**Section III: Returnable Bidding Forms**

**Note to Bidders:** **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 their bid submission.**

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form
* Form E: Performance Statement Form
* Form F: Manufacturer’s authorization form
* Form G: No Adverse Action Confirmation Form

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

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

ITB reference no: **ITB/2022/40430**

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid 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 Bidding 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 goods/services to be delivered 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 fulfillment 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: Bid 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: Bid for the supply, delivery, installation or assembly of medical hardware (furniture and therapeutic equipment) to various hospitals across Myanmar,**

**ITB Case No. ITB/2022/40430, dated 18 February 2022.**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. The discounts offered and the methodology for their application are:
* **Discounts**: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
* **Methodology of application of the discounts**: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders, Article 34 and the General Conditions of Contract;
  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;
  4. 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;
  5. Our firm confirms that the Bidder 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;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. 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 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Stamp form of bid with official stamp of the bidder*]

**Form C: Price Schedule Form**

ITB reference no: **ITB/2022/40430**

Name of Bidder: [insert name of bidder]

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

**Bid Summary:**

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

| **A** | **Bidder’s Total prices FCA (excluding the cost of Related Services)** | [insert amount and currency] |
| --- | --- | --- |
| **B** | **Bidder’s Total Price for freight from FCA point to DPU Yangon Port, Myanmar** | [insert amount and currency] |
| **C** | **Bidder’s Total Price for Customs Clearance at Yangon Port** | [insert amount and currency] |
| **D** | **Bidder’s Total Price for freight from Yangon Port to UNOPS Warehouse in Yangon including unloading** | [insert amount and currency] |
| **E** | **Bidder’s grand total price DPU Incoterm 2020 (Delivered at Place Unloaded) to UNOPS warehouse in Yangon, Myanmar**  **(E = A+B+C+D)** | [insert amount and currency] |
| **F** | **Total Price of Related Services (delivery to final destinations, installation or assembly, testing and commissioning, end-user training, as applicable)** | [insert amount and currency] |
| **G** | **BIDDER’S GRAND TOTAL PRICE (G = E+F):** | [insert amount and currency] |
| **H** | **Freight Cost per 20/40 ft. container (if applicable)** | [insert amount and currency] |

**Pricing for goods**

| **Lot No** | **Description** | **Qty**  **(a)** | **Currency: USD** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Unit price DPU (c)** | **Total price FCA (a)x(b)** | **Total price**  **DPU (a)x(c)** |
| 1. | Bedside locker | 346 | insert | insert | insert | insert |
| 2. | Examination bed | 12 | insert | insert | insert | insert |
| 3. | ICU Bed (Electric) | 268 | insert | insert | insert | insert |
| 4. | ICU Bed (Manual) | 78 | insert | insert | insert | insert |
| 5. | IV Stand | 740 | insert | insert | insert | insert |
| 6. | Cardiac table | 346 | insert | insert | insert | insert |
| 7. | Wheel chair | 1348 | insert | insert | insert | insert |

**Pricing for inland transportation (from UNOPS warehouse in Yangon to the final locations) and assembly/training cost at the final locations if applicable.**

**Lot 1 - Bedside Lockers**

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

| **No** | **Name of Hospitals** | **Bedside lockers** | **Inland Transportation Cost (Optional)** |
| --- | --- | --- | --- |
| 1 | Yangon General Hospital | 20 | insert |
| 2 | Mandalay General Hospital | 16 | insert |
| 3 | North Okkala General Hospital | 12 | insert |
| 4 | Naypyitaw General Hospital | 10 | insert |
| 5 | Yangon Specialist Hospital (500-bed) | 10 | insert |
| 6 | Thingangyun General Hospital | 10 | insert |
| 7 | Magway General Hospital, Magway Region | 10 | insert |
| 8 | lnsein General Hospital | 8 | insert |
| 9 | Magway Teaching Hospital | 6 | insert |
| 10 | Sao San Tun General Hospital | 8 | insert |
| 11 | Women and Children Hospital, Shan South State | 4 | insert |
| 12 | 300-bed Mandalay Teaching Hospital | 10 | insert |
| 13 | Myitkyina General Hospital, Kachin State | 6 | insert |
| 14 | Bamaw General Hospital, Kachin State | 4 | insert |
| 15 | Loikaw General Hospital, Kayah State | 6 | insert |
| 16 | Hpa-an General Hospital, Kayin State | 6 | insert |
| 17 | Hakha General Hospital, Chin State | 4 | insert |
| 18 | Monywa General Hospital, Sagaing Region | 6 | insert |
| 19 | Kalay General Hospital, Sagaing Region | 6 | insert |
| 20 | Sagaing General Hospital, Sagaing Region | 4 | insert |
| 21 | Dawei General Hospital, Tanintharyi Region | 6 | insert |
| 22 | Myeik General Hospital, Tanintharyi Region | 6 | insert |
| 23 | Bago General Hospital, Bago Region | 6 | insert |
| 24 | Pyay General Hospital, Bago Region | 6 | insert |
| 25 | Taunggu General Hospital, Bago Region | 4 | insert |
| 26 | Minbu General Hospital, Magway Region | 4 | insert |
| 27 | Pakkoku General Hospital, Magway Region | 4 | insert |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 4 | insert |
| 29 | Meikthtila General Hospital, Mandalay Region | 4 | insert |
| 30 | Mawlamyine General Hospital, Mon State | 6 | insert |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 4 | insert |
| 32 | Sittwe General Hospital, Rakhine State | 6 | insert |
| 33 | East Yangon General Hospital, Yangon Region | 6 | insert |
| 34 | West Yangon General Hospital, Yangon Region | 6 | insert |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 6 | insert |
| 36 | Thanlyin General Hospital, Yangon Region | 6 | insert |
| 37 | Lashio General Hospital, Shan North State | 6 | insert |
| 38 | Kengtong General Hospital, Shan East State | 6 | insert |
| 39 | Pathein General Hospital, Ayeyarwady Region | 6 | insert |
| 40 | Pha-Lan General Hospital, Chin State | 4 | insert |
| 41 | Shwe Bo General Hospital, Sagaing Region | 4 | insert |
| 42 | Kyaukse General Hospital, Mandalay Region | 4 | insert |
| 43 | Nyaung-U General Hospital, Mandalay Region | 4 | insert |
| 44 | Kyaukphyu General Hospital, Rakhine State | 4 | insert |
| 45 | Loilem General Hospital, Shan South State | 4 | insert |
| 46 | Maubin General Hospital, Ayeyarwady Region | 4 | insert |
| 47 | Myaungmya General Hospital, Ayeyarwady Region | 4 | insert |
| 48 | Laputta General Hospital, Ayeyarwady Region | 4 | insert |
| 49 | Pyapon General Hospital, Ayeyarwady Region | 4 | insert |
| 50 | Hinthada General Hospital, Ayeyarwady Region | 4 | insert |
| 51 | Pyinmana General Hospital, Naypyitaw Council | 4 | insert |
| 52 | Naypyitaw General Hospital (300-bed) | 4 | insert |
| 53 | Tedim Township Hospital | 2 | insert |
| 54 | Mindat District Hospital | 2 | insert |
| 55 | Mogkok Township Hospital | 2 | insert |
| 56 | Yamethin District Hospital | 2 | insert |
| 57 | Kawthaung District Hospital | 2 | insert |
| 58 | Ye Township Hospital | 2 | insert |
| 59 | Thaton District Hospital | 2 | insert |
| 60 | Thandwe District Hospital | 2 | insert |
| 61 | Tachileik District Hospital | 2 | insert |
| 62 | Ann District Hospital | 2 | insert |
| 63 | Moe Nyin District Hospital | 2 | insert |
| 64 | Kutkai General Hospital -Shan North | 2 | insert |
| 65 | Shadaw General Hospital - Kayah State | 2 | insert |
| **Total Price (USD)** | | | insert |

**Lot 2 - Examination Table**

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

| **No** | **Name of Hospitals** | **Examination Table** | **Inland Transportation Cost (Optional)** | **Assembly Cost** |
| --- | --- | --- | --- | --- |
| 1 | Ann District Hospital | 3 | insert | insert |
| 2 | Moe Nyin District Hospital | 3 | insert | insert |
| 3 | Kutkai General Hospital -Shan North | 3 | insert | insert |
| 4 | Shadaw General Hospital - Kayah State | 3 | insert | insert |
| **Total Price (USD)** | | | insert | insert |

