health Society at State and District levels registered as legal entities under Societies Registration Act, 1860. Such integrated State Health Society (SHS) works in close coordination with the Directorate of Health & Family Welfare and the District Health Societies (DHSs) work in coordination with the District Collector and District Chief Medical Officer (CMO). Program implementation is done through its District Chief Medical Officer's office, Blocks, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub- Centres (SCs), Rogi Kalyan Samities (RKS) and Village Health Sanitation & Nutrition Committees (VHSNC). Certain activities are managed at the State level such as drug procurement, IEC, civil works, training using specialized entities such as SIHFW, IEC Bureau, PWD, the Directorate of Health and Municipal Corporations for the urban health components. In addition funds are also released from SHS/ DHS to NGOs and private entities under Public Private Participation (PPP) arrangements.

Funding & Accounting Arrangements:

Funds for the various programs are transferred from Pay & Accounts Office of MoH&FW to the State Treasuries and thereafter from the Treasuries to the SHS functioning in the State. Government of India transfer funds in the form of Grants-in-Aid to the SHS on the basis of respective State Programme Implementation Plan (SPIPs) and approved Annual Work Plans prepared on the basis of District Health Action Plans (DHAP) of each of the districts in the State. Under the umbrella of the integrated SHS/DHS, each program maintains separate bank accounts, books of accounts and other financial records as per the requirements of each program and also submits separate financial activity reports at varying frequencies to the respective monitoring unit in MoH&FW, GoI.

5. Financing by Development Partners/ Donors:

Some of the programs of NHM are also supported by development partners such as the Asian Development Bank(ADB), GFATM/World Bank etc. for which credit agreements have been entered into by GoI with the respective development partners. Compliance with specific fiduciary requirements of the development partners will additionally need to be reported upon by the Statutory Auditor. Copies of the legal agreements and other project documents will be provided to the Auditor, if required, by the SHS/ concerned Programme Division in the State.

6. Objective of audit services:

The objective of the audit is to ensure that MoH&FW receives adequate, independent, professional audit assurance that the grant proceeds provided by MOHFW are used for purposes intended as per approved PIPs and Annual Work Plan (AWP) of individual programs and that the annual financial statements are free from material mis-statements and that terms of the credit/ loan agreements of the development partners are complied with in all material respects.

The objective of the audit of the financial statements - individual financial Statements of State and District Health Society as well as the Consolidated Financial Statements of the State and District as a whole (i.e., Balance Sheet, Income & Expenditure Account, Receipt & Payment Account, together with relevant accounting policies, notes to accounts and schedules, Bank Reconciliation Statements, Statement of Funds Position, Reconciliation of Expenditures as per Audited financial statements with expenditure reported as per the Financial Monitoring Report FMR) is to enable the auditor to express a professional opinion as to whether:-

(1) the financial statements give a true and fair view of the Financial Position of the SHS and each DHS individually as well as in a consolidated manner at the end of each fiscal year and of the funds received and expenditure incurred there against during the accounting period ending March 31, 2018;

(2) the funds were utilized for the purposes for which they were sanctioned, and

(3) where programs are financed by development partners, the respective program expenditures are eligible for financing under the relevant grant/ credit agreement.

The books of accounts as maintained by the State Health Society, District Health Societies and other participating implementing units such as Blocks, CHC, PHCs, Sub-centers, Village Health Nutrition and Sanitation Committees (VHNSCs) etc. shall form the basis for preparation of financial statements of the DHSs and SHS individually as well as in a consolidated manner for the State as a whole.

7. **Standards:** Audit is to be carried out in accordance with **Engagement & Quality Control Standards (Audit & Assurance Standards)** issued by the Institute of Chartered Accountants of India in this regard. The Auditor should accordingly consider materiality when planning and performing (except where a certain minimum coverage of implementing units is specified) the audit to reduce the risk to an acceptable level that is consistent with the objective of the audit. In addition, the Auditor should specifically consider the risk of material mis-statements in the financial statements resulting from fraud.

