# **REQUEST FOR QUOTATION (RFQ)**

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| RFQ Reference:AF10/RFQ/24/0068 | Date: 28 March 2024 |

# **SECTION 1: REQUEST FOR QUOTATION (RFQ) for Supply and Delivery of Medicines to MHU**

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter.

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 4: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 4: Quotation Submission Form and Annex 5 Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by: IOM Kabul Procurement

## **SECTION 2: RFQ INSTRUCTIONS AND DATA**

|  |  |
| --- | --- |
| **Deadline for the Submission of Quotation** | **25 April 2024 before 03:00 PM**  If any doubt exists as to the time zone in which the quotation should be submitted, refer to <http://www.timeanddate.com/worldclock/>. |
| **Method of Submission** | Quotations must be submitted as follows:  E-tendering  Email  Courier / Hand delivery  Other Click or tap here to enter text.  Bid submission address: **Bid submission address: IOM Office new location at Baron compound, next to Kabul International Airport, Hawashinasi Road, Kabul, Afghanistan.**   * File Format: Sealed * File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. * All files must be free of viruses and not corrupted*.* * Max. File Size per transmission: Click or tap here to enter text. * Mandatory subject of email: Click or tap here to enter text. * Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y. * It is recommended that the entire Quotation be consolidated into as few attachments as possible. * The proposer should receive an email acknowledging email receipt. |
| **Bid security** | Required in the amount of 2% of the total amount of the offer.  **Submission of the bid security is mandatory to be passed in preliminary/Administrative evaluation process.**  A bid security shall be provided in the amount of the Offer. The bid security shall be valid for a minimum of thirty (30) days after the final date of validity of the bid.  The bid security shall be included along with the bid. If a bid security is required by the RFQ but is not found in the bid, the offer shall be rejected.  If the bid security amount or its validity period is found to be less than is required by IOM, IOM shall reject the bid.  bidders shall include a copy of the bid security in their bid and the original of the bid security must be sent via courier or hand delivery as per the instructions in RFQ  Unsuccessful bidders’ bid securities will be discharged/returned as promptly as possible but no later than thirty (30) days after the expiration of the period of bid validity prescribed by IOM pursuant to Article 18 (Bid Validity Period).  The bid security may be forfeited by IOM, and the bid rejected, in the event of any, or combination, of the following conditions:  If the bidder withdraws its offer during the period of the bid validity.  In the event the successful bidder fails:  To sign the Contract after IOM has issued an award; or  To furnish the Performance Security, insurances, or other documents that IOM may require as a condition precedent to the effectiveness of the contract that may be awarded to the bidder |
| **Cost of preparation of quotation** | IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process. |
| **Supplier Code of Conduct** | All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: [Supplier Code of Conduct (ungm.org)](https://www.ungm.org/Public/CodeOfConduct). |
| **Conflict of Interest** | **UN encourages every prospective Supplier to** avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ. |
| **General Conditions of Contract** | Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement. |
| **Eligibility** | Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative. |
| **Currency of Quotation** | Quotations shall be quoted in AFN |
| **Duties and taxes** | The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below:  All prices shall:  be inclusive of VAT and other applicable indirect taxes.  be exclusive of VAT and other applicable indirect taxes |
| **Language of quotation and documentation including catalogues, instructions, and operating manuals** | English |