**Lot 3 - ICU Beds (Electric)**

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

| **No** | **Name of Hospitals** | **ICU Bed (Electric)** | **Inland Transportation Cost (Optional)** | **Assembly and Training Cost** |
| --- | --- | --- | --- | --- |
| 1 | Yangon General Hospital | 20 | insert | insert |
| 2 | Mandalay General Hospital | 16 | insert | insert |
| 3 | North Okkala General Hospital | 12 | insert | insert |
| 4 | Naypyitaw General Hospital | 10 | insert | insert |
| 5 | Yangon Specialist Hospital (500-bed) | 10 | insert | insert |
| 6 | Thingangyun General Hospital | 10 | insert | insert |
| 7 | Magway General Hospital, Magway Region | 10 | insert | insert |
| 8 | lnsein General Hospital | 8 | insert | insert |
| 9 | Magway Teaching Hospital | 6 | insert | insert |
| 10 | Sao San Tun General Hospital | 8 | insert | insert |
| 11 | Women and Children Hospital, Shan South State | 4 | insert | insert |
| 12 | 300-bed Mandalay Teaching Hospital | 10 | insert | insert |
| 13 | Myitkyina General Hospital, Kachin State | 6 | insert | insert |
| 14 | Bamaw General Hospital, Kachin State | 4 | insert | insert |
| 15 | Loikaw General Hospital, Kayah State | 6 | insert | insert |
| 16 | Hpa-an General Hospital, Kayin State | 6 | insert | insert |
| 17 | Hakha General Hospital, Chin State | 4 | insert | insert |
| 18 | Monywa General Hospital, Sagaing Region | 6 | insert | insert |
| 19 | Kalay General Hospital, Sagaing Region | 6 | insert | insert |
| 20 | Sagaing General Hospital, Sagaing Region | 4 | insert | insert |
| 21 | Dawei General Hospital, Tanintharyi Region | 6 | insert | insert |
| 22 | Myeik General Hospital, Tanintharyi Region | 6 | insert | insert |
| 23 | Bago General Hospital, Bago Region | 6 | insert | insert |
| 24 | Pyay General Hospital, Bago Region | 6 | insert | insert |
| 25 | Taunggu General Hospital, Bago Region | 4 | insert | insert |
| 26 | Minbu General Hospital, Magway Region | 4 | insert | insert |
| 27 | Pakkoku General Hospital, Magway Region | 4 | insert | insert |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 4 | insert | insert |
| 29 | Meikthtila General Hospital, Mandalay Region | 4 | insert | insert |
| 30 | Mawlamyine General Hospital, Mon State | 6 | insert | insert |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 4 | insert | insert |
| 32 | Sittwe General Hospital, Rakhine State | 6 | insert | insert |
| 33 | East Yangon General Hospital, Yangon Region | 6 | insert | insert |
| 34 | West Yangon General Hospital, Yangon Region | 6 | insert | insert |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 6 | insert | insert |
| 36 | Thanlyin General Hospital, Yangon Region | 6 | insert | insert |
| 37 | Lashio General Hospital, Shan North State | 6 | insert | insert |
| 38 | Kengtong General Hospital, Shan East State | 6 | insert | insert |
| 39 | Pathein General Hospital, Ayeyarwady Region | 6 | insert | insert |
| **Total Price (USD)** | | | insert | insert |

**Lot 4 - ICU Bed (Manual)**

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

| **No** | **Name of Hospitals** | **ICU Bed (Manual)** | **Inland Transportation Cost (Optional)** | **Assembly Cost** |
| --- | --- | --- | --- | --- |
| 1 | Pha-Lan General Hospital, Chin State | 4 | insert | insert |
| 2 | Shwe Bo General Hospital, Sagaing Region | 4 | insert | insert |
| 3 | Kyaukse General Hospital, Mandalay Region | 4 | insert | insert |
| 4 | Nyaung-U General Hospital, Mandalay Region | 4 | insert | insert |
| 5 | Kyaukphyu General Hospital, Rakhine State | 4 | insert | insert |
| 6 | Loilem General Hospital, Shan South State | 4 | insert | insert |
| 7 | Maubin General Hospital, Ayeyarwady Region | 4 | insert | insert |
| 8 | Myaungmya General Hospital, Ayeyarwady Region | 4 | insert | insert |
| 9 | Laputta General Hospital, Ayeyarwady Region | 4 | insert | insert |
| 10 | Pyapon General Hospital, Ayeyarwady Region | 4 | insert | insert |
| 11 | Hinthada General Hospital, Ayeyarwady Region | 4 | insert | insert |
| 12 | Pyinmana General Hospital, Naypyitaw Council | 4 | insert | insert |
| 13 | Naypyitaw General Hospital (300-bed) | 4 | insert | insert |
| 14 | Tedim Township Hospital | 2 | insert | insert |
| 15 | Mindat District Hospital | 2 | insert | insert |
| 16 | Mogkok Township Hospital | 2 | insert | insert |
| 17 | Yamethin District Hospital | 2 | insert | insert |
| 18 | Kawthaung District Hospital | 2 | insert | insert |
| 19 | Ye Township Hospital | 2 | insert | insert |
| 20 | Thaton District Hospital | 2 | insert | insert |
| 21 | Thandwe District Hospital | 2 | insert | insert |
| 22 | Tachileik District Hospital | 2 | insert | insert |
| 23 | Ann District Hospital | 2 | insert | insert |
| 24 | Moe Nyin District Hospital | 2 | insert | insert |
| 25 | Kutkai General Hospital -Shan North | 2 | insert | insert |
| 26 | Shadaw General Hospital - Kayah State | 2 | insert | insert |
| **Total Price (USD)** | | | insert | insert |

**Lot 5 - IV Stand**

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

| **No** | **Name of Hospitals** | **IV Stand** | **Inland Transportation Cost (Optional)** |
| --- | --- | --- | --- |
| 1 | Yangon General Hospital | 40 | insert |
| 2 | Mandalay General Hospital | 32 | insert |
| 3 | North Okkala General Hospital | 24 | insert |
| 4 | Naypyitaw General Hospital | 20 | insert |
| 5 | Yangon Specialist Hospital (500-bed) | 20 | insert |
| 6 | Thingangyun General Hospital | 20 | insert |
| 7 | Magway General Hospital, Magway Region | 20 | insert |
| 8 | lnsein General Hospital | 16 | insert |
| 9 | Magway Teaching Hospital | 12 | insert |
| 10 | Sao San Tun General Hospital | 16 | insert |
| 11 | Women and Children Hospital, Shan South State | 8 | insert |
| 12 | 300-bed Mandalay Teaching Hospital | 20 | insert |
| 13 | Myitkyina General Hospital, Kachin State | 12 | insert |
| 14 | Bamaw General Hospital, Kachin State | 8 | insert |
| 15 | Loikaw General Hospital, Kayah State | 12 | insert |
| 16 | Hpa-an General Hospital, Kayin State | 12 | insert |
| 17 | Hakha General Hospital, Chin State | 8 | insert |
| 18 | Monywa General Hospital, Sagaing Region | 12 | insert |
| 19 | Kalay General Hospital, Sagaing Region | 12 | insert |
| 20 | Sagaing General Hospital, Sagaing Region | 8 | insert |
| 21 | Dawei General Hospital, Tanintharyi Region | 12 | insert |
| 22 | Myeik General Hospital, Tanintharyi Region | 12 | insert |
| 23 | Bago General Hospital, Bago Region | 12 | insert |
| 24 | Pyay General Hospital, Bago Region | 12 | insert |
| 25 | Taunggu General Hospital, Bago Region | 8 | insert |
| 26 | Minbu General Hospital, Magway Region | 8 | insert |
| 27 | Pakkoku General Hospital, Magway Region | 8 | insert |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 8 | insert |
| 29 | Meikthtila General Hospital, Mandalay Region | 8 | insert |
| 30 | Mawlamyine General Hospital, Mon State | 12 | insert |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 8 | insert |
| 32 | Sittwe General Hospital, Rakhine State | 12 | insert |
| 33 | East Yangon General Hospital, Yangon Region | 12 | insert |
| 34 | West Yangon General Hospital, Yangon Region | 12 | insert |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 12 | insert |
| 36 | Thanlyin General Hospital, Yangon Region | 12 | insert |
| 37 | Lashio General Hospital, Shan North State | 12 | insert |
| 38 | Kengtong General Hospital, Shan East State | 12 | insert |
| 39 | Pathein General Hospital, Ayeyarwady Region | 12 | insert |
| 40 | Pha-Lan General Hospital, Chin State | 8 | insert |
| 41 | Shwe Bo General Hospital, Sagaing Region | 8 | insert |
| 42 | Kyaukse General Hospital, Mandalay Region | 8 | insert |
| 43 | Nyaung-U General Hospital, Mandalay Region | 8 | insert |
| 44 | Kyaukphyu General Hospital, Rakhine State | 8 | insert |
| 45 | Loilem General Hospital, Shan South State | 8 | insert |
| 46 | Maubin General Hospital, Ayeyarwady Region | 8 | insert |
| 47 | Myaungmya General Hospital, Ayeyarwady Region | 8 | insert |
| 48 | Laputta General Hospital, Ayeyarwady Region | 8 | insert |
| 49 | Pyapon General Hospital, Ayeyarwady Region | 8 | insert |
| 50 | Hinthada General Hospital, Ayeyarwady Region | 8 | insert |
| 51 | Pyinmana General Hospital, Naypyitaw Council | 8 | insert |
| 52 | Naypyitaw General Hospital (300-bed) | 8 | insert |
| 53 | Tedim Township Hospital | 4 | insert |
| 54 | Mindat District Hospital | 4 | insert |
| 55 | Mogkok Township Hospital | 4 | insert |
| 56 | Yamethin District Hospital | 4 | insert |
| 57 | Kawthaung District Hospital | 4 | insert |
| 58 | Ye Township Hospital | 4 | insert |
| 59 | Thaton District Hospital | 4 | insert |
| 60 | Thandwe District Hospital | 4 | insert |
| 61 | Tachileik District Hospital | 4 | insert |
| 62 | Ann District Hospital | 16 | insert |
| 63 | Moe Nyin District Hospital | 16 | insert |
| 64 | Kutkai General Hospital -Shan North | 16 | insert |
| 65 | Shadaw General Hospital - Kayah State | 16 | insert |
| **Total Price (USD)** | | | insert |

