**Section III: Returnable Bidding Forms**

**Note to Bidders:** **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.**

The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their Quotation.

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form D: Delivery Requirement Form
* Form E: One UNOPS Vendor Profile Form

**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 *Health Products* in[*Tuvalu*],**

RFQ Case No. [RFQ/2022/38081], dated **[ ]**

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 60 days 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 II: 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 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.

RFQ reference no:RFQ/2022/38081

Name of Bidder: [insert name of bidder]

UNOPS has the right to evaluate the quotations either lot wise separately or for a group of lots or 100% of the lots, depending on what gives the best value for money to UNOPS.

**Alternate offers are NOT allowed in this tender.**

* Evaluation will be lot wise. Bidder shall offer 100% requirement of the Lot/s participated.
* As mentioned in the tender evaluation method details, after the evaluation is completed based on FCA term,UNOPS will inform the bidders the lots they are being recommended for award and request for consolidated freight under **CPT or DAP (Funafuti Port, Tuvalu) term.** The freight offered by the Bidder will be evaluated for the cost reasonableness and if found ok, contract will be issued on CPT or DAP term. The Bidder/s must accept the contract under CPT or DAP terms.

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

| **Lot No.** | **Item No.** | **Item Description** | **Unit** | **Quantity Required**  **in Unit** | **Manufacturer / country of origin** | **Unit Price FCA [Port of origin]** | **Total Price**  **FCA [Port of origin]** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | i | Spinal Needle 25GX90mm (transparent hub) | Piece | 1,000 |  |  |  |
| ii | Spinal Needle 25GX120mm (transparent hub) | Piece | 1,000 |  |  |  |
| iii | Spinal Needle 20GX120mm (transparent hub) | Piece | 1,000 |  |  |  |
| iv | Spinal Needle 20GX90mm | Piece | 1,000 |  |  |  |
| v | Spinal Needle 25GX90mm | Piece | 1,000 |  |  |  |
| 2 | i | Mucous extractor, 14FG | Set | 300 |  |  |  |
| ii | Mucous extractor, 10FG | Set | 300 |  |  |  |
| 3 | i | Synth.Absorb (PGA) 0 Cut | Piece | 400 |  |  |  |
| ii | Synth.Absorb (PGA) 0 R/B | Piece | 400 |  |  |  |
| iii | Synth.Absorb (PGA) 1/0 Cut | Piece | 400 |  |  |  |
| iv | Synth. Absorb. (PGA) 1/0 R/B | Piece | 200 |  |  |  |
| v | Synth. Absorb. (PGA) 2/0 Cut | Piece | 400 |  |  |  |
| vi | Synth. Absorb. (PGA) 2/0 R/B | Piece | 200 |  |  |  |
| vii | Synth. Absorb. (PGA) 3/0 Cut | Piece | 600 |  |  |  |
| viii | Synth. Absorb. (PGA) 3/0 R/B | Piece | 400 |  |  |  |
| ix | Synth. Absorb. (PGA) 4/0 Cut | Piece | 600 |  |  |  |
| x | Synth. Absorb. (PGA) 4/0 R/B | Piece | 200 |  |  |  |
| 4 | i | Echogenic needle (Size-20 G) | Piece | 1 |  |  |  |
| ii | Echogenic needle (Size-22 G) | Piece | 1 |  |  |  |

**Note**: \* Quoted prices shall be net of **Duties and Taxes**, as UNOPS does not pay taxes.

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

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: RFQ/2022/38081

Name of Bidder: [insert name of Bidder]

