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| Home | government.gy | **MINISTRY OF NATURAL RESOURCES****LOCAL CONTENT SECRETARIAT** **FORM B** | **A picture containing text, ceramic ware, porcelain, soup  Description automatically generated** |
|  | **LIST OF MASTER SERVICES AGREMEENTS** |
| **Instructions:** Contractors, Sub-Contractors and Licensees are required to: 1. Fill FORM B to provide a summary of the Master Services Agreements (MSAs) being submitted to the Local Content Secretariat for review pursuant to section 14 of the Local Content Act No. 18 of 2021 and in keeping with the Guidelines issued by the Secretariat for this purpose;
2. Submit a filled and signed FORM B along with a signed Notice of Submission of Master Services Agreements to the Director of the Local Content Secretariat;
3. List the MSAs being submitted such that related agreements, sub-agreements, exhibits, schedules, annexures, addenda, and amendments are listed under the respective enabling agreement or contract.

Kindly note that details must be typed; no hand-written forms will be accepted.  |
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| **PART 1: GENERAL INFORMATION**  |
| Name of Contractor, Sub-Contractor or Licensee: |  | Submission Date:(DD/MM/YYYY) |  |
| Name of Duly Authorized Company Representative:  |  | Duly Authorized Company Representative Email:  |  |
| Total Number of MSA Submitted for Review:  |  | Company Email:  |  |
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| **PART 2: LIST OF MSA(s) SUBMITTED OF REVIEW**   |
| No. | Agreement Number or Code | Official Title of Agreement, Sub-Agreement, Order or Schedule | Name of Parties listed in the Agreement | Effective Date of Agreement(DD/MM/YYYY) | Expiration Date of Agreement(DD/MM/YYYY) |
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| Rows can be added as necessary.  |
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| **Part 3: DECLARATION**  |
| In keeping with the Local Content Act No. 18 of 2021 that obligates Contractors, Sub-Contractors or Licensees to submit Master Services Agreement(s) to the Local Content Secretariat for review, I do solemnly and sincerely declare that: 1. I have reviewed the information being submitted on this form; and
2. The information submitted in this Form is true and correct to the best of my knowledge and belief.

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| Name of Company Head or Duly Authorized Representative: |  |
| Signature of Company Head or Duly Authorized Representative:  |  | Date: DD/MM/YYYY |  |