**Lot 6 - Cardiac Table**

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

| **No** | **Name of Hospitals** | **Cardiac Table** | **Inland Transportation Cost (Optional)** |
| --- | --- | --- | --- |
| 1 | Yangon General Hospital | 20 | insert |
| 2 | Mandalay General Hospital | 16 | insert |
| 3 | North Okkala General Hospital | 12 | insert |
| 4 | Naypyitaw General Hospital | 10 | insert |
| 5 | Yangon Specialist Hospital (500-bed) | 10 | insert |
| 6 | Thingangyun General Hospital | 10 | insert |
| 7 | Magway General Hospital, Magway Region | 10 | insert |
| 8 | lnsein General Hospital | 8 | insert |
| 9 | Magway Teaching Hospital | 6 | insert |
| 10 | Sao San Tun General Hospital | 8 | insert |
| 11 | Women and Children Hospital, Shan South State | 4 | insert |
| 12 | 300-bed Mandalay Teaching Hospital | 10 | insert |
| 13 | Myitkyina General Hospital, Kachin State | 6 | insert |
| 14 | Bamaw General Hospital, Kachin State | 4 | insert |
| 15 | Loikaw General Hospital, Kayah State | 6 | insert |
| 16 | Hpa-an General Hospital, Kayin State | 6 | insert |
| 17 | Hakha General Hospital, Chin State | 4 | insert |
| 18 | Monywa General Hospital, Sagaing Region | 6 | insert |
| 19 | Kalay General Hospital, Sagaing Region | 6 | insert |
| 20 | Sagaing General Hospital, Sagaing Region | 4 | insert |
| 21 | Dawei General Hospital, Tanintharyi Region | 6 | insert |
| 22 | Myeik General Hospital, Tanintharyi Region | 6 | insert |
| 23 | Bago General Hospital, Bago Region | 6 | insert |
| 24 | Pyay General Hospital, Bago Region | 6 | insert |
| 25 | Taunggu General Hospital, Bago Region | 4 | insert |
| 26 | Minbu General Hospital, Magway Region | 4 | insert |
| 27 | Pakkoku General Hospital, Magway Region | 4 | insert |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 4 | insert |
| 29 | Meikthtila General Hospital, Mandalay Region | 4 | insert |
| 30 | Mawlamyine General Hospital, Mon State | 6 | insert |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 4 | insert |
| 32 | Sittwe General Hospital, Rakhine State | 6 | insert |
| 33 | East Yangon General Hospital, Yangon Region | 6 | insert |
| 34 | West Yangon General Hospital, Yangon Region | 6 | insert |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 6 | insert |
| 36 | Thanlyin General Hospital, Yangon Region | 6 | insert |
| 37 | Lashio General Hospital, Shan North State | 6 | insert |
| 38 | Kengtong General Hospital, Shan East State | 6 | insert |
| 39 | Pathein General Hospital, Ayeyarwady Region | 6 | insert |
| 40 | Pha-Lan General Hospital, Chin State | 4 | insert |
| 41 | Shwe Bo General Hospital, Sagaing Region | 4 | insert |
| 42 | Kyaukse General Hospital, Mandalay Region | 4 | insert |
| 43 | Nyaung-U General Hospital, Mandalay Region | 4 | insert |
| 44 | Kyaukphyu General Hospital, Rakhine State | 4 | insert |
| 45 | Loilem General Hospital, Shan South State | 4 | insert |
| 46 | Maubin General Hospital, Ayeyarwady Region | 4 | insert |
| 47 | Myaungmya General Hospital, Ayeyarwady Region | 4 | insert |
| 48 | Laputta General Hospital, Ayeyarwady Region | 4 | insert |
| 49 | Pyapon General Hospital, Ayeyarwady Region | 4 | insert |
| 50 | Hinthada General Hospital, Ayeyarwady Region | 4 | insert |
| 51 | Pyinmana General Hospital, Naypyitaw Council | 4 | insert |
| 52 | Naypyitaw General Hospital (300-bed) | 4 | insert |
| 53 | Tedim Township Hospital | 2 | insert |
| 54 | Mindat District Hospital | 2 | insert |
| 55 | Mogkok Township Hospital | 2 | insert |
| 56 | Yamethin District Hospital | 2 | insert |
| 57 | Kawthaung District Hospital | 2 | insert |
| 58 | Ye Township Hospital | 2 | insert |
| 59 | Thaton District Hospital | 2 | insert |
| 60 | Thandwe District Hospital | 2 | insert |
| 61 | Tachileik District Hospital | 2 | insert |
| 62 | Ann District Hospital | 2 | insert |
| 63 | Moe Nyin District Hospital | 2 | insert |
| 64 | Kutkai General Hospital -Shan North | 2 | insert |
| 65 | Shadaw General Hospital - Kayah State | 2 | insert |
| **Total Price (USD)** | | | insert |

**Lot 7 - Wheelchair**

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

| **No** | **Name of Hospitals** | **Wheel-chair** | **Inland Transportation Cost (Optional)** | **Assembly Cost** |
| --- | --- | --- | --- | --- |
| 1 | Yangon General Hospital | 133 | insert | insert |
| 2 | Mandalay General Hospital | 100 | insert | insert |
| 3 | North Okkala General Hospital | 53 | insert | insert |
| 4 | Naypyitaw General Hospital | 67 | insert | insert |
| 5 | Yangon Specialist Hospital (500-bed) | 33 | insert | insert |
| 6 | Thingangyun General Hospital | 33 | insert | insert |
| 7 | Magway General Hospital, Magway Region | 13 | insert | insert |
| 8 | lnsein General Hospital | 33 | insert | insert |
| 9 | Magway Teaching Hospital | 13 | insert | insert |
| 10 | Sao San Tun General Hospital | 33 | insert | insert |
| 11 | Women and Children Hospital, Shan South State | 13 | insert | insert |
| 12 | 300-bed Mandalay Teaching Hospital | 20 | insert | insert |
| 13 | Myitkyina General Hospital, Kachin State | 33 | insert | insert |
| 14 | Bamaw General Hospital, Kachin State | 13 | insert | insert |
| 15 | Loikaw General Hospital, Kayah State | 33 | insert | insert |
| 16 | Hpa-an General Hospital, Kayin State | 13 | insert | insert |
| 17 | Hakha General Hospital, Chin State | 13 | insert | insert |
| 18 | Monywa General Hospital, Sagaing Region | 33 | insert | insert |
| 19 | Kalay General Hospital, Sagaing Region | 20 | insert | insert |
| 20 | Sagaing General Hospital, Sagaing Region | 13 | insert | insert |
| 21 | Dawei General Hospital, Tanintharyi Region | 13 | insert | insert |
| 22 | Myeik General Hospital, Tanintharyi Region | 13 | insert | insert |
| 23 | Bago General Hospital, Bago Region | 33 | insert | insert |
| 24 | Pyay General Hospital, Bago Region | 33 | insert | insert |
| 25 | Taunggu General Hospital, Bago Region | 13 | insert | insert |
| 26 | Minbu General Hospital, Magway Region | 13 | insert | insert |
| 27 | Pakkoku General Hospital, Magway Region | 13 | insert | insert |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 20 | insert | insert |
| 29 | Meikthtila General Hospital, Mandalay Region | 13 | insert | insert |
| 30 | Mawlamyine General Hospital, Mon State | 33 | insert | insert |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 13 | insert | insert |
| 32 | Sittwe General Hospital, Rakhine State | 33 | insert | insert |
| 33 | East Yangon General Hospital, Yangon Region | 13 | insert | insert |
| 34 | West Yangon General Hospital, Yangon Region | 13 | insert | insert |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 13 | insert | insert |
| 36 | Thanlyin General Hospital, Yangon Region | 13 | insert | insert |
| 37 | Lashio General Hospital, Shan North State | 33 | insert | insert |
| 38 | Kengtong General Hospital, Shan East State | 13 | insert | insert |
| 39 | Pathein General Hospital, Ayeyarwady Region | 33 | insert | insert |
| 40 | Pha-Lan General Hospital, Chin State | 13 | insert | insert |
| 41 | Shwe Bo General Hospital, Sagaing Region | 13 | insert | insert |
| 42 | Kyaukse General Hospital, Mandalay Region | 13 | insert | insert |
| 43 | Nyaung-U General Hospital, Mandalay Region | 13 | insert | insert |
| 44 | Kyaukphyu General Hospital, Rakhine State | 13 | insert | insert |
| 45 | Loilem General Hospital, Shan South State | 13 | insert | insert |
| 46 | Maubin General Hospital, Ayeyarwady Region | 13 | insert | insert |
| 47 | Myaungmya General Hospital, Ayeyarwady Region | 13 | insert | insert |
| 48 | Laputta General Hospital, Ayeyarwady Region | 13 | insert | insert |
| 49 | Pyapon General Hospital, Ayeyarwady Region | 13 | insert | insert |
| 50 | Hinthada General Hospital, Ayeyarwady Region | 13 | insert | insert |
| 51 | Pyinmana General Hospital, Naypyitaw Council | 13 | insert | insert |
| 52 | Naypyitaw General Hospital (300-bed) | 20 | insert | insert |
| 53 | Tedim Township Hospital | 7 | insert | insert |
| 54 | Mindat District Hospital | 7 | insert | insert |
| 55 | Mogkok Township Hospital | 7 | insert | insert |
| 56 | Yamethin District Hospital | 7 | insert | insert |
| 57 | Kawthaung District Hospital | 7 | insert | insert |
| 58 | Ye Township Hospital | 7 | insert | insert |
| 59 | Thaton District Hospital | 7 | insert | insert |
| 60 | Thandwe District Hospital | 7 | insert | insert |
| 61 | Tachileik District Hospital | 7 | insert | insert |
| 62 | Ann District Hospital | 5 | insert | insert |
| 63 | Moe Nyin District Hospital | 5 | insert | insert |
| 64 | Kutkai General Hospital -Shan North | 5 | insert | insert |
| 65 | Shadaw General Hospital - Kayah State | 5 | insert | insert |
| **Total Price (USD)** | | | insert | insert |