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

***Technical specifications for good – Comparative Data Table***

**Lot No. 1- Spinal Needles**

| **Item No.** | **UNOPS minimum technical requirements** | | **Is quotation**  **compliant? (Yes/No)** | **Details of goods offered**  **(Please don't copy our requirement)** |
| --- | --- | --- | --- | --- |
| **Bidder to**  **complete** | **Bidder to complete** |
| i | Spinal Needle 25GX90mm (transparent hub) | 25G X 90mm pencil point spinal needles with introducer | ☐ Yes ☐ No |  |
| Pencil point design will not hurt the hard spinal theca, close puncture hole automatically and reduce cerebrospinal fluid discharge. | ☐ Yes ☐ No |  |
| Medical grade stainless steel. | ☐ Yes ☐ No |  |
| Pencil point enables smooth, sharpness ,maximize, patient comfort. | ☐ Yes ☐ No |  |
| Color coded hub by size for clear recognition. | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| ii | Spinal Needle 25GX120mm (transparent hub) | 25G X 120mm Pencil Point Spinal Needles With Introducer | ☐ Yes ☐ No |  |
| Pencil point design will not hurt the hard spinal theca, close puncture hole automatically and reduce cerebrospinal fluid discharge. | ☐ Yes ☐ No |  |
| Medical grade stainless steel. | ☐ Yes ☐ No |  |
| Pencil point enables smooth, sharpness, maximize, patient comfort. | ☐ Yes ☐ No |  |
| Color coded hub by size for clear recognition.cil Point Spinal Needles With Introducer | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| iii | Spinal Needle 20GX120mm (transparent hub) | 20G X 120mm Pencil Point Spinal Needles With Introducer | ☐ Yes ☐ No |  |
| Pencil point design will not hurt the hard spinal theca, close puncture hole automatically and reduce cerebrospinal fluid discharge. | ☐ Yes ☐ No |  |
| Medical grade stainless steel. | ☐ Yes ☐ No |  |
| Pencil point enables smooth, sharpness, maximize, patient comfort. | ☐ Yes ☐ No |  |
| Color coded hub by size for clear recognition.cil Point Spinal Needles With Introducer | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| iv | Spinal Needle 20GX90mm | spinal needle size 20G x 90mm, | ☐ Yes ☐ No |  |
| pencil point or quincke point ( either of these two are acceptable) | ☐ Yes ☐ No |  |
| Material: medical macromolecule material, Stainless steel | ☐ Yes ☐ No |  |
| Sterile product for single use | ☐ Yes ☐ No |  |
| Needle material: Stainless steel | ☐ Yes ☐ No |  |
| Needle hub: transparent PP | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| v | Spinal Needle 25GX90mm | spinal needle size 25G x 90mm, | ☐ Yes ☐ No |  |
| pencil point or quincke point ( either of these two are acceptable) | ☐ Yes ☐ No |  |
| Material: medical macromolecule material, Stainless steel | ☐ Yes ☐ No |  |
| Sterile product for single use | ☐ Yes ☐ No |  |
| Needle material: Stainless steel | ☐ Yes ☐ No |  |
| Needle hub: transparent PP | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| Packaging and Labelling Requirements | | Intended use, warnings, direction for use and storage condition | ☐ Yes ☐ No |  |

**Lot No. 2- Mucous Extractor**

| **Item No.** | **UNOPS minimum technical requirements** | | **Is quotation**  **compliant? (Yes/No)** | **Details of goods offered**  **(Please don't copy our requirement)** |
| --- | --- | --- | --- | --- |
| **Bidder to**  **complete** | **Bidder to complete** |
| i | Mucous extractor, 14FG | Mucous extractor size - 14FG | ☐ Yes ☐ No |  |
| Clear container, separate screw top lid for safe sealing and handling of aspirate | ☐ Yes ☐ No |  |
| Either with or without filter | ☐ Yes ☐ No |  |
| With thumb control suction catheter. | ☐ Yes ☐ No |  |
| Spare plug cap for safe transportation of specimen to laboratory or aspectic disposal of container. | ☐ Yes ☐ No |  |
| Container Volume - 100 mL | ☐ Yes ☐ No |  |
| Components  - 1 Clear and strong specimen container  - 1 tracheal suction tube  - 1 PVC extension tube with small or large funnel to connect the mucus extractor to the suction source  - 1 separate lid for safe sealing and transport of the aspirate.  Sterilized by Ethylene Oxide (EtO). | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| ii | Mucous extractor, 10FG | Mucous extractor size-10FG | ☐ Yes ☐ No |  |
| Clear transparent container permits immediate visual examination of the aspirate, suitable for obtaining mucus specimen for microbiology examination. | ☐ Yes ☐ No |  |
| Spare plug cap for safe transportation of specimen to laboratory or aspectic disposal of container. | ☐ Yes ☐ No |  |
| Low friction surface catheter is provided with open end silk smooth round tip, for trauma free insertion. sterile for use with or without filter | ☐ Yes ☐ No |  |
| Container Volume - 100 mL | ☐ Yes ☐ No |  |
| Components  - 1 Clear and strong specimen container  - 1 tracheal suction tube  - 1 PVC extension tube with small or large funnel to connect the mucus extractor to the suction source  - 1 separate lid for safe sealing and transport of the aspirate.  Sterilized by Ethylene Oxide (EtO). | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| Packaging and Labelling Requirements | | Individually peel packed, Sterile, Ready for use. | ☐ Yes ☐ No |  |