8. **Criteria for Selection of Auditors**

Audit is to be conducted in a centralized manner at State Office for all associated offices at State, district & block level. The related accounts personnel shall make the Books of accounts/financial statements/files/vouchers etc. available to the Auditor at the State Office. The Auditor may, if deemed necessary, visit a particular unit but expenses incurred on account of TA/DA shall not be reimbursed. Auditor shall be appointed on satisfaction of the following criteria:

- **C&AG empanelled major audit firms:** Chartered Accountant firms empanelled with C&AG of India for the year 2017-18 and eligible for conducting major PSU audits during the period will only be eligible for audit of the NHM programme. In this regard the intending firms are required to submit the details about their firms as per **Form T-2**. Firms appointed as Statutory Auditor of the State Health Society in the last 3 years or as Concurrent Auditor(s) for the FY 2017-18 are not eligible to apply.
- **Requirement of firms having H.O./Local Branch office in the State:** The firm must have H.O./Local Branch Office in the state of Jharkhand. Such office must have existed within the State continuously for a period not less than five years as on 1.1.18 and a partner of the firm must be continuously incharge of the branch for the same duration.
- **Maximum No. of Audits under NHM:** No auditor can take the assignment of audit of more than three States in a year. A certification from the auditor in this regard needs to be submitted along with the technical bid document.
- Intending firms have to give an undertaking to the effect that the audit team members are proficient in State's official language (both oral and written) and that the team will be headed by a Chartered Accountant on regular basis.
- **Selection through Open Tender System:** The selection of the Auditor would be through an Open Tender basis. Eligible firm satisfying the above criteria shall submit the bids & selection shall be done on L1 basis.
- In case same audit fee is quoted by two or more CA firms i.e. multiple firms are declared as L1, then selection of the auditor shall be done on the basis of following factors:-
 - (i) Presence of Branch or H.O. in Ranchi/within the State along with duration of such presence (minimum 5 years):- Maximum 35 marks (2 marks per year beyond 5 years for Ranchi, 1.5 marks per year beyond 5 years for other than Ranchi, but within the State of Jharkhand). Only one branch shall be considered for this scoring.

- (ii) Past experience in NHM audit since FY 2011-12 (across the country):- Maximum 35 marks – (3 marks for each Statutory/Concurrent Audit conducted)
- (iii) Average turnover of the firm from audit fees in last 3 financial years:- Maximum 30 marks (Turnover upto 50 lakhs – 10 marks; Turnover more than 50 lakhs, upto 1 Crore– 20 marks, more than 1 Crore – 30 marks)
- **Disclosure of Minimum Fees in the RFP document:** In compliance of the guideline issued by ICAI under Guideline No-1-CA(7)/03/2016 dated 7/4/2016 the minimum fees for this assignment is fixed at Rs. 4,00,000/- (Rs. Four lakh only) inclusive of all charges. Taxes shall be paid extra as applicable. Any bid with a quote less than the prescribed minimum fees shall be summarily rejected.
- **Re-appointment of Auditor:** The auditor/firm once appointed can continue for two more years, subject to satisfaction of the State w.r.t its performance, after obtaining the consent of the auditor and after confirming that the said firm is in the panel of C&AG of India and eligible for conducting major PSU audits for the year for which the firm is being re-appointed.

9.Scope & Coverage of audit: In conducting the audit special attention should be paid to the following:

- a) An assessment of adequacy of the project financial systems, including financial controls:- This should include aspects such as adequacy and effectiveness of accounting, financial and operational controls; level of compliance with established policies, plans and procedures; reliability of accounting systems, data and financial reports; methods of remedying weak controls; verification of assets and liabilities, a specific report on this aspect would have to be provided by the auditor annually as part of the management letter;
- b) Funds have been spent in accordance with the instructions/guidelines laid down by the DoH&FW, GoI from time to time with due attention to economy and efficiency, and only for the purpose for which the funds were provided and also that Matching contribution from State Government has been released/received, as laid down.
- c) Goods and services financed have been procured in accordance with the applicable/relevant procurement guidelines issued by the GoI/State Government. However, for various externally aided national programmes (RNTCP, IDSP and NVBDCP etc.) special attention must be paid to the provisions of the agreement between GoI and Development partners. The auditor must further be satisfied that all expenditure on procurement of goods and services has been incurred as per the procurement manual of the individual programmes and guidelines issued by the Programme Divisions of GoI and have all the necessary supporting documentation.
- d) All necessary supporting documents, records and accounts have been kept in respect of the project.

- e) **Sample coverage of sub-district Implementing Units:** Audit will cover 100% District Health Societies (DHSs) each being a legally registered society and at least 40% of the Block Level CHC/PHC (*at least 50% of such blocks should be new and remaining may be those covered in the audit of last year*). The sample shall be selected in a manner that Block level PHC/CHC in each district is included in the sample coverage. Audit shall also cover audit of expenses related to NHM incurred through Rogi Kalyan Samities (RKSs) at each level i.e. PHC/ CHC/ DH.
- f) The Statutory Auditor may review the concurrent audit reports / quarterly executive summaries and may consider material observations / findings while forming his opinion on overall internal control and truth & fairness of accounts/financial statements.