**Bidder’s delivery data**

| **Country of origin of offered products** | Lot 1 | insert | | | |
| --- | --- | --- | --- | --- | --- |
| Lot 2 | insert | | | |
| Lot 3 | insert | | | |
| Lot 4 | insert | | | |
| Lot 5 | insert | | | |
| Lot 6 | insert | | | |
| Lot 7 | insert | | | |
| **FCA point(s) of delivery for offered products** | Lot 1 | insert | | | |
| Lot 2 | insert | | | |
| Lot 3 | insert | | | |
| Lot 4 | insert | | | |
| Lot 5 | insert | | | |
| Lot 6 | insert | | | |
| Lot 7 | insert | | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight (Kg)** | **Total volume (CBM)** | ***Containers (if applicable)*** | |
| ***Number*** | ***Size*** |
| Lot 1 | insert | insert | insert | insert |
| Lot 2 | insert | insert | insert | insert |
| Lot 3 | insert | insert | insert | insert |
| Lot 4 | insert | insert | insert | insert |
| Lot 5 | insert | insert | insert | insert |
| Lot 6 | insert | insert | insert | insert |
| Lot 7 | insert | insert | insert | insert |
| **Total** | insert | insert | insert | insert |

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 D: Technical Bid Form**

ITB reference no: **ITB/2022/40430**

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 insert them 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.

**Summary of Requirements**

UNOPS requirements are comprised of the following Lots:

* Lot 1: Bedside Locker - 346 EA
* Lot 2: Examination table - 12 EA
* Lot 3: ICU Bed (Electric) - 268 EA
* Lot 4: ICU Bed (Manual) - 78 EA
* Lot 5: IV Stand - 740 EA
* Lot 6: Cardiac table - 346 EA
* Lot 7: Wheelchair - 1348 EA

**Lot No 1: Bedside Locker – Quantity: 346 EA**

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

| **No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **1** | **Bedside locker**  Bedside cabinets for hospital ward. | | |
| **1.1** | **Operational Characteristics** |  |  |
| 1.1.1 | Body and structure made of Stainless steel, at least 14 gauge or laminated melamine/particle board with aluminium frame. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.2 | The hospital bed cabinet must have:   * Top surface. * Cupboard section. * Pull-out drawer for ease of cleaning. * Swing door with locking/latching device. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.3 | Swing door and drawer shall have suitable handles. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.4 | With 4 dual casters at least 60 mm diameter (at least two with brakes). | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.5 | With electrostatic powder or epoxy coating in case of stainless-steel cabinets and colour laminate in case of other material. Vendor to submit the colour choices available from the manufacturer. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.6 | Top surface should be with raised edges or perimeter rails for safe storage of items. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.1.7 | No toxic construction materials. | ☐ Yes ☐ No | Insert details of goods offered |
| **1.2** | **Approximate dimensions** |  |  |
| 1.2.1 | The cupboard section shall be around 40 cm high. | ☐ Yes ☐ No | Insert details of goods offered |
| 1.2.2 | (W×D×H) 45 × 47 × 90 cm approximately | ☐ Yes ☐ No | Insert details of goods offered |
| **1.3** | **Support Services** |  |  |
| 1.3.1 | **Manufacturer's warranty:**   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. The warranty covers all delivered equipment and the accessories delivered. | ☐ Yes ☐ No | Insert details of offer |
| 1.3.2 | **Warranty with scope extended by the bidder:**   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage due to proven misuse.   3. Corrective maintenance during warranty can be carried out at the beneficiary premise, or by mailing the broken equipment at supplier or manufacturer premise and mailing back the repaired equipment or the subtituting one to the Beneficiary premise. In the case of transportation all the costs and risks will be covered by the Supplier. The time elapsed between the communication of the faulty equipment and the intervention on site will be, within the warranty period, no more than 2 business days.   4. The Supplier will notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organisations | ☐ Yes ☐ No | Insert details of offer |
| **1.4** | **Documents to be presented with the offer** |  |  |
| 1.4.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer). | ☐ Yes ☐ No | Insert details of goods offered |
| 1.4.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 1.4.3 | Manuals: Copies of User manual must be submitted in digital format in English. | ☐ Yes ☐ No | Insert details of offer |
| 1.4.4 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 1.4.5 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **1.5** | **Payment Terms:** |  |  |
| 1.5.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods and the associated services (delivery, installation, testing, commissioning, training of users on operation), as applicable. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Lot No 2: Examination table – Quantity: 12 EA**

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

| **No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **2** | **Examination table**  General examination table suitable for physician office and minor procedures. | | |
| **2.1** | **Operational Characteristics** |  |  |
| 2.1.1 | Strong sturdy steel frame structure at least AISI 305 steel. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.2 | Fixed height. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.3 | Two sections. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.4 | Adjustable back section by lever: 0 to 60 degrees. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.5 | Epoxy coated frame structure. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.6 | Padded with expandable polyurethane foam rubber, with a density of at least 24 kg/m3 and at least 3 mm thick. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.7 | Seamless upholstery antibacterial, antistatic, flame-retardant, resistant to corrosion of water, detergent soap, ethyl alcohol solution and to the hypochlorite of sodium. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.8 | Couch roll holder bracket. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.9 | Fixed on strong stable legs with anti static rubber feet. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.10 | Dimensions (approximate): 190 x 55 x 80 cm (LxWxH). | ☐ Yes ☐ No | Insert details of goods offered |
| 2.1.11 | Load capacity not below 130 kg. | ☐ Yes ☐ No | Insert details of goods offered |
| **2.2** | **Accessories to be included in the offered price** | | |
| 2.2.1 | Two (2) rolls of paper. | ☐ Yes ☐ No | Insert details of goods offered |
| **2.3** | **Support Services** |  |  |
| 2.3.1 | **Equipment installation**: the equipment must be delivered at destination, already assembled and tested. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.3.2 | **Training on use and maintenance**: Operating, cleaning, daily maintenance and training instructions should be included in the manuals delivered with the equipment. | ☐ Yes ☐ No | Insert details of goods offered |
| 2.3.3 | **Manufacturer's warranty**:   1. Duration 24 months from final receipt covering all manufacturing defects. 2. The warranty covers all delivered equipment and the accessories delivered. | ☐ Yes ☐ No | Insert details of offer |
| 2.3.4 | **Warranty with scope extended by the bidder:**   1. Duration 24 months from final receipt covering all manufacturing defects. 2. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage due to proven misuse. 3. The preventive and corrective maintenance technical service must be performed by a company based in the country of destination. 4. The Supplier will notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organizations | ☐ Yes ☐ No | Insert details of offer |
| **2.4** | **Documents to be presented with the offer** |  |  |
| 2.4.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer) | ☐ Yes ☐ No | Insert details of goods offered |
| 2.4.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 2.4.3 | Market authorization for one of the following markets/requested certifications:   1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC 2. USA/FDA certification (Food and Drug Administration) for internal US market 3. CANADA/SOR/98-282 conformity certification 4. AUSTRALIA/TGA Conformity certification 5. JAPAN/ PMDA pre-market approval | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 2.4.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | provide a confirmation of compliance and provide copy reference document |
| 2.4.5 | Factory certificate that the equipment, and specifically the offered model, is not discontinued on the production line. | ☐ Yes ☐ No | provide a confirmation of compliance and provide copy of document |
| 2.4.6 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide manufacturer authorization letter |
| 2.4.7 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 2.4.8 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **2.5** | **Payment Terms** |  |  |
| 2.5.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods and the associated services (delivery, installation, testing, commissioning, training of users on operation), as applicable. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Related services requirements for Examination Table:**

| **SN** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Q-ty** | **Service included?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- | --- |
| 1 | Assembled at destination | Ann District Hospital | 3 | ☐ Yes ☐ No | Insert details |
| 2 | Assembled at destination | Moe Nyin District Hospital | 3 | ☐ Yes ☐ No | Insert details |
| 3 | Assembled at destination | Kutkai General Hospital -Shan North | 3 | ☐ Yes ☐ No | Insert details |
| 4 | Assembled at destination | Shadaw General Hospital - Kayah State | 3 | ☐ Yes ☐ No | Insert details |
| **Total quantity** | | | 12 |  |  |

