

Technical Evaluation Scoresheet Hotline

Verification of:

- i) The existence of facility/tool
- ii) Observe the workflow
- iii) Quality assurance
- iiii) Team members

1. Evaluator's Name and Surname:	: Daphne Morwalle
Signature and Date	 06 May 2025
2. Evaluator's Name and Surname:	
Signature and Date:	
Reviewer's Name and Surname:	
Signature and Date:	