10. Project Financial Statements

A format of such financial statements and relevant schedules showing the consolidation of all the programmes is given at **APPENDIX A - FORMAT of FINANCIAL STATEMENTS** and also on the website of MoH&FW - www.nhm.gov.in.

Project Financial Statement to be prepared by the auditor, separately for SHS, each DHS as well as consolidated, shall include the following:

- i. Audit Opinion as per **APPENDIX-C**.
- ii. Balance sheet showing accumulated funds of the project balances; other assets of the project, and liabilities, if any.
- iii. Income & Expenditure account for the year ending 31st March 2018.
- iv. Receipt and Payment Account for the year ending 31st March 2018.
- iv. Other Schedules to the Balance sheet as deemed appropriate, but including
 - Statement of Fixed Assets in the form of a Schedule,
 - Schedule of Loans and Advances (Age-wise analysis),
 - Schedule of all Cash & Bank Balances (supported by bank reconciliation statements),
 - Program wise statement of expenditure.
- v. Notes on Accounts showing the accounting policies followed in the preparation of accounts in the State Health Society and District Health Societies and any other significant observation of the auditor.
- vi. Auditor shall have to specify the significant observations, including internal control weaknesses for each program and also specify the institution to which these relates to enable/ facilitate appropriate follow up action.

vii. Sanction wise Utilization Certificates (UCs) as per Form 12-C of GFR 2017; duly tallied with the Income & Expenditure and expenditure on Fixed Asset during the financial year (which have been shown as capitalized). A statement showing the details of expenditures clubbed in the Utilization Certificate tallying with the Income & Expenditure Account and Schedules forming part of it is to be attached.

viii. Action Taken Report on previous year's audit observations.

ix. Reconciliation of the FMR Expenditures of the last quarter i.e. 31st March 2018 with expenditure as per the Annual Audited Financial Statements in the FMR format only for the financial year covered by audit period identifying the variance and reasons for the same is to be duly certified by the auditor.

x. **Representation by Management:** The SHS and DHS management should sign the financial statements and provide a written acknowledgement of its responsibility for the preparation and fair presentation of the financial statements and an assertion that the project funds have been expended in accordance with the intended purposes, as reflected in the financial statements.

11. Financial Monitoring Reports (FMR)

In addition to the primary opinion on the financial statements, the auditor is required to audit last quarter FMR (quarter ending March) submitted to MoH&FW. The auditor should apply such tests as deemed necessary under the circumstances to satisfy the audit objective. Where ineligible expenditures are identified as having been included in the financial reports, these should be separately noted by the auditors. The audit report should include a separate paragraph commenting on the accuracy and propriety of expenditures included in the financial statements and FMRs including adherence to prescribed procurement procedures, and the extent to which the GoI can rely on the quarterly FMRs.

In addition to the audit reports, the auditor will prepare a "Management Letter" as per *Appendix-D*, in which the auditor should summarize the observation on the internal control issues (other than those which materially affect his opinion on the financial statements) as under:

- Give comments and observations on the accounting records, systems and internal controls that were examined during the course of the audit;
- Identify specific deficiencies and area of weakness in the system and internal controls and make recommendations for their improvement;
- Report on the level of compliance with the internal financial control.
- Report on procurements which have not been carried out as per the procurement manual/ guidelines of the state for individual programmes such as RCH-II, RNTCP, IDSP etc.
- Communicate matters that have come to notice during the audit which might have significant impact on the implementation of the project; and
- Bring to Society's notice any other matter that the auditor considers pertinent.

The observations in the Management Letter must be accompanied by the implications, suggested recommendations from the auditors. Management's comments/ response on the observations/ recommendations have to be obtained and reported along with the Audit report.

12. Reporting and Timing

The final Audit Report alongwith the audited financial statements and **final Utilization Certificates** should be submitted invariably by **31stJuly 2018**, (i.e. within four months of the end of the financial year) to the State Health Society, for onward transmission to the GoI.