**Lot No 3: ICU Bed (Electric) – Quantity: 268 EA**

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

| **Item No.** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **3** | **ICU Bed (Electric)**  Electrical dual-sided mattress platform, height adjustable, 3 articulated sections, bed for intensive care patients. | | |
| **3.1** | **Technical requirements:** |  |  |
| 3.1.1 | **Electrical requirements:**  220V±10% 50 Hz mono-phase electrical source, supplied with hospital grade power BS 1363 plug. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 | **Frame:** |  |  |
| 3.1.2 (a) | Made of 4 epoxy-coated steel at least 12 gauge, round tube legs including seats for wheels and locking gears. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 (b) | Equipped with plastic bumpers and receptacles for patient-lifting and/or IV poles. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 (d) | Safe working load not less than 130 Kg. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 (e) | Overall dimension: 2±0.1 × 0.9±0.1 m (L x W). | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 (f) | Two (2) folding or tilting safe stainless steel side rails with locking mechanism, at least 3/4 bed size. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.2 (g) | All construction materials should be highly resistant to corrosion like stainless steel, epoxy coated steel or similar. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.3 | **Mattress platform:** |  |  |
| 3.1.3 (a) | Base consisting of rigid non conductive hard plastic surfaces to allow save cardiopulmonary resuscitation. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.3 (b) | Back section must be made of radiolucent material and shall include an x-ray cassette holder. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.3 (c) | Mattress retainers. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.3 (d) | Radiotransparent. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 | **Mattress and pillow:** |  |  |
| 3.1.4 (a) | Fire resistant mattress, made of high-density polyurethane foam (at least 24 kg / m3) with waterproof coating, made of hypoallergenic material. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 (b) | Mattress size according to the size of the bed. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 (c) | Removable waterproof, antibacterial, anti-static, toxic-free and seamless cover. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 (d) | Mattress thickness of at least 120 mm. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 (e) | Pillow made of antibacterial, anti-static, toxic-free, high-density foam core, provided with removable and washable hard cotton cover. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.4 (f) | Mattress cover and pillow resistant to hospital cleaning agents: water and detergent soap; 70% ethyl alcohol solution with or without nitrite; sodium hypochlorite; hospital use solvents and biological liquids. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.1.5 | **Movements/controls:**   1. Allowed movement / positions: Fowler / Semi-fowler, Trendelenburg / Anti-trendelenburg and knee lift, raising and keeping the segment horizontal from knee to ankle. 2. Backrest movement adjustment range of at least: 0 to 65°. 3. Knee elevation of at least: 0 to 30°. 4. Trendelenburg / Anti-trendelenburg of at least: + 12°/-12°. 5. Cardiopulmonary resuscitation (CPR) position required, with single button or manual control. 6. Vertical movement control/adjustment via mechanically operated actuator with dual-sided pedal control. 7. Vertical movement range of at least between 60 and 75 cm. 8. Easily removable head & foot ends with plastic-covered bends and grips. | ☐ Yes ☐ No | Insert details of goods offered |
| **3.2** | **Standards:** |  |  |
| 3.2.1 | Manufacturer declaration of painting thickness and resistance conforming to UNI-EN-ISO 2409 and ISO-2802. | ☐ Yes ☐ No | provide a confirmation of compliance and copy of document |
| 3.2.2 | WELDING: Manufacturer declaration of conformity to UNI-EN 288 and UNI-EN 25817. | ☐ Yes ☐ No | provide a confirmation of compliance and copy of document |
| **3.3** | **Accessories to be included in the offered price:** |  |  |
| 3.3.1 | Two (2) stainless steel telescopic IV holders with 2 hooks each. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.3.2 | Support for oxygen tubes. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.3.3 | Possibility of placing trauma accessories. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.3.4 | Blanket support. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.3.5 | Chart holder. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.3.6 | Urine/Liquids sack holder. | ☐ Yes ☐ No | Insert details of goods offered |
| **3.4** | **Environmental Conditions:** |  |  |
| 3.4.1 | Operating conditions range: at least 5°C - 35°C / 20% – 90% RH. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.4.2 | Storage conditions range: at least -10°C - 55°C / 20 % – 80% RH. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.4.3 | Atmospheric pressure operating range: at least 800 ~ 1060hPa. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.4.4 | Protection rating: at least IP55 or better. | ☐ Yes ☐ No | Insert details of goods offered |
| **3.5** | **Support Services** |  |  |
| 3.5.1 | **Equipment installation**: the equipment must be assembled and tested (functional and electrical safety test) at the destination unit and the results, certification signed by a qualified technician, of the functional and electrical safety tests delivered to the beneficiary unit. | ☐ Yes ☐ No | Insert details of goods offered |
| 3.5.2 | **Training on use and maintenance**:   * 1. User and Maintenance manuals delivered with each equipment.   2. Training on site for users and maintenance people.   3. User training shall include at least: 1) Normal operating mode, 2) Daily and periodic cleaning and maintenance, 3) Basic troubleshooting, 4) Min risks in the use of the equipment.   4. Maintenance training shall include at least: 1) Normal operating mode, 2) Daily and periodic cleaning and maintenance, 3) Advanced troubleshooting, 4) Accessories and spare parts description and codes, 5) Warranty conditions, 6) Supplier and Manufacturer contact references.   5. The bidder must certify that the technician who will provide the virtual training to the medical and technical personnel was trained by the manufacturer of the equipment.   6. The technician must prepare a record of the persons trained with the signatures to confirm the training received. | ☐ Yes ☐ No | Insert details of offer |
| 3.5.3 | **Manufacturer's warranty**: The warranty covers all delivered equipment and accessories. 24 months from final receipt covering all manufacturing defects. | ☐ Yes ☐ No | Insert details of offer |
| 3.5.4 | **Warranty** **with scope extended by the bidder:**   * 1. The warranty covers all equipment and accessories delivered.   2. Duration 24 months including preventive and corrective maintenance at the installation site.   3. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage from misuse.   4. The time elapsed between the communication of the faulty equipment and the intervention on site will be, within the warranty period, no more than 2 business days.   5. The corrective maintenance technical service must be performed by a company based in country of destination   6. Notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organizations | ☐ Yes ☐ No | Insert details of offer |
| **3.6** | **Documents to be presented with the offer** |  |  |
| 3.6.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer) | ☐ Yes ☐ No | Insert details of goods offered |
| 3.6.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 3.6.3 | Market authorization for one of the following markets/requested certifications:   * 1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC   2. USA/FDA certification (Food and Drug Administration) for internal US market   3. CANADA/SOR/98-282 conformity certification   4. AUSTRALIA/TGA Conformity certification   5. JAPAN/ PMDA pre-market approval | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 3.6.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 3.6.5 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide manufacturer authorization letter |
| 3.6.6 | Manuals: Copies of User and Maintenance manual must be submitted in digital format in English. | ☐ Yes ☐ No | Insert details of offer |
| 3.6.7 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 3.6.8 | Letter of the manufacturer stating his commitment of spare parts availability for 7 years in case of award (only availability the supply of spare parts shall not be included in the bid price). | ☐ Yes ☐ No | Provide letter of commitment from manufacturer |
| 3.6.9 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **3.7** | **Payment Terms** |  |  |
| 3.7.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods and the associated services (delivery, installation, testing, commissioning, training of users on operation), as applicable. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Related services requirements for ICU Bed (Electric):**