| **Documents to be submitted** | Bidders shall include the following documents in their quotation:  Annex 1: Schedule of Requirement duly signed.  Annex 2: Quotation Submission Form duly completed and signed.  Annex 3: Technical and Financial Offer duly completed and signed and in  accordance with the Schedule of Requirements in Annex 1  Annex 4: Financial Offer / BoQ duly completed and signed.  Annex 5: Vendor Information Sheet & UN Code of Conduct.  Valid business license: of (Medical supplier) from Ministry of Industry and Commerce and from the Afghanistan Food and Drug Administration (AFDA).  Other: Annex 2: Quality Assurance Requirements. |
| **Quotation validity period** | Quotations shall remain valid for 90 calendar days from the deadline for the Submission of Quotation. |
| **Price variation** | No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received. |
| **Partial Quotes** | Not permitted  Permitted |
| **Payment Terms** | 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation.  Other |
| **Contact Person for correspondence, notifications, and clarifications** | Focal Person: IOM Kabul Procurement  E-mail address: [iomkabulprocurement@iom.int](mailto:iomkabulprocurement@iom.int)  Attention: Quotations shall not be submitted to this address but to the address for quotation submission above. |
| **Clarifications** | Requests for clarification from bidders will not be accepted any later than 4 days before the submission deadline. Responses to request for clarification will be communicated in written through email by 21 April 2024 |
| **Evaluation method** | The contract/purchase order will be awarded to the lowest price, Submitted Bid Security and physical check of samples of proposed items which substantially compliant the offer specification.  Other:   1. **Full information of the quoted items must be provided by the vendors like, generic name, strength, dosage form and name of the production company. In case of missing of any of the information, the item will not be evaluated and will fail the evaluation process.** 2. **IOM will give priority for the products produced under Stringent Regulatory Authority (SRA). SRA is considered by the World Health Organization (WHO) to apply stringent standards for quality, safety, and efficacy in its process of regulatory review of drugs and vaccines for example, multinational pharmaceutical companies’ products.** 3. IOM will request the vendors for the soft copy of the technical offer (Annex 1) and the samples of pharmaceuticals soon after the bid opening. 4. During the technical evaluation and sample check, each item is identified either as selected (recommended) or passed or failed i.e.:    1. **Selected**(recommended)**:** if it is an SRA/multinational pharmaceutical product and will be given the priority.    2. **Passed**: if both the sample check and company are passed.    3. **Failed:**        1. either the manufacturing company of the item is not clearly mentioned in the technical offer table       2. Or sample is not provided (if requested by IOM)       3. Or sample fails physical and visual inspection.   4.4. The pharmaceuticals should have 75% shelf-life during delivery (except the product is accepted by IOM) |
| **Evaluation criteria** | Full compliance with all requirements as specified in Annex 1  Full acceptance of the General Conditions of Contract.  Full compliance & meat the Schedule of requirement and Formats/Samples of Medicine in Annex:1  Comprehensiveness of after-sales services  Earliest Delivery /shortest lead time  Others All the pharmaceuticals should have been stored under the storage conditions, recommended by the manufacturer/illustrated on the label of the products |
| **Right not to accept any quotation** | IOM is not bound to accept any quotation, nor award a contract or Purchase Order |
| **Right to vary requirement at time of award** | At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions. |
| **Type of Contract to be awarded** | IOM will sign Purchase Order with the selected vendor(s) |
| **Expected date for contract award.** | 30 April 2024 |
| **Policies and procedures** | This RFQ is conducted in accordance with Policies and Procedures of IOM |
| **UNGM registration** | IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at [www.ungm.org](http://www.ungm.org). The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM. |