- **Penal provision on failure to complete the Audit on time:** In order to ensure timeliness on part of the Auditor, if the State feels that in spite of providing all information, documents, and updated books of accounts, there was delay in submission of Audit Report by the auditor, the *State may deduct audit fees @ 5% per month, to be calculated from the stipulated date of completion of audit.* A clause in this regard would be incorporated by the State in the agreement. However in case of delay in submitting the audit report due to unforeseen circumstances like flood, earthquake, election, etc., the Mission Director (NHM) of the State has the right to waive off the penalty. Further, before imposing penalty, the firm may be given an opportunity to be heard.

13. Additional instructions to Auditors

- a. Audit Report of the State Health Society (SHS) shall include audit of all the transactions at the State level as well as all the transactions in the District Health Societies (DHSs) within the State.
- b. Audit for the financial year will include all the components under NHM.
- c. The Auditor shall be **required to prepare/submit separate Consolidated Audit Report for the State and each District, comprising all programmes under NHM (RCH, Mission - HSS, RI, PPIP, NUHM, NDCPs & NCDs). However, in case of RNTCP and IDSP, a separate audit report with requisite annexures and schedules shall also be prepared/submitted by the Auditor. The relevant formats for Audit Report as issued by RNTCP Division are given as Appendix-C)**
- d. All State level report & District reports shall have to be prepared/submitted in three sets (two sets for MoHFW and one set for State). Consolidated Report is to be sent to NHM-Finance Division and individual reports of individual programmes along with UCs to the respective programme divisions of the Ministry.
- e. Financial Statements and relevant schedules shall be prepared in accordance with the format provided by MoH&FW, GoI (**APPENDIX-A FORMAT of FINANCIAL STATEMENTS**). However, specific programme requirements (in accordance with the agreement with the GoI and Development Partners) may also be incorporated in the separate schedule of the programme.

- f. Auditor shall certify all the Utilization Certificates prepared in the prescribed format (Form 12C of GFR, 2017) for all programmes of NHM. The Utilization Certificate shall be furnished for each sanction made during the respective financial year. The Utilization Certificates should be jointly signed by the Mission Director, State Programme Officers in charge of concerned Programme and the Auditor.
- g. Auditor shall also append the Checklist (***APPENDIX-B***- CHECKLIST FOR AUDITOR)
- h. The Auditor shall certify the FMR on the basis of audited expenditures with all the line activities for the last quarter (quarter ending March 2018 showing cumulative and head wise expenditure for the complete financial year) along with the Audited Statement of Accounts. Auditor shall certify a comparative statement showing expenditure as per FMR and as per Audit Report. Auditor must also document the reason for variances between the FMR figures and audited figures in cases where the variances are significant e.g. more than 15% from the audited figures at each component level.
- i. Audit Opinion as per the Model Format provided at ***APPENDIX-C***.
- j. Management Letter as per ***APPENDIX-D*** along with the comments/reply of the Mission Director, State Health Society.

The auditor shall be given access to any information relevant for the purpose of conducting the audit, in addition to all financial and procurement records, SPIPs, AWP, MOU/LOU signed between MoH&FW and the State/SHS, instructions issued by MoH&FW regarding scheme guidelines (e.g. JSY etc.), administrative orders issued by the SHS/ DOH&FW/ Directorate of Health including cost norms etc. Where programs are financed by Development Partners copies of the legal agreement, project appraisal document should be made available to the auditors.

Guidelines for Submitting the Proposals:

Agencies are required to submit the proposal as per the guidelines and formats detailed out in the following paras:

- i. The original and all copies of the Technical Proposal shall be placed in a sealed envelope clearly marked “**TECHNICAL PROPOSAL**” Similarly, the original Financial Proposal shall be placed in a separate sealed envelope clearly marked “**FINANCIAL PROPOSAL**” followed by the name of the assignment and with a warning “**DO NOT OPEN WITH THE TECHNICAL PROPOSAL.**” The envelopes containing the Technical and Financial Proposals both shall be placed in another envelope and sealed. This envelope shall bear the address, reference number and title of the Assignment, and be clearly marked “**DO NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED**”. The Society shall not be responsible for misplacement, loss or premature opening if the outer envelope is not sealed and/or marked, as instructed. This circumstance may provide a case for Proposal’s/ bid’s rejection. If the Financial Proposal is not submitted in a separate sealed envelope duly marked as indicated above, this shall constitute grounds for declaring the proposal non-responsive/ invalid.
- ii. All agencies must comply with the Technical Specification, General Conditions and Format/Requirements for Technical and Financial proposal.
- iii. The Technical Proposal shall be marked “ORIGINAL” or “COPY” as appropriate. All required copies of the Technical Proposal are to be made from the original. If there are discrepancies between the original and the copies of the Technical Proposal, the original proposal shall be considered for evaluation purpose.
- iv. Financial proposals submitted by the firm should be valid for 6 months from the date of submission of the proposal by the firm.
- v. Each page, Form, Annexure and Appendices of the Technical and Financial Proposal must be signed by the Authorized signatory of the firm.
- vi. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.
- vii. State Health Society (SHS) reserves the right to accept or reject any proposal without giving any explanation and can change the evaluation criteria as per its requirements in the interest of the organization.