| **SN** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Qty** | **Service included?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- | --- |
| 1 | Assembled at destination and on-site training for users and maintenance people. | Yangon General Hospital | 20 | ☐ Yes ☐ No | Insert details |
| 2 | Mandalay General Hospital | 16 | ☐ Yes ☐ No | Insert details |
| 3 | North Okkala General Hospital | 12 | ☐ Yes ☐ No | Insert details |
| 4 | Naypyitaw General Hospital | 10 | ☐ Yes ☐ No | Insert details |
| 5 | Yangon Specialist Hospital (500-bed) | 10 | ☐ Yes ☐ No | Insert details |
| 6 | Thingangyun General Hospital | 10 | ☐ Yes ☐ No | Insert details |
| 7 | Magway General Hospital, Magway Region | 10 | ☐ Yes ☐ No | Insert details |
| 8 | lnsein General Hospital | 8 | ☐ Yes ☐ No | Insert details |
| 9 | Magway Teaching Hospital | 6 | ☐ Yes ☐ No | Insert details |
| 10 | Sao San Tun General Hospital | 8 | ☐ Yes ☐ No | Insert details |
| 11 | Women and Children Hospital, Shan South State | 4 | ☐ Yes ☐ No | Insert details |
| 12 | 300-bed Mandalay Teaching Hospital | 10 | ☐ Yes ☐ No | Insert details |
| 13 | Myitkyina General Hospital, Kachin State | 6 | ☐ Yes ☐ No | Insert details |
| 14 | Bamaw General Hospital, Kachin State | 4 | ☐ Yes ☐ No | Insert details |
| 15 | Loikaw General Hospital, Kayah State | 6 | ☐ Yes ☐ No | Insert details |
| 16 | Hpa-an General Hospital, Kayin State | 6 | ☐ Yes ☐ No | Insert details |
| 17 | Hakha General Hospital, Chin State | 4 | ☐ Yes ☐ No | Insert details |
| 18 | Monywa General Hospital, Sagaing Region | 6 | ☐ Yes ☐ No | Insert details |
| 19 | Kalay General Hospital, Sagaing Region | 6 | ☐ Yes ☐ No | Insert details |
| 20 | Sagaing General Hospital, Sagaing Region | 4 | ☐ Yes ☐ No | Insert details |
| 21 | Dawei General Hospital, Tanintharyi Region | 6 | ☐ Yes ☐ No | Insert details |
| 22 | Myeik General Hospital, Tanintharyi Region | 6 | ☐ Yes ☐ No | Insert details |
| 23 | Bago General Hospital, Bago Region | 6 | ☐ Yes ☐ No | Insert details |
| 24 | Pyay General Hospital, Bago Region | 6 | ☐ Yes ☐ No | Insert details |
| 25 | Taunggu General Hospital, Bago Region | 4 | ☐ Yes ☐ No | Insert details |
| 26 | Minbu General Hospital, Magway Region | 4 | ☐ Yes ☐ No | Insert details |
| 27 | Pakkoku General Hospital, Magway Region | 4 | ☐ Yes ☐ No | Insert details |
| 28 | Pyinoolwin General Hospital, Mandalay Region | 4 | ☐ Yes ☐ No | Insert details |
| 29 | Meikthtila General Hospital, Mandalay Region | 4 | ☐ Yes ☐ No | Insert details |
| 30 | Mawlamyine General Hospital, Mon State | 6 | ☐ Yes ☐ No | Insert details |
| 31 | Mawlamyine Women and Children Hospital, Mon State | 4 | ☐ Yes ☐ No | Insert details |
| 32 | Sittwe General Hospital, Rakhine State | 6 | ☐ Yes ☐ No | Insert details |
| 33 | East Yangon General Hospital, Yangon Region | 6 | ☐ Yes ☐ No | Insert details |
| 34 | West Yangon General Hospital, Yangon Region | 6 | ☐ Yes ☐ No | Insert details |
| 35 | Hlaingtharyar General Hospital, Yangon Region | 6 | ☐ Yes ☐ No | Insert details |
| 36 | Thanlyin General Hospital, Yangon Region | 6 | ☐ Yes ☐ No | Insert details |
| 37 | Lashio General Hospital, Shan North State | 6 | ☐ Yes ☐ No | Insert details |
| 38 | Kengtong General Hospital, Shan East State | 6 | ☐ Yes ☐ No | Insert details |
| 39 | Pathein General Hospital, Ayeyarwady Region | 6 | ☐ Yes ☐ No | Insert details |
| **Total quantity** | | | **268** |  |  |

**Lot No 4: ICU Bed (Manual) – Quantity: 78 EA**

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

| **Item No.** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **4** | **ICU Bed Hydraulic**  Hydraulic dual-sided mattress platform, height adjustable, 3 articulated sections, bed for intensive care patients. | | |
| **4.1** | **Technical requirements:** |  |  |
| 4.1.1 | **Frame:** |  |  |
| 4.1.1 (a) | Made of 4 epoxy-coated steel at least 12 gauge, round tube legs including seats for wheels and locking gears. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1(b) | Equipped with plastic bumpers and receptacles for patient-lifting and/or IV poles. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1 (c) | All lifting mechanisms and hydraulic pumps support are made of epoxy coated, cold-drawn steel. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1 (d) | Safe working load not less than 130 Kg. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1 (e) | Overall dimension: 2±0.1 × 0.9±0.1 m (L x W). | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1 (f) | Two (2) folding or tilting safe stainless steel side rails with locking mechanism, at least 3/4 bed size. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.1 (g) | All construction materials should be highly resistant to corrosion like stainless steel, epoxy coated steel or similar. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.2 | **Mattress platform:** |  |  |
| 4.1.2 (a) | Base consisting of rigid non conductive hard plastic surfaces to allow save cardiopulmonary resuscitation. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.2 (b) | Back section must be made of radiolucent material and shall include an x-ray cassette holder. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.2 (c) | Mattress retainers. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.2 (d) | Radiotransparent. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 | **Mattress and pillow:** |  |  |
| 4.1.3 (a) | Fire resistant mattress, made of high-density polyurethane foam (at least 24 kg / m3) with waterproof coating, made of hypoallergenic material. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 (b) | Mattress size according to the size of the bed. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 (c) | Removable waterproof, antibacterial, anti-static, toxic-free and seamless cover. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 (d) | Mattress thickness of at least 120 mm. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 (e) | Pillow made of antibacterial, anti-static, toxic-free, high-density foam core, provided with removable and washable hard cotton cover. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.3 (f) | Mattress cover and pillow resistant to hospital cleaning agents: water and detergent soap; 70% ethyl alcohol solution with or without nitrite; sodium hypochlorite; hospital use solvents and biological liquids. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.1.4 | **Movements/controls:**   1. Allowed movement / positions: Fowler / Semi-fowler, Trendelenburg / Anti-trendelenburg and knee lift, raising and keeping the segment horizontal from knee to ankle. 2. Backrest movement adjustment range of at least: 0 to 65°. 3. Knee elevation of at least: 0 to 30°. 4. Trendelenburg / Anti-trendelenburg of at least: + 12°/-12°. 5. Cardiopulmonary resuscitation (CPR) position required, with manual control. 6. Vertical movement control/adjustment via mechanically operated actuator with dual-sided pedal control or by crank mechanism 7. Vertical movement range of at least between 60 and 75 cm. 8. Easily removable head & foot ends with plastic-covered bends and grips. | ☐ Yes ☐ No | Insert details of goods offered |
| **4.2** | **Accessories to be included in the offered price:** |  |  |
| 4.2.1 | Two (2) stainless steel telescopic IV holders with 2 hooks each. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.2.2 | Support for oxygen tubes. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.2.3 | Possibility of placing trauma accessories. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.2.4 | Blanket support. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.2.5 | Chart holder. | ☐ Yes ☐ No | Insert details of goods offered |
| 4.2.6 | Urine/Liquids sack holder. | ☐ Yes ☐ No | Insert details of goods offered |
| **4.3** | **Support Services:** |  |  |
| 4.3.1 | **Equipment installation**: the equipment must be delivered at destination, already assembled and tested. | ☐ Yes ☐ No | Insert details of offer |
| 4.3.2 | **Manufacturer's warranty:** The warranty covers all delivered equipment and accessories. Duration 24 months from final receipt covering all manufacturing defects. | ☐ Yes ☐ No | Insert details of offer |
| 4.3.3 | **Warranty with scope extended by the bidder:**   1. Duration 24 months from final receipt covering all manufacturing defects. 2. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage due to proven misuse. 3. The corrective maintenance technical service must be performed by a company based in the country of destination. 4. The Supplier will notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organizations. | ☐ Yes ☐ No | Insert details of offer |
| **4.4** | **Documents to be presented with the offer:** |  |  |
| 4.4.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer). | ☐ Yes ☐ No | Insert details of goods offered |
| 4.4.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 4.4.3 | Market authorization for one of the following markets/requested certifications:   * 1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC   2. USA/FDA certification (Food and Drug Administration) for internal US market   3. CANADA/SOR/98-282 conformity certification   4. AUSTRALIA/TGA Conformity certification   5. JAPAN/ PMDA pre-market approval | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 4.4.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 4.4.5 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide manufacturer authorization letter |
| 4.4.6 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 4.4.7 | Letter of the manufacturer stating his commitment of spare parts availability for 7 years in case of award (only availability the supply of spare parts shall not be included in the bid price). | ☐ Yes ☐ No | Provide letter of commitment from manufacturer |
| 4.4.8 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **4.5** | **Payment Terms** |  |  |
| 4.5.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods and the associated services (delivery, installation, testing, commissioning, training of users on operation), as applicable. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Related services requirements for ICU Bed (Manual):**