**Lot No. 3 - Synth.Absorb (PGA)**

| **Item No.** | **UNOPS minimum technical requirements** | | **Is quotation**  **compliant? (Yes/No)** | **Details of goods offered**  **(Please don't copy our requirement)** |
| --- | --- | --- | --- | --- |
| **Bidder to complete** | **Bidder to complete** |
| i | Synth.Absorb (PGA) 0 Cut | Synth absorb polyglycolic acid, with needle length of 30mm, reverse cutting, | ☐ Yes ☐ No |  |
| Diameter of 0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: undyed and violet colour | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| ii | Synth.Absorb (PGA) 0 R/B | Synth absorb polyglycolic acid, with needle length of 30mm, round bodied taper point, | ☐ Yes ☐ No |  |
| Diameter of 1, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet colour | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE:(Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| iii | Synth.Absorb (PGA) 1/0 Cut | Synth absorb polyglycolic acid, with needle length of 30mm, reverse cutting, | ☐ Yes ☐ No |  |
| Diameter of 3/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet colour | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| iv | Synth. Absorb. (PGA) 1/0 R/B | Synth absorb polyglycolic acid, with needle length of 30mm, round bodied taper point, | ☐ Yes ☐ No |  |
| Diameter of 1/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: glycolide | ☐ Yes ☐ No |  |
| COLOUR: undyed and violet colour | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| v | Synth. Absorb. (PGA) 2/0 Cut | Synth absorb polyglycolic acid, with needle length of 30mm, reverse cutting, | ☐ Yes ☐ No |  |
| Diameter of 2/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: glycolide | ☐ Yes ☐ No |  |
| COLOUR: undyed and violet | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| vi | Synth. Absorb. (PGA) 2/0 R/B | Synth absorb polyglycolic acid, with needle length of 30mm, round bodied taper point, | ☐ Yes ☐ No |  |
| Diameter of 3/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: undyed and violet | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| vii | Synth. Absorb. (PGA) 3/0 Cut | Synth absorb polyglycolic acid, with needle length of 30mm, reverse cutting, | ☐ Yes ☐ No |  |
| Diameter of 3/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet colour | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| viii | Synth. Absorb. (PGA) 3/0 R/B | Synth absorb polyglycolic acid, with needle length of 30mm, round bodied taper point, | ☐ Yes ☐ No |  |
| Diameter of 3/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION : Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| ix | Synth. Absorb. (PGA) 4/0 Cut | Synth absorb polyglycolic acid, with needle length of 30mm, reverse cutting, | ☐ Yes ☐ No |  |
| Diameter of 4/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION:Polyethylene oxide | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| x | Synth. Absorb. (PGA) 4/0 R/B | Synth absorb polyglycolic acid, with needle length of 30mm, round bodied taper point, | ☐ Yes ☐ No |  |
| Diameter of 4/0, 3/8 shape, 70-75mm suture length | ☐ Yes ☐ No |  |
| MATERIAL USED: Glycolide | ☐ Yes ☐ No |  |
| COLOUR: Undyed and violet | ☐ Yes ☐ No |  |
| COATING: Polycaprolactone and calcium stearate. | ☐ Yes ☐ No |  |
| STERILIZATION: Polyethylene oxide. | ☐ Yes ☐ No |  |
| SHELF LIFE: (Please mention the shelf life of the offered product) |  |  |
| Model No./Catalog No. |  |  |
| Packaging and Labelling Requirements | | Intended use, warnings, direction for use and storage condition | ☐ Yes ☐ No |  |

