**Section III: Returnable Bidding Forms**

**eSourcing reference**: **RFQ/2025/56586**

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

Guidance to bidders: - Bidders are requested to complete these forms, sign it and return it as part of their bid submission. 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.

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form
* Form B: Quotation submission Form
* Form C: Price Schedule Form
* Form D: Technical Quotation Form (Attached separately)
* Form E: Previous Experience Form
* Form F: Manufacturer’s Authorization Form

In addition, bidders should submit the following additional documents.

* Valid business license/ certificate
* Copy of audited Financial statements (Balance sheets) for the last two years
* Statement with details on how diversity and inclusion / anti-discrimination is ensured in the organization: Gender sustainability criteria.
* Manufacturer’s product data sheet /catalog to support the bidder’s proposed product specification

**Form A: Joint Venture Partner Information Form**

[The Offeror shall fill in this Form in accordance with the instructions indicated below]

RFQ reference no: **RFQ/2025/56586**

Name of bidder : [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Proposal if the Proposal is submitted as a Joint Venture/Consortium/Association.

| **JV / Consortium/ Association Information** | |
| --- | --- |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the RFP process and, in the event a Contract is awarded, during contract execution) | [complete] |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the services to be performed by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfilment of the provisions of the Contract.

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Form B: Quotation submission form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. 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.

Date: [Insert submission date]

**Subject: Quotation for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref number], dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS [If you have any actual or potential conflict of interest as defined in Article 3 of Section I: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  5. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorised by [***insert full name of bidder***] to sign this quotation and bind [***insert full name of bidder***] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form C: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

NOTE: Bidders required to submit the price based on FCA and DAP incoterm only. Other Incoterm prices will not be accepted. Failure to do so could be a ground for rejecting the bid.

UNOPS reserves the right to award the contract on either FCA or DAP INCOTERM basis at the time of award in the best interest of UNOPS

| **Currency** | **USD** |
| --- | --- |

**Lot 1: Homogenizer (Stomacher)**

RFQ reference no: RFQ/2025/56586

Name of Bidder:[insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |

**Lot 1: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Homogenizer (Stomacher)** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 1 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 2: Homogenizer**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of bidder**]**

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |

**Lot 2: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Homogenizer** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 2 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 3: Homogenizer, High Speed**

RFQ reference no:RFQ/2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |

**Lot 3: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Homogenizer, High Speed** | **Each** | **12** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 3 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 4: Sonicator**

RFQ reference no:RFQ /2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |

**Lot 4: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Sonicator** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 4 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 5: Digital Pathology slide Scanner**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |
| **Installation cost** | [insert amount and currency] |
| **Training cost** | [insert amount and currency] |

**Lot 5: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Digital Pathology slide Scanner** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 5 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 6: Automated Liquid-based Cytology (LBC)**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |
| **Installation cost** | [insert amount and currency] |
| **Training cost** | [insert amount and currency] |

**Lot 6: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Automated Liquid-based Cytology (LBC)** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 6 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 7: Integrated Clinical Chemistry Analyzer with immune assay**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |
| **Installation cost** | [insert amount and currency] |
| **Training cost** | [insert amount and currency] |

**Lot 7: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Integrated Clinical Chemistry Analyzer with immune assay** | **Each** | **1** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 7 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Currency** | **USD** |
| --- | --- |

**Lot 8: Hematology analyzer**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services)** | [insert amount and currency] |
| --- | --- |
| **Freight cost** | [insert amount and currency] |
| **Insurance cost** | [insert amount and currency] |
| **Customs clearance and offloading costs at Destination** | [insert amount and currency] |
| **Other costs , if any** | [insert amount and currency] |
| **Bidder’s Total prices DAP Ministry of Health (MoH) Warehouse (Price of goods DAP + Customs clearance and delivery at destination + Offloading costs + Related Services if applicable)** | [insert amount and currency] |
| **Installation cost** | [insert amount and currency] |
| **Training cost** | [insert amount and currency] |

**Lot 8: Prices for Goods**

| **number** | **Description** | **UoM** | **Qty**  **(a)** | **Currency USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Total price FCA (a)x(b)** | **Unit price DAP (c)** | **Total price DAP (a)x(c)** |
| **1** | **Hematology analyzer** | **Each** | **2** |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**Bidder’s delivery data**

| **Country of origin of offered products** | LOT 8 | |  | | |
| --- | --- | --- | --- | --- | --- |
| Item 1 | |  | | |
| **FCA point(s) of delivery for offered products** | Item 1 | |  | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | **Containers (if applicable)** | |
| **Number** | **Size** |
| Item 1 |  |  |  |  |

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form D: Technical Quotation Form**

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of Bidder]

Date:[insert submission date]

Bidders are required to complete the **Comparative Data Tables** included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and inserted below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

**Technical specifications for goods – Comparative Data Table and Delivery requirements –– Comparative Data Table**

**Note: Technical specifications for goods – Comparative Data Table and Delivery requirements –– Comparative Data Table attached separately as a separate excel sheet file :”Form D Technical Quotation Form\_RFQ\_2025\_56586”.Bidders required to submit both the excel sheet and pdf file format for ease of access.**

# Form E: Previous Experience Form

RFQ reference no: RFQ/2025/56586

Name of Bidder: [insert name of Bidder]

Date:[insert submission date]

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form F: Manufacturer’s Authorization Form (MAF)**

**RFQ Reference No:** **RFQ/2025/58586**

**Name of Bidder:** **[insert here]**

**Date: [insert Submission Date here]**

A letter issued by the manufacturer authorising the applicant to participate in this particular RFQ must be submitted with the bid in the format provided in this Form.

**RFQ reference no: [insert RFQ reference No.]**

**Name of Bidder: [insert name of bidder]**

**Date: [insert submission date]**

To: UNOPS

**WHEREAS**

We **[insert complete name of manufacturer**], who are official manufacturers of [**insert type of goods manufactured],** having factories at **[insert full address of manufacturer’s factories**], do hereby authorise **[insert complete name of bidder]** to submit a bid the purpose of which is to provide the following goods, manufactured by us **[insert name and or brief description of the goods]**, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the provision of Goods, with respect to the goods offered by the above firm.

Signed: [**insert signature(s) of authorised representative(s) of the manufacturer]**

Name**: [insert complete name(s) of authorised representative(s) of the manufacturer]**

Title: **[insert title]**

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ **[insert date of signing]**