| **SN** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Qty** | **Service included?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- | --- |
| 1 | Assembled at destination | Pha-Lan General Hospital, Chin State | 4 | ☐ Yes ☐ No | Insert details |
| 2 | Assembled at destination | Shwe Bo General Hospital, Sagaing Region | 4 | ☐ Yes ☐ No | Insert details |
| 3 | Assembled at destination | Kyaukse General Hospital, Mandalay Region | 4 | ☐ Yes ☐ No | Insert details |
| 4 | Assembled at destination | Nyaung-U General Hospital, Mandalay Region | 4 | ☐ Yes ☐ No | Insert details |
| 5 | Assembled at destination | Kyaukphyu General Hospital, Rakhine State | 4 | ☐ Yes ☐ No | Insert details |
| 6 | Assembled at destination | Loilem General Hospital, Shan South State | 4 | ☐ Yes ☐ No | Insert details |
| 7 | Assembled at destination | Maubin General Hospital, Ayeyarwady Region | 4 | ☐ Yes ☐ No | Insert details |
| 8 | Assembled at destination | Myaungmya General Hospital, Ayeyarwady Region | 4 | ☐ Yes ☐ No | Insert details |
| 9 | Assembled at destination | Laputta General Hospital, Ayeyarwady Region | 4 | ☐ Yes ☐ No | Insert details |
| 10 | Assembled at destination | Pyapon General Hospital, Ayeyarwady Region | 4 | ☐ Yes ☐ No | Insert details |
| 11 | Assembled at destination | Hinthada General Hospital, Ayeyarwady Region | 4 | ☐ Yes ☐ No | Insert details |
| 12 | Assembled at destination | Pyinmana General Hospital, Naypyitaw Council | 4 | ☐ Yes ☐ No | Insert details |
| 13 | Assembled at destination | Naypyitaw General Hospital (300-bed) | 4 | ☐ Yes ☐ No | Insert details |
| 14 | Assembled at destination | Tedim Township Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 15 | Assembled at destination | Mindat District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 16 | Assembled at destination | Mogkok Township Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 17 | Assembled at destination | Yamethin District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 18 | Assembled at destination | Kawthaung District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 19 | Assembled at destination | Ye Township Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 20 | Assembled at destination | Thaton District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 21 | Assembled at destination | Thandwe District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 22 | Assembled at destination | Tachileik District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 23 | Assembled at destination | Ann District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 24 | Assembled at destination | Moe Nyin District Hospital | 2 | ☐ Yes ☐ No | Insert details |
| 25 | Assembled at destination | Kutkai General Hospital -Shan North | 2 | ☐ Yes ☐ No | Insert details |
| 26 | Assembled at destination | Shadaw General Hospital - Kayah State | 2 | ☐ Yes ☐ No | Insert details |
| **Total quantity** | | | **78** | **EA** |  |

**Lot No 5: IV Stand – Quantity: 740 EA**

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

| **No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **5** | **IV Stand**  Mobile Support for intravenous fluid delivery. | | |
| **5.1** | **Technical requirements** |  |  |
| 5.1.1 | Manufactured from 12 gauge polished stainless steel. | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.2 | Four (4) infusion bag hooks. | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.3 | Each hook should be able to support at least 2 kg | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.4 | A star base with at least five (5) anti-static castors wheels of at least 50mm diameter. | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.5 | At least 2 castors should come equipped with brakes. | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.6 | Height adjustable at least between 1400 and 2000mm. | ☐ Yes ☐ No | Insert details of goods offered |
| 5.1.7 | Weighted base with at least 4 kg. | ☐ Yes ☐ No | Insert details of goods offered |
| **5.2** | **Support Services** |  |  |
| 5.2.1 | **Manufacturer's warranty:**   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. The warranty covers all delivered equipment and the accessories delivered. | ☐ Yes ☐ No | Insert details of offer |
| 5.2.2 | **Warranty with scope extended by the bidder:**   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage due to proven misuse.   3. The corrective maintenance technical service must be performed by a company based in the country of destination.   4. Corrective maintenance during warranty can be carried out at the beneficiary premise, or by mailing the broken equipment at supplier or manufacturer premise and mailing back the repaired equipment or the subtituting one to the Beneficiary premise. In the case of transportation all the costs and risks will be covered by the Supplier. The time elapsed between the communication of the faulty equipment and the intervention on site will be, within the warranty period, no more than 2 business days.   5. The Supplier will notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organizations | ☐ Yes ☐ No | Insert details of offer |
| **5.3** | **Documents to be presented with the offer** |  |  |
| 5.3.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer) | ☐ Yes ☐ No | Insert details of goods offered |
| 5.3.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 5.3.3 | Market authorization for one of the following markets/requested certifications:   * 1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC   2. USA/FDA certification (Food and Drug Administration) for internal US market   3. CANADA/SOR/98-282 conformity certification   4. AUSTRALIA/TGA Conformity certification   5. JAPAN/ PMDA pre-market approval | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 5.3.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 5.3.5 | Factory certificate that the equipment, specific offered model, is not discontinued on the production line. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 5.3.6 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide manufacturer authorisation letter |
| 5.3.7 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogue |
| 5.3.8 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **5.4** | **Payment Terms** |  |  |
| 5.4.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods and the associated services (delivery, installation, testing, commissioning, training of users on operation), as applicable. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O, Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Lot No 6: Cardiac table – Quantity: 346 EA**

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

| **No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **6** | **Cardiac table**  Board used for cardiopulmonary resuscitation (CPR) compressions. | | |
| **6.1** | **Technical requirements** |  |  |
| 6.1.1 | Rigid board. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.2 | Solid surface. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.3 | At least three (3) handle holes. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.4 | Made of ABS, acrylic, PP or better plastic resistant material. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.5 | Lightweight no greater than 2.5 kg | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.6 | Anatomically designed. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.7 | Built-in handles | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.8 | Possibly to be mounted in the emergency cart. | ☐ Yes ☐ No | Insert details of goods offered |
| 6.1.9 | Load capacity not less than 160 kg. | ☐ Yes ☐ No | Insert details of goods offered |
| **6.2** | **Dimensions:** |  |  |
| 6.2.1 | (LxWxH): 60 x 45 x 2 cm approximately | ☐ Yes ☐ No | Insert details of goods offered |
| **6.3** | **Support Services** |  |  |
| 6.3.2 | **Manufacturer's warranty:**   * 1. Duration of 24 months from final receipt covering all manufacturing defects.   2. The warranty covers all delivered equipment and the accessories delivered.   3. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damages due to proven misuse.   4. Corrective maintenance during warranty can be carried out at the beneficiary premise, or by mailing the broken equipment at supplier or manufacturer premise and mailing back the repaired equipment or the subtituting one to the Beneficiary premise. In the case of transportation all the costs and risks will be covered by the Supplier. The time elapsed between the communication of the faulty equipment and the intervention on site will be, within the warranty period, no more than 2 business days. | ☐ Yes ☐ No | Insert details of offer |
| **6.4** | **Documents to be presented with the offer** |  |  |
| 6.4.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer). | ☐ Yes ☐ No | Insert details of goods offered |
| 6.4.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 6.4.3 | Market authorization for one of the following markets/requested certifications:   * 1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC.   2. USA/FDA certification (Food and Drug Administration) for internal US market.   3. CANADA/SOR/98-282 conformity certification.   4. AUSTRALIA/TGA Conformity certification.   5. JAPAN/ PMDA pre-market approval. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 6.4.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 6.4.5 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide manufacturer authorization |
| 6.4.6 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 6.4.7 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **6.5** | **Payment Terms** |  |  |
| 6.5.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of delivery (if applicable) shall be paid upon final acceptance of the goods at the final locations. | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Lot No 7: Wheelchair, adult – Quantity: 1,348 EA**