**Lot No. 4- Echogenic Needles**

| **UNOPS minimum technical requirements** | | **Is quotation**  **compliant? (Yes/No)** | **Details of goods offered**  **(Please don't copy our requirement)** |
| --- | --- | --- | --- |
| **Bidder to complete** | **Bidder to complete** |
| Technical Specifications | Echogenic needles: 22G 100mm & 20G 150mm. | ☐ Yes ☐ No |  |
| Needle Material - highest tensile strength 304 stainless steel | ☐ Yes ☐ No |  |
| Single use, not reusable | ☐ Yes ☐ No |  |
| insulated needle | ☐ Yes ☐ No |  |
| Bevel Type :30deg bevel Luer | ☐ Yes ☐ No |  |
| Hub Connecting Type : Attached Extension Tubing | ☐ Yes ☐ No |  |
| Model No./Catalog No. |  |  |
| Needle Sizes | (i) Size - 20G 150mm  (ii) Size - 22G 100mm | ☐ Yes ☐ No |  |
| Packaging and Labelling Requirements | Intended use, warnings, direction for use and storage condition | ☐ Yes ☐ No |  |

| **Other Requirements for all lots** | **Is the quotation**  **compliant?**  **Bidder to complete** | **If No, Provide**  **comments** |
| --- | --- | --- |
| **Quality standards requirement:**  The product shall comply with UNOPS QA policy, as applicable, which can be seen at the link:  [**https://content.unops.org/service-Line-Documents/Procurement/UNOPS-Procurement-Manual-Annex-2-2021\_EN.pdf**](https://content.unops.org/service-Line-Documents/Procurement/UNOPS-Procurement-Manual-Annex-2-2021_EN.pdf)  Hence,  The Quality Management system of the manufacturer of the offered product under each lot must be certified against the requirements of ISO 13485 or 9001 as applicable or the quality management system of one of the founding members of GHTF.  Bidders shall enclose the copies of such certification for the offered product along with the submission.  Registration of products in Tuvalu is not a requirement and UNOPS will import products based on tax exemption and importation permit issued by the Government. | ☐ Yes ☐ No  Please provide the Valid and relevant document |  |
| **Product Catalog**  The bidder shall provide the product catalog indicating the offered product name, catalogue number, product photos and related product information. | ☐ Yes ☐ No  Please provide the Valid and relevant document |  |
| **Packaging and Labelling Specifications**  a) Should be standard as per the regulations applicable.  b) Special packaging and notification is required for easily breakable material.  c) All Labelling and packaging inserts shall be in English.  d) Should be strong enough for transport and to resist any mishandling. | ☐ Yes ☐ No |  |
| **Quality Control:**  On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost including removal, shipping and destruction of the defective product as appropriate. | ☐ Yes ☐ No |  |
| **Defect:**  On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost. | ☐ Yes ☐ No |  |
| **Complaints:**  Any complaint from UNOPS or its Sub-Recipients will be handled by the Supplier according to its internal standard operating procedures, and pursuant to the provisions relating to provisions as set out in the General Conditions. | ☐ Yes ☐ No |  |

**Form D: Delivery Requirement Form**

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is quotation compliant?**  Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery Schedule** | The UNOPS requirement within 30 days for delivery to the carrier at the Port of Origin. **However, the bidder can offer their earliest delivery schedule. UNOPS may consider delivery times of more than 30 days at port of origin, in case none of the offers are found to be compliant or acceptable or unreasonable in price.** | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | CPT or DAP Funafuti Port, Tuvalu **( to be decided at the time UNOPS ask for the freight)**  (Custom clearance to be conducted by the consignee)  The supplier shall provide draft BOL and other shipping documents in advance to UNOPS for prior checking. Then, the supplier shall provide final BOL and other shipping documents as soon as the Goods are delivered to the shipping line. | ☐ Yes ☐ No | Insert details |
| **Mode of Transport** | Sea | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Ministry of Public Works. Infrastructure, Environment, Labour, Meteorology and Disaster of the Government of Tuvalu | ☐ 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 |

ANY DEVIATION MUST BE LISTED BELOW:

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

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

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

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

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

**Form E: One UNOPS Vendor Profile Form**

**(**To be submitted if the bidder has not been supplied to UNOPS before.)

| **SUPPLIER REGISTRATION FORM** | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: SUPPLIER INFORMATION** | | | | | | | | | | | | | | | |
| **Supplier/Vendor name, Company name, External individual name or Implementing Partner name** (For individuals, please enter your first name, middle name and last name as per your national identification card or passport) | | | | | | | **Company registration no.**  (For companies only) | | | | **Valid from**  (dd/mmm/yyyy) | | | **Valid to**  (dd/mmm/yyyy) | |
|  | | | | | | |  | | | |  | | |  | |
| **UNGM Number\*** | |  | | | | **VAT registration no.** | | | |  | | | | | |
| **Country** | |  | | | | **Date of birth**  (dd/mmm/yyyy) | | | | (For individuals only) | | | | | |
| **Identity Document Type** | | **National ID** | | | **Passport** | | | | **Other, please specify:** | | | |  | |  |
| **Identity document no.** | |  | | | | **Issue date**  (dd/mmm/yyyy) | |  | | | **Expiry date**  (dd/mmm/yyyy) | | |  | |
| **Supplier Group (Select one of the below options)** | | | | | | | | | | | | | | | |
| Company (Private or Public)\*  External Individual  Financial institution (including insurance and banking) | | | | | University/educational institution  IGO(Intergovernmental Organization)  NGO(Nongovernmental Organization) | | | | UN Agency /Institution  Government Agency | | | |  | |  |
| \* UNOPS requires Companies to register with the United Nations Global Marketplace on [www.ungm.org](http://www.ungm.org/) (UN supplier database) | | | | | | | | | | | | | | | |
| **SECTION 2: SUPPLIER CONTACT INFORMATION** | | | | | | | | | | | | | | | |
| **General/permanent street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Primary Supplier/Vendor focal point contact information** | | | | | | **Secondary/alternate contact person** | | | | | | | | | |
| **Name** |  | | | **Title** |  | **Name** | |  | | | | **Title** | |  | |
| **Telephone no.** |  | | **Email** |  | | **Telephone no.** | |  | | | **Email** |  | | | |
| **SECTION 3: SUPPLIER BANKING INFORMATION** (For additional bank accounts, please provide additional forms) | | | | | | | | | | | | | | | |
| **Name of banking institution** | | | | | | **Account Name**  (please indicate as shown on bankbook/bank account) | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **IBAN no.** | |  | | | | **Bank account no.** | | | |  | | | | | |
| **Clearing code/bank code**  (ACH/routing no/ IFSC/sort code) | |  | | | | **SWIFT/BIC code** | | | |  | | | | | |
| **Branch code** | |  | | | | **Bank account currency** | | | |  | | | | | |
| **Branch name** | |  | | | | **Bank account type** | | | | Checking  Saving  Current  Cheque  Other,please specify | | |  | |  |
| **Bank’s street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Intermediary/correspondent bank, if applicable** | | | | | | | | | | | | | | | |
| **Name of intermediary bank** | |  | | | | **Intermediary IBAN no.** | | | |  | | | | | |
| **Country of intermediary bank** | |  | | | **SWIFT/BIC code** |  | | | | **Clearing code/bank code** | |  | | | |
| **Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |
| **Supplier/Supplier's Representative’s Signature and Stamp** | | | | | | | | | | **Date and Place** | | | | | |

| **SECTION 4: SUBMISSION INFORMATION** (for UNOPS focal point to complete) | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **oneUNOPS supplier no.** | **Is this new or an update to an existing supplier profile?** | | **Bank detail change** | | **UNGM Ineligibility Lists/Claims Log check** | | **Supplier/Vendor have direct agreement/contract with**  **UNOPS** | | **Supplier/Vendor paid via cash supplier?** | |
|  | New | Update existing supplier | Yes | Yes  No |  | Yes  No | Yes  No |  | Yes  No |  |
| **Name of Requester (UN)**  (First name/last name/extension) | | | | **I hereby confirm that I have followed the Procurement Manual or the grant support policy (if**  **applicable) and the information submitted is accurate.** | | | | | | |
|  | | | |  | | | |  | | |
| **Signature of Requester** | | | | **Date** | | |