## **ANNEX 1: SCHEDULE OF REQUIREMENTS**

**Technical Specifications for Medicines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **To be filled by vendor** | |
| **SN** | **Minimum Technical Requirements** | **ORDER QTY** | **Manufacturing Company** | **Manufacturing Country** |
| 1 | Aluminium hydroxide 225mg + Magnesium hydroxide 200mg per 5 milliliters, oral suspension | 20,000 |  |  |
| 2 | Amlodipine 5 mg per tablet | 20,000 |  |  |
| 3 | Amoxicillin 125 mg per 5 milliliters, oral suspension | 3,000 |  |  |
| 4 | Amoxicillin 250 mg + clavulanic acid 62.5 mg per 5milliliter, oral suspension | 5,000 |  |  |
| 5 | Amoxicillin 500 mg tablet/capsule | 200,000 |  |  |
| 6 | Ampicillin 500 mg, powder for solution for injection | 1,000 |  |  |
| 7 | Azithromycin 200 mg per 5 milliliters, oral suspension | 10,000 |  |  |
| 8 | Azithromycin 500 mg per capsule | 10,000 |  |  |
| 9 | Bandage, elastic, cotton crepe, roll 10cm x 3m | 10,000 |  |  |
| 10 | Calcium carbonate 500 mg + vit D3 250 IU per tablet | 40,000 |  |  |
| 11 | Cannula IV 22G, with injection port | 20,000 |  |  |
| 12 | Cefalexin 500 mg per capsule | 25,000 |  |  |
| 13 | Cefixime 200 mg per 5 milliliters, oral suspension | 5,000 |  |  |
| 14 | Cefixime 200 mg per tablet | 60,000 |  |  |
| 15 | Ceftriaxone 1 g powder for solution for injection | 10,000 |  |  |
| 16 | Chloroquine (base) 150mg per tablet | 5,000 |  |  |
| 17 | Chloroquine (base) 50 mg per 5 milliliters, oral syrup | 500 |  |  |
| 18 | Ciprofloxacin 2 mg per milliliter, in 100 ml, solution for infusion | 1,000 |  |  |
| 19 | Ciprofloxacin 250 mg per tablet | 40,000 |  |  |
| 20 | Ciprofloxacin 500 mg per tablet | 20,000 |  |  |
| 21 | Dexamethasone 4 mg per milliliter, in 1 millilitre solution for injection | 5,000 |  |  |
| 22 | Diazepam 5 mg per milliliter in 2 ml, solution for injection | 500 |  |  |
| 23 | Diclofenac (sodium or potassium) 25 mg per milliliter, in 3 ml, solution for injection | 2,500 |  |  |
| 24 | Domperidone 5 mg per 5 ml, oral suspension | 5,000 |  |  |
| 25 | Doxycycline 100 mg per capsule | 50,000 |  |  |
| 26 | Famotidine 20 mg per tablet | 150,000 |  |  |
| 27 | Fluoxetine 20 mg per capsule | 20,000 |  |  |
| 28 | Furosemide 10 mg per milliliter, in 2 ml solution for injection | 2,000 |  |  |
| 29 | Furosemide 20 mg per tablet | 40,000 |  |  |
| 30 | Hydrochlorothiazide 50 mg per tablet | 45,000 |  |  |
| 31 | Ibuprofen 40 mg per milliliter, oral supension | 5,000 |  |  |
| 32 | Ibuprofen 400 mg per tablet | 150,000 |  |  |
| 33 | Magnesium sulfate 500 mg per milliliter, in 20 ml solution for injection | 250 |  |  |
| 34 | Mebendazole 100 mg per tablet, oral chewable tablet | 30,000 |  |  |
| 35 | Methyldopa 250 mg per tablet | 20,000 |  |  |