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

| **No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| **7** | **Wheelchair, adult**  Mechanical wheelchair for adult patients, used for patient transportation purposes in hospital wards. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **7.1** | **Operational characteristics** |  |  |
| 7.1.1 | Chrome plated strong tubular steel frame. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.2 | Fixed padded armrests. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.3 | Vinyl or similarly upholstery on seat, arms and backrest. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.4 | Vinyl-upholstered seat and back: antibacterial, antistatic, flame-retardant, resistant to corrosion of water, detergent soap, ethyl alcohol solution and to hypochlorite of sodium. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.5 | Swinging, detachable footrests with nylon heel loops. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.6 | Two spaced rear wheels with circular handles for patient self-propulsion. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.7 | Two small ball bearing swivel castors in the front. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.8 | Non-marking rubber tires. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.9 | Wheel locks for rear wheels. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.10 | Capacity at least up to 150 kg. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.11 | Two handles with hand-grip at top rear backrest. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.12 | Seat not less than 460 x 400 mm (WxD) | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.13 | Overall dimensions not exceeding 950x700x1350 mm (HxWxL) with footrest fully extended. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.1.14 | Preferable foldable design for ease of storage and transportation. | ☐ Yes ☐ No | Insert details of goods offered |
| **7.2** | **Accessories to be included in the offered price:** |  |  |
| 7.2.1 | An extra pair (2 pcs) of tubes in case tires ( 6.1.8) have tubes and an adapter allowing to inflate them with any pump. | ☐ Yes ☐ No | Insert details of goods offered |
| **7.3** | **Support Services** |  |  |
| 7.3.1 | **Equipment installation**: the equipment must be delivered at destination, already assembled and tested. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.3.2 | **Training on use and maintenance**: Operating, cleaning, daily maintenance and training instructions should be included in the manuals delivered with the equipment. | ☐ Yes ☐ No | Insert details of goods offered |
| 7.3.3 | **Manufacturer's warranty**:   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. The warranty covers all delivered equipment and the accessories delivered. | ☐ Yes ☐ No | Insert details of offer |
| 7.3.4 | **Warranty with scope extended by the bidder:**   * 1. Duration 24 months from final receipt covering all manufacturing defects.   2. It includes corrective maintenance: labour and spare parts with no call limitations with the sole exclusion of damage due to proven misuse.   3. The preventive and corrective maintenance technical service must be performed by a company based in the country of destination.   4. Corrective maintenance during warranty can be carried out at the beneficiary premise, or by mailing the broken equipment at supplier or manufacturer premise and mailing back the repaired equipment or the subtituting one to the Beneficiary premise. In the case of transportation all the costs and risks will be covered by the Supplier. The time elapsed between the communication of the faulty equipment and the intervention on site will be, within the warranty period, no more than 2 business days.   5. The Supplier will notify the end user in case of any equipment Recall / Field safety Notice / Alerts as issued by the manufacturer/NRA or any other relevant authorities and organizations | ☐ Yes ☐ No | Insert details of offer |
| **7.4** | **Documents to be presented with the offer** |  |  |
| 7.4.1 | Bidder declaration of the brand name, manufacturer, Country of Origin and model name of all the goods (including all consumables and accessories included in the offer) | ☐ Yes ☐ No | Insert details of goods offered |
| 7.4.2 | Manufacturer's ISO 13485 certificate or ISO 9001 when ISO13485 is not applicable. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 7.4.3 | Market authorization for one of the following markets/requested certifications:   * 1. EUROPE/CE 2017/745 conformity or equipment with CE mark according with 93/42 EEC   2. USA/FDA certification (Food and Drug Administration) for internal US market   3. CANADA/SOR/98-282 conformity certification   4. AUSTRALIA/TGA Conformity certification   5. JAPAN/ PMDA pre-market approval | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 7.4.4 | Certificate of registration/Authorization/ Waiver the Import and use of the device by the health regulatory authority (NRA) of the Country of destination. | ☐ Yes ☐ No | Insert reference certification and provide copy of documents |
| 7.4.5 | Manufacturer's Authorization: Bidders may submit a simple copy of the manufacturer's authorization within their bid, indicating the offered model, according to the bidder's own form. | ☐ Yes ☐ No | Provide the manufacturer authorization letter |
| 7.4.6 | Manuals: Copies of User and Maintenance manual must be submitted in digital format in English. | ☐ Yes ☐ No | Insert details of offer |
| 7.4.7 | Manufacturer's technical marketing catalogues. Manufacturer marketing catalogues of the goods offered to verify compliance with the technical specifications. Catalogues must be provided in English. | ☐ Yes ☐ No | Provide requested catalogues |
| 7.4.8 | Letter of the manufacturer stating his commitment of spare parts availability for 5 years in case of award (only availability the supply of spare parts shall not be included in the bid price). | ☐ Yes ☐ No | Provide letter of commitment from manufacturer |
| 7.4.9 | Bidder shall provide invoice/proforma invoice, packing list and at least a draft shipping document without indicating the word “Draft” and with fixed BL/AWB number to UNOPS at least one month in advance before the actual shipping date for the application of Tax Exemption Certificate (TEC). | ☐ Yes ☐ No | Insert details of offer |
| **7.5** | **Payment Terms** |  |  |
| 7.5.1 | * 80% of the cost of the goods shall be paid upon delivery per the Incoterms 2020 * 20% of the cost of the goods and 100% of the cost of associated services shall be paid upon final acceptance of the goods the associated services (delivery, installation, testing, commissioning, training of users on operation) | ☐ Yes ☐ No | Provide confirmation of acceptance |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 10 weeks after issuance of Purchase Order to UNOPS warehouse in Yangon, Myanmar (excluding the time for custom clearance process). | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | UNOPS warehouse in Yangon, Myanmar.  Delivered at Place Unloaded [DPU] Incoterms 2020 | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Myanmar  No.12/O , Pyi Thu Lane, 7 Miles, Mayangone T/S, Yangon, Myanmar | ☐ 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 ITB. | ☐ Yes ☐ No | Insert details |
| **Pre-inspection** | The goods will be pre-inspected by UNOPS or by a third party appointed by UNOPS either in the production site or in Yangon. | ☐ Yes ☐ No | Insert details |

**Related services requirements for wheelchairs:**

| **SN** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Q-ty** | **Service included?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- | --- |
| 1 | Assemble at destinations | Yangon General Hospital | 133 | ☐ Yes ☐ No | Insert details |
| 2 | Assemble at destinations | Mandalay General Hospital | 100 | ☐ Yes ☐ No | Insert details |
| 3 | Assemble at destination | North Okkala General Hospital | 53 | ☐ Yes ☐ No | Insert details |
| 4 | Assemble at destination | Naypyitaw General Hospital | 67 | ☐ Yes ☐ No | Insert details |
| 5 | Assemble at destination | Yangon Specialist Hospital (500-bed) | 33 | ☐ Yes ☐ No | Insert details |
| 6 | Assemble at destination | Thingangyun General Hospital | 33 | ☐ Yes ☐ No | Insert details |
| 7 | Assemble at destination | Magway General Hospital, Magway Region | 13 | ☐ Yes ☐ No | Insert details |
| 8 | Assemble at destination | lnsein General Hospital | 33 | ☐ Yes ☐ No | Insert details |
| 9 | Assemble at destination | Magway Teaching Hospital | 13 | ☐ Yes ☐ No | Insert details |
| 10 | Assemble at destination | Sao San Tun General Hospital | 33 | ☐ Yes ☐ No | Insert details |
| 11 | Assemble at destination | Women and Children Hospital, Shan South State | 13 | ☐ Yes ☐ No | Insert details |
| 12 | Assemble at destination | 300-bed Mandalay Teaching Hospital | 20 | ☐ Yes ☐ No | Insert details |
| 13 | Assemble at destination | Myitkyina General Hospital, Kachin State | 33 | ☐ Yes ☐ No | Insert details |
| 14 | Assemble at destination | Bamaw General Hospital, Kachin State | 13 | ☐ Yes ☐ No | Insert details |
| 15 | Assemble at destination | Loikaw General Hospital, Kayah State | 33 | ☐ Yes ☐ No | Insert details |
| 16 | Assemble at destination | Hpa-an General Hospital, Kayin State | 13 | ☐ Yes ☐ No | Insert details |
| 17 | Assemble at destination | Hakha General Hospital, Chin State | 13 | ☐ Yes ☐ No | Insert details |
| 18 | Assemble at destination | Monywa General Hospital, Sagaing Region | 33 | ☐ Yes ☐ No | Insert details |
| 19 | Assemble at destination | Kalay General Hospital, Sagaing Region | 20 | ☐ Yes ☐ No | Insert details |
| 20 | Assemble at destination | Sagaing General Hospital, Sagaing Region | 13 | ☐ Yes ☐ No | Insert details |
| 21 | Assemble at destination | Dawei General Hospital, Tanintharyi Region | 13 | ☐ Yes ☐ No | Insert details |
| 22 | Assemble at destination | Myeik General Hospital, Tanintharyi Region | 13 | ☐ Yes ☐ No | Insert details |
| 23 | Assemble at destination | Bago General Hospital, Bago Region | 33 | ☐ Yes ☐ No | Insert details |
| 24 | Assemble at destination | Pyay General Hospital, Bago Region | 33 | ☐ Yes ☐ No | Insert details |
| 25 | Assemble at destination | Taunggu General Hospital, Bago Region | 13 | ☐ Yes ☐ No | Insert details |
| 26 | Assemble at destination | Minbu General Hospital, Magway Region | 13 | ☐ Yes ☐ No | Insert details |
| 27 | Assemble at destination | Pakkoku General Hospital, Magway Region | 13 | ☐ Yes ☐ No | Insert details |
| 28 | Assemble at destination | Pyinoolwin General Hospital, Mandalay Region | 20 | ☐ Yes ☐ No | Insert details |
| 29 | Assemble at destination | Meikthtila General Hospital, Mandalay Region | 13 | ☐ Yes ☐ No | Insert details |
| 30 | Assemble at destination | Mawlamyine General Hospital, Mon State | 33 | ☐ Yes ☐ No | Insert details |
| 31 | Assemble at destination | Mawlamyine Women and Children Hospital, Mon State | 13 | ☐ Yes ☐ No | Insert details |
| 32 | Assemble at destination | Sittwe General Hospital, Rakhine State | 33 | ☐ Yes ☐ No | Insert details |
| 33 | Assemble at destination | East Yangon General Hospital, Yangon Region | 13 | ☐ Yes ☐ No | Insert details |
| 34 | Assemble at destination | West Yangon General Hospital, Yangon Region | 13 | ☐ Yes ☐ No | Insert details |
| 35 | Assemble at destination | Hlaingtharyar General Hospital, Yangon Region | 13 | ☐ Yes ☐ No | Insert details |
| 36 | Assemble at destination | Thanlyin General Hospital, Yangon Region | 13 | ☐ Yes ☐ No | Insert details |
| 37 | Assemble at destination | Lashio General Hospital, Shan North State | 33 | ☐ Yes ☐ No | Insert details |
| 38 | Assemble at destination | Kengtong General Hospital, Shan East State | 13 | ☐ Yes ☐ No | Insert details |
| 39 | Assemble at destination | Pathein General Hospital, Ayeyarwady Region | 33 | ☐ Yes ☐ No | Insert details |
| 40 | Assemble at destination | Pha-Lan General Hospital, Chin State | 13 | ☐ Yes ☐ No | Insert details |
| 41 | Assemble at destination | Shwe Bo General