

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.

- o Form A: Quotation Submission Form
- o Form B: Price Schedule Form
- o Form C: Technical Quotation Form
- o Form D: Delivery Requirement Form
- o 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:

- a. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
- b. 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;
- c. 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];
- d. 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;
- e. 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;
- f. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
- g. 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;
- h. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point design will not hurt the hard spinal theca, close puncture hole automatically and reduce cerebrospinal fluid discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Medical grade stainless steel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point enables smooth, sharpness ,maximize, patient comfort.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Color coded hub by size for clear recognition.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Model No./Catalog No.		
ii	Spinal Needle 25GX120mm (transparent hub)	25G X 120mm Pencil Point Spinal Needles With Introducer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point design will not hurt the hard spinal theca, close puncture hole automatically and reduce cerebrospinal fluid discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Medical grade stainless steel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point enables smooth, sharpness, maximize, patient comfort.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Color coded hub by size for clear recognition.cil Point Spinal Needles With Introducer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Model No./Catalog No.		
iii	Spinal Needle 20GX120mm (transparent hub)	20G X 120mm Pencil Point Spinal Needles With Introducer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point design will not hurt the hard spinal theca, close puncture hole	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		automatically and reduce cerebrospinal fluid discharge.		
		Medical grade stainless steel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Pencil point enables smooth, sharpness, maximize, patient comfort.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Color coded hub by size for clear recognition.cil Point Spinal Needles With Introducer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Model No./Catalog No.		
iv	Spinal Needle 20GX90mm	spinal needle size 20G x 90mm,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		pencil point or quincke point (either of these two are acceptable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Material: medical macromolecule material, Stainless steel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Sterile product for single use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Needle material: Stainless steel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Needle hub: transparent PP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Model No./Catalog No.		
v	Spinal Needle 25GX90mm	spinal needle size 25G x 90mm,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		pencil point or quincke point (either of these two are acceptable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Material: medical macromolecule material, Stainless steel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Sterile product for single use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Needle material: Stainless steel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Needle hub: transparent PP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Model No./Catalog No.		
Packaging and Labelling Requirements	Intended use, warnings, direction for use and storage condition	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Clear container, separate screw top lid for safe sealing and handling of aspirate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Either with or without filter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		With thumb control suction catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Spare plug cap for safe transportation of specimen to laboratory or aspectic disposal of container.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Container Volume - 100 mL	<input type="checkbox"/> Yes <input type="checkbox"/> 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). Model No./Catalog No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii	Mucous extractor, 10FG	Mucous extractor size-10FG	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Clear transparent container permits immediate visual examination of the aspirate, suitable for obtaining mucus specimen for microbiology examination.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Spare plug cap for safe transportation of specimen to laboratory or aseptic disposal of container.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Container Volume - 100 mL	<input type="checkbox"/> Yes <input type="checkbox"/> 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). Model No./Catalog No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Packaging and Labelling Requirements	Individually peel packed, Sterile, Ready for use.	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: undyed and violet colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 1, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 3/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 1/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: undyed and violet colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 2/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: undyed and violet	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 3/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: undyed and violet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 3/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 3/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION : Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 4/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet	<input type="checkbox"/> Yes <input type="checkbox"/> No	

		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide	<input type="checkbox"/> Yes <input type="checkbox"/> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Diameter of 4/0, 3/8 shape, 70-75mm suture length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		MATERIAL USED: Glycolide	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COLOUR: Undyed and violet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		COATING: Polycaprolactone and calcium stearate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		STERILIZATION: Polyethylene oxide.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Needle Material - highest tensile strength 304 stainless steel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Single use, not reusable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	insulated needle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bevel Type :30deg bevel Luer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hub Connecting Type : Attached Extension Tubing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Model No./Catalog No.		
Needle Sizes	(i) Size - 20G 150mm (ii) Size - 22G 100mm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Packaging and Labelling Requirements	Intended use, warnings, direction for use and storage condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Requirements for all lots	Is the quotation compliant? Bidder to complete	If No, Provide comments
<p><u>Quality standards requirement:</u></p> <p>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</p> <p>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.</p> <p>Bidders shall enclose the copies of such certification for the offered product along with the submission.</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the Valid and relevant document</p>	
<p><u>Product Catalog</u></p> <p>The bidder shall provide the product catalog indicating the offered product name, catalogue number, product photos and related product information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the Valid and relevant document</p>	
<p><u>Packaging and Labelling Specifications</u></p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Quality Control:</u></p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Defect:</u></p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><u>Complaints:</u> 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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
--	---	--

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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Mode of Transport	Sea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Consignee details	Ministry of Public Works. Infrastructure, Environment, Labour, Meteorology and Disaster of the Government of Tuvalu	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

ANY DEVIATION MUST BE LISTED BELOW:

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/mm/yy yy)
UNGM Number*	VAT registration no.		
Country	Date of birth (dd/mmm/yyyy)	(For individuals only)	
Identity Document Type	<input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Other, please specify:		
Identity document no.	Issue date (dd/mmm/yyyy)	Expiry date (dd/mmm/yyyy)	
Supplier Group (Select one of the below options)			
<input type="checkbox"/> Company (Private or Public)*	<input type="checkbox"/> University/educational institution	<input type="checkbox"/> UN Agency /Institution	
<input type="checkbox"/> External Individual	<input type="checkbox"/> IGO(Intergovernmental Organization)	<input type="checkbox"/> Government Agency	
<input type="checkbox"/> Financial institution (including insurance and banking)	<input type="checkbox"/> NGO(Nongovernmental Organization)		
* UNOPS requires Companies to register with the United Nations Global Marketplace on 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	<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cheque <input type="checkbox"/> 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	
<p style="color: red; text-align: center;">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.</p>							
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?
	<input type="checkbox"/> New <input type="checkbox"/> Update existing supplier	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	