**Section III: Returnable Bidding Forms**

**eSourcing reference**: RFQ/2021/25244

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 Biding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

**Form A: 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 judgment 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 authorized 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 B: Price Schedule Form

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

[Procurement officials are to ensure they adapt this price form and tables in accordance with the Schedule of Requirements, including the Incoterms rules that apply. Remove tables or rows if not necessary.]

RFQ reference no: RFQ/2021/25244

LOT (1): **Auditory Evoked Potentials System**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price (DDP)** | **Total price (DDP)** |
| 1. | Auditory-  Evoked  Potentials  (AEP) System | 1 | insert | insert |
| 2. | Electrode Prep Pads (supplied by equipment manufacturer) | 500 (5 boxes of 100) | insert | insert |
| **Total Price** | | | |  |

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

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOT (2): **Hearing Aid Verification System**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price (DDP)** | **Total price (DDP)** |
| 1. | Hearing Aid Verification System | 1 | insert | insert |
| **Total Price** | | | |  |

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

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized 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 C: Technical Quotation Form**

[Please ensure content included here is aligned with the content of Section II: Schedule of Requirements, i.e. if there are two tables there, then make reference to two tables here. If the RFQ is purely for services and you added a TOR in Section III, please check the format of the Technical Proposal Form of the template for RFP for Goods/Services as that might be more relevant here and adjust this section accordingly]

RFQ reference no: [insert RFQ reference No.]

Name of Bidder: [insert name of Bidder]

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.

LOT (1): **Auditory Evoked Potentials System**

**Technical specifications for Goods and Comparative Data Table:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Quantity** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| 1 | *Features:*   * Wireless technology * Battery packs included * Laptop with software installed * Windows compatible operating system * Portable * Test both ears simultaneously * Bluetooth compatibility * NOAH compatibility * Noise reduction to reduce/filter electrical artifacts * Starter kit of disposables (electrodes, gel, pediatric size ear tips, etc) * Audiometric headphone with independent calibration * Insert ear phones calibrated on a coupler * Bone conductor * OAE probes for children, newborns (if testing tools include DPOAE, TEOAE) * Waveform storage and recovery feature   Test Modules:   * Mandatory   + Auditory-Brainstem Response (ABR)   + Auditory Steady State Response (ASSR) * Optional   + Distortion product otoacoustic emissions (DPOAE)   + Transitory evoked otoacoustic emission (TEOAE)   + Electrocochleography (ECochG)   *Specifications:*   * Stimuli:   + Click: 100 µs (200Hz -11kHz)   + Broadband CE-Chirp: at least 200Hz – 11kHz   + Narrow Band CE-Chirp: at least 500 - 4000 kHz   + Tone Burst: at least 250 - 4000 kHz (8000 is best) * Stimulus Polarity: Condensation, Rarefaction, Alternating * ASSR – up to 4 simultaneous frequencies per ear * Transducer options: Bone, Inserts, Headphone * Bone Conduction: B81 (max output ~75) * Reports: Estimated audiogram, ASSR gram * Power: 100 - 240V, 50/60Hz   Training and Service:   * At least 1 year warranty * User manual * Training support both initial and ongoing (virtual, in-person, videos) * Personal customer service support   Local distributor support for repairs, service in India, China, Hong Kong, or other countries in proximity to Bhutan | 1 | ☐ Yes   ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | Electrodes compatible with the Auditory-Evoked Potentials (AEP) System selected as above | 500 (5 boxes of 100) | ☐ Yes   ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Delivery requirements and Comparative Data Table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| **Delivery time** | Bidder shall deliver the goods no later than 15 October 2021 | ☐ Yes   ☐ No | Insert details |
| **Delivery place and Incoterms rules** | *Delivery Place:* Jigme Dorji Wang Wangchuk National Referral Hospital (Gongphel Lam, Thimphu, Bhutan)  *Incoterms*: Delivered Duty Paid (DDP) | ☐ Yes   ☐ No | Insert details |
| **Consignee details** | Jigme Dorji Wang Wangchuk National Referral Hospital | ☐ Yes   ☐ No | Insert details |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes   ☐ No | Insert details |