| 36 | Methylrosaniline (gentian violet) 1%, topical solution | 500 |  |  |
| 37 | Metronidazole 200 mg per 5 milliliters, oral suspension | 10,000 |  |  |
| 38 | Metronidazole 200 mg per tablet | 100,000 |  |  |
| 39 | Metronidazole 400 mg per tablet | 150,000 |  |  |
| 40 | Metronidazole 5 mg per milliliter, in 100 ml bottle, solution for infusion | 2,000 |  |  |
| 41 | Misoprostol 200 mcg per tablet | 1,000 |  |  |
| 42 | "Multivitamins tablet (Surbex Z or equivalent) / Vitamin C 500 mg / Nicotinamide 100 mg Vitamin E 30 IU / Calcium pantothenate (Pantothenic Acid) 20 mg / Vitamin B1 (Thiamine) 15 mg Vitamin B2 (Riboflavin) 15 mg / Vitamin B6 (Pyridoxine hydrochloride 20 mg / Vitamin B12 12mg Folic Acid 150 mg / Zinc (equivalent to 100 mg of Zinc sulfate) 22.5 mg" | 500,000 |  |  |
| 43 | Nystatin 100,000 IU per millilitre, oral topical drop | 1,500 |  |  |
| 44 | Omeprazole 20 mg per capsule | 120,000 |  |  |
| 45 | Oral rehydration salts (ORS) 20.5 g per litre, oral powder | 150,000 |  |  |
| 46 | Pad, alcohol impregnated, individually wrapped | 50,000 |  |  |
| 47 | Paracetamol (acetaminophen) 10 mg per milliliter, in 100 ml, solution for infusion | 3,000 |  |  |
| 48 | Paracetamol (Acetaminophen) 100 mg milliliter, oral ingestion drops | 2,000 |  |  |
| 49 | Paracetamol (Acetaminophen) 120 mg per 5 milliliters, oral syrup | 1,000 |  |  |
| 50 | Paracetamol (acetaminophen) 225 mg/3 ml, solution for injection | 10,000 |  |  |
| 51 | Paracetamol (Acetaminophen) 500 mg per tablet | 150,000 |  |  |
| 52 | Permethrin 5%, topical lotion | 3,000 |  |  |
| 53 | Plaster, adhesive, for Cannula IV | 15,000 |  |  |
| 54 | Povidone iodine 10%, topical solution, 40 ml | 1,000 |  |  |
| 55 | Primaquine 15 mg per tablet, oral ingestion tablet | 2,000 |  |  |
| 56 | Quinine Sulfate 300 mg per tablet | 5,000 |  |  |
| 57 | Ringer’s lactate in 500 ml, solution for infusion, 500 ml | 7,000 |  |  |
| 58 | Salbutamol 2 mg per 5 milliliters, oral syrup | 2,000 |  |  |
| 59 | Sulfamethoxazole 200 mg + Trimethoprim 40 mg per 5 milliliters (co-trimoxazole), oral suspension | 10,000 |  |  |
| 60 | Sulfamethoxazole 400 mg + Trimethoprim 80 mg per tablet (co-trimoxazole) | 100,000 |  |  |
| 61 | Syringe, Luer lock, disposable 10 cc with needle | 10,000 |  |  |
| 62 | Tape, adhesive, roll, 2.5cm x 1.5m | 10,000 |  |  |
| 63 | Tranexamic acid 100 mg per milliliter, in 5 ml solution for injection | 500 |  |  |
| 64 | Tranexamic acid 500 mg per capsule | 10,000 |  |  |
| 65 | Water for injection, in 10 ml solution for injection | 10,000 |  |  |
| 66 | Zinc oxide 20%, topical cream | 2,000 |  |  |
| 67 | Zinc sulfate 20 mg per dispersable tablet | 100,000 |  |  |
| 68 | Zinc sulfate 4 mg per milliliter, oral suspension | 15,000 |  |  |

**Annex: 2 Quality Assurance Requirements**

1. **Full information of the quoted items must be provided by the vendors like, generic name, strength, dosage form and name of the production company. In case of missing of any of the information, the item will not be evaluated and will fail the evaluation process.**
2. **SRA Certification or** Manufacturer Certificate of Analysis (CoA) and/or AFDA CoA and “Exit Permit Letter” issued by AFDA (or registration letter of the product at AFDA).

**Notes:**

* **IOM will give priority for the products produced under Stringent Regulatory Authority (SRA). SRA is considered by the World Health Organization (WHO) to apply stringent standards for quality, safety, and efficacy in its process of regulatory review of drugs and vaccines for example, multinational pharmaceutical companies’ products.**
* In case the supplier couldn’t provide the requested documents, IOM will have the right to reject the offer.

**Annex: 3 Delivery Requirements**

|  |  |
| --- | --- |
| **Delivery Requirements** | |
| **Delivery date and time** | Bidder shall deliver the medicines to MHU warehouse 20 days after signed Purchase Order. |
| **Delivery time Offered by Vendor** |  |
| **Delivery Terms (INCOTERMS 2020)** | DAP |
| **Customs clearance**  **(must be linked to INCOTERM** | Not applicable  Shall be done by:  Name of organisation  Supplier/bidder  Freight Forwarder |
| **Exact Address(es) of Delivery Location(s)** | **MHU Warehouse, Shahr-e-now, Kabul - Afghanistan** |
| **Distribution of shipping documents (if using freight forwarder)** | Not Applicable |
| **Packing Requirements** | As per need |
| **Shelf-Life Requirements** | The pharmaceuticals should have 75% shelf-life during delivery (unless otherwise accepted by IOM in writing.) |
| **Training on Operations and Maintenance** | Not Applicable |
| **Warranty Period** | One Year expiry date for each medicine after delivery |
| **After-sales service and local service support requirements** | Not Applicable |
| **Preferred Mode of Transport** | Land |
| **Other information** |  |

**ANNEX 4: QUOTATION SUBMISSION FORM**

*Bidders are requested to complete this form, including the Company Profile and Bidder’s Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | AF10/RFQ/24/0068 | Date: Click or tap to enter a date. |

## **Requirements (SPECS/TOR/SOW)**

## **Delivery Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currency of the Quotation: AFN**  **INCOTERMS: DAP (Delivery at Place)** | | | | | |
| **Item No** | **Description** | **UOM** | **Qty** | **Unit price**  **(AFN)** | **Total price**  **(AFN)** |
| 1. | Please use the attached BoQ as **Annex 4:**  Financial Offer / BoQ duly completed and signed | LS | 1 |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| **Total Price (AFN)** | | | | |  |
| Transportation Price | | | | | N/A |
| Insurance Price | | | | | N/A |
| Installation Price | | | | | N/A |
| Training Price | | | | | N/A |
| Other Charges (specify) | | | | | N/A |
| **Total Final and All-inclusive Price in AFN** | | | | |  |

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Signature & Company Stamp:

**BIDDER’S DECLARATION OF CONFORMITY[[1]](#footnote-2)**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise, and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM. |
|  |  | On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges, and immunities of IOM as an intergovernmental organization. |
|  |  | On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the “UN Sanctions List”) or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation. |
|  |  | On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition, and transparency, and will avoid any conflict of interest. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at <https://www.ungm.org/Public/CodeOfConduct>. |
|  |  | It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration. |
|  |  | On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered between the Supplier and IOM. |
|  |  | IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration. |

Signature:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

## **ANNEX 5: TECHNICAL AND FINANCIAL OFFER - GOODS**

*Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | AF10/RFQ/24/0068 | Date: Click or tap to enter a date. |

**Financial Offer:**

**Currency of the Quotation must be in AFN:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Items (Generic Name)** | **Counting Unit** | **ORDER QTY** | **Unit Price** | **Total Price** |
| 1 | Please refer to the attached financial offer as Annex 4 | LS | 1 |  |  |
| Total Price | | | |  | |

**Compliance with Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **You Responses** | | |
| **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, pls. indicate counter proposal** |
| Minimum Technical Specifications |  |  | Click or tap here to enter text. |
| Delivery Requirements: See Annex 1 |  |  | Click or tap here to enter text. |
| Delivery Lead Time |  |  | Click or tap here to enter text. |
| Warranty and After-Sales Requirements |  |  | Click or tap here to enter text. |
| Validity of Quotation |  |  | Click or tap here to enter text. |
| Payment terms |  |  | Click or tap here to enter text. |
| Other requirements *[pls. specify]* |  |  | Click or tap here to enter text. |

**Other Information:**

|  |  |
| --- | --- |
| Estimated weight/volume/dimension of the Consignment: | Click or tap here to enter text. |
| Country/ies of Origin:  (*if export licence required this must be submitted if awarded the contract*) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. | |
| *Exact name and address of the company*  Company NameClick or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.  Phone No.: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | Authorized Signature:  Date: Click or tap here to enter text.  Name: Click or tap here to enter text.  Functional Title of Authorised  Signatory: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |

1. This form is mandatory to fill in and sign by every vendor who submits quotation. [↑](#footnote-ref-2)