- viii. A firm cannot undertake the audit assignments of more than three states in a year. The audit assignment must be opted for as awarded by States chronologically i.e. on First come first serve basis. If a CA Firm is appointed as a Statutory Auditor for NHM in more than 3 states then they have to withdraw their name so as to keep it up to 3 States/ UTs only. As a state may opt to appoint multiple auditors, therefore, if a firm is appointed as Statutory Auditor for audit of a group of district in any state then for the purpose of ceiling of 3 states, group of state shall be taken as a state.

Technical Proposal shall consist of:

- i. Letter of Transmittal (*Form T-1*)
- ii. Technical Proposal format (*Form T-2*) along with associated documents.
- iii. Undertaking of presence of HO/Branch offices in State & that the audit team members are proficient in State's official language (both oral and written) and will be headed by a Chartered Accountant on regular basis. (*Form U*)

Financial Proposal will consist:

- i. Financial Bid format (*Form F-1*)

Form T-2
Format for Technical Proposal

Sl. No.	PARTICULARS	Supporting documents required to be submitted along with this Form
1	Name of the Firm	
2	Addresses of the Firm	
3	Head Office	
4	Phone and Fax No.	
5	e-mail address	
6	Mobile No. of Head Office In-charge	
7	Date of establishment of the firm	
8	Date since when H.O. is at the existing Station	
9	Branch Office 1,2,3..... (Particulars of each branch to be given)	
10	Mention the date of establishment of each branch offices since when existed at the existing place	
11	Firm's Income Tax PAN No.	Attach copy of PAN card
12	Firm's GST Registration No.	Attach copy of Registration
13	Firm's Registration No. with ICAI	Attach a copy of certificate downloaded from ICAI Website showing the name & address of H.O., B.O. and partners etc.
14	Empanelment No. with C&AG	Attach proof of empanelment with C&AG for the year of Audit (2017-18) confirming that the firm is eligible for major PSU audits.
15	No. of Years of Firm's existence & date of establishment of Firm	Attach copy of Partnership Deed
16	Turnover of the Firm in last three years	Attach a copy of Balance Sheet and P & L Account of the last three years or a C.A. Certificate with separate disclosure of income from audit fees
17	Statutory Audit Experience of the Firm in NHM (across the country)	Copy of the Offer Letter & the Fee charged for each assignment.
18	Details of Partners: Provide following details: <ul style="list-style-type: none"> • Number of Full Time Fellow Partners associated with the firm • Name of each partner • Date of becoming ACA and FCA 	Attested copy of Certificate of ICAI issued not before 01.01.2018

<ul style="list-style-type: none">• Date of joining the firm• Membership No.• Qualification• Experience• Whether the partners is engaged full time or part time with the firm• Their Contact Mobile No., email and full Address	
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**Note:1 The firm shall submit the undertakings required in the RFP separately.
In case the required documents are not provided, the State reserves the right to reject the technical proposal.**

(Letter of undertaking for having the local office in the state)

To,
The Mission Director,
State Health Society,
Name & Address of State

Sir,

We, the undersigned offer to provide the audit services for [Name of State Health Society] in accordance with your Request for Proposal dated [insert date]. We hereby submit our Proposal, having details about the firm and proposed audit fees.

We hereby declare that our firm is having Head/ Branch offices in the State of
And is situated at
..... address
proof (photocopy of letter for incorporation of firm, lease agreement, phone connection, Electric Connection etc..) In regard of this office in the state is enclosed herewith for needful.

We hereby also give an undertaking that the firm's staff deputed for the audit are proficient in State's/U.Ts local language, both in oral and written form. Further, the audit team will be headed by a Chartered Accountant on regular basis.

We, hereby understand that any information given here if found to be false or misleading will be treated as fraud and appropriate action can be taken in this regard.

Yours faithfully

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Encl:

- 1.....
- 2.....