**00ax: +45 45 33 75 01**

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

LOT (2): **Hearing Aid Verification System**

**Technical specifications for Goods and Comparative Data Table:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Quantity** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| 1 | *Features:*   * Has both Test Box (S-REM) and Real Ear Verification * Binaural Test Box and Real Ear (Tests 2 ears simultaneously) * Binaural Monitor headphones * On-screen virtual keyboard * Print to PDF (EMR compatible) * PC control/display capability * Wireless networking for data transfer * Puttyless coupling in test box * Automated verification * L/R display swap * Binaural Sound Field Assist * Ambient level check for REM * Automated sequenced Speech map testing * Software-assisted probe tube placement * Noah module * Smart calibration/sound field equalization * Off-ear fitting capabilities * Speech map transducers * Ability to store audiograms, RECD measurements & speech mapping curves for review at later date and for comparison at future visits * Counseling tools including modules to educate patients/families on hearing levels, hearing loss, familiar sounds and a way to simulate the hearing loss (by individual ears and binaurally).   *Verification Tools:*   * Calibrated real speech stimuli * Percentile analysis display * DSL5, NAL-NL2, CAMFIT targets * ANSI 2014 test box measurement * Frequency-lowering test stimuli * User-supplied sound files * FM/DM fitting protocol * Multicurve * Wideband Real Ear to Coupler Difference measurement * Speech map comparison tests * SII target ranges built into the equipment * RMS Error from target display and ranges (to assess quality of fit * Binaural Noise reduction, feedback, occlusion tests * CROS/BiCROS fitting capability * Speech map for telecoil * Binaural Directional test (REM & Test box) * Wideband verification to 12.5 KHz (REM & Test box) * Telephone verification tests for Bluetooth and T-coil enabled hearing aids * MAOF highlighter for frequency lowering * Real Ear to Dial Difference (REDD) measurement * Skull simulator capabilities for verifying bone conduction hearing device fittings   *Specifications:*  **Real Ear (REM)**   * Analyzer frequency range: 200 – 16000Hz * Analyzer filter parameters:   + Tones, warble 1/12 octave   + Speech, noise 1/3 octave * Analyzer display range: 200 – 12500 Hz Probe * Probe mic noise floor (200 – 12500 Hz): <45 db SPL * Frequency accuracy: 1% * Measurement dynamic range:   + 30 – 135 dB SPL (200 – 2500 Hz)   + 30 – 140 dB SPL (2500 – 12500 Hz) * Speech-like stimuli:   + Calibrated speech (level and spectrum)   + ISTS, band-limited and s/sh for verifying   + frequency lowering, live speech * Broadband noise stimuli: tone burst, pseudo-pink noise * Narrowband stimuli: warble sawtooth modulated +/- 3% over 128 ms * User supplied stimuli: WAV file, auto level * Stimulus level range: 40 – 85 dB SPL in 5 dB steps * Measurement accuracy at 1 kHz (CAL position): +/- 1 dB * Measurement accuracy re 1 kHz:   + 200 – 2000 Hz +/- 1.5 dB SPL   + 2000 – 8000 Hz +/- 2.5 dB SPL   + 8000 – 12500 Hz +/- 4 dB SPL   **Test Box (HIT)**   * Analyzer frequency range: 200 – 16000Hz * Analyzer filter parameters:   + Tones, warble 1/12 octave   + Speech, noise 1/3 octave * Analyzer display range: 200 – 12500 Hz Probe * Coupler mic noise floor (200 – 12500 Hz): <40 db SPL * Frequency accuracy: 1% * Measurement dynamic range:   + 30 – 135 dB SPL (200 – 2500 Hz)   + 30 – 140 dB SPL (2500 – 12500 Hz) * Speech-like stimuli:   + Calibrated speech (level and spectrum)   + ISTS, band-limited and s/sh for verifying   + frequency lowering, live speech * Broadband noise stimuli: tone burst, pseudo-pink noise * Narrowband stimuli: pure tone * User supplied stimuli: WAV file, auto level * Test stimulus levels: 40 – 90 dB in 5 dB steps * Test stimulus distortion (tone):   + <2% at 90 db SPL   + <0.5% at 70 db SPL * Measurement accuracy at 1 kHz (CAL position): +/- 1 dB * Measurement accuracy re 1 kHz:   + 200 – 2000 Hz +/- 1.5 dB SPL   + 2000 – 8000 Hz +/- 2.5 dB SPL   + 8000 – 12500 Hz +/- 4 dB SPL * Harmonic distortion measurement: 2nd and 3rd or 2nd plus 3rd * Harmonic distortion range: 200 – 4000 Hz * Harmonic distortion accuracy: +/- 1% * Battery drain range (+/- .01 mA): 0 – 20 mA * Battery drain accuracy: +/- 5% * Telecoil loop accuracy: +/- 3 dB * Telecoil stimulus: 31.5 mA/m per ANSI S3.22 * Power source: 100 – 240V, 47 – 63Hz, 1.35A   *Training and Service:*   * Two year warranty * Free software upgrades * User manual * Interactive, context-sensitive help support in equipment * Training support (virtual, video library, or in-person) * Customer service support   Local distributor support in India, China, Hong Kong, or other countries in proximity to Bhutan | 1 | ☐ Yes   ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  |  |  |  |  |
|  |  |  |  |  |

**Delivery requirements and Comparative Data Table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| **Delivery time** | Bidder shall deliver the goods no later than 15 October 2021 | ☐ Yes   ☐ No | Insert details |
| **Delivery place and Incoterms rules** | *Delivery Place:* Jigme Dorji Wang Wangchuk National Referral Hospital (Gongphel Lam, Thimphu, Bhutan)  *Incoterms*: Delivered Duty Paid (DDP) | ☐ Yes   ☐ No | Insert details |
| **Consignee details** | Jigme Dorji Wang Wangchuk National Referral Hospital | ☐ Yes   ☐ No | Insert details |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes   ☐ No | Insert details |

**00ax: +45 45 33 75 01**

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

# Form D: Previous Experience Form

RFQ reference no: [insert RFQ reference No.]

Name of Bidder: [insert name of Bidder]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_