## OFFER FORM ACTED [AFGHANISTAN]

**Tender N° T/02FML/8Z8/K20/KABUL/14/01/2025**

**Order ID: 02FML/MF/Livestock/12/30/2024/Logistic**

**Date: 14/01/2025**

## To be Filled by Bidder (COMPULSORY)

|  |  |
| --- | --- |
| **Company’s Name**  **(as per registration documents)** |  |
| **Company Authorized Representative’s Name**  **(as per registration documents or duly signed Power of Attorney)** |  |
| **Company Registration Number** |  |
| **Registration body** |  |
| **Company’s mailing address**  **Shop/Office/Building No**  **Street name**  **City**  **Governorate/province/district**  **Country** |  |
| **Commercial representative for the bid**  **(if different from authorized representative)** |  |
| **Phone contact number.**  **Landline**  **Mobile No** |  |
| **Email address.** |  |

I undersigned (to be filled in by the Bidder) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

Please fill in the following tables, one for each lot:

* The Bidder must offer all items & quantities indicated. Bids for part of a lot only will not be considered.

**Project Specification:**

Procurement of Vaccines for Balkh Province

**Lot-01**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Item & Specification** | **Unit** | **Quantity** | **Unit Cost** | **Total (AFA)** |
| 1 | Entrotoxaemia vaccine for small ruminants (125 does) (best quality) | Vial | 2217 |  |  |
| 2 | Deworming medicine (Levamisole HCL 3% Oxyclozanide 6% Oral Suspension) (best quality) | Litter | 2772 |  |  |
| Grand Total | | | | |  |

Delivery plan:

Please attach a detailed Delivery plan demonstrating your ability to fulfil ACTED’s expectations.

Bidder’s Conditions:

|  |  |  |
| --- | --- | --- |
|  | General conditions recommended by ACTED | General conditions offered by Bidders (if different) |
| Validity of the offer | Six months |  |
| Terms of payment | Negotiable |  |

Name of Bidder’s Authorized Representative :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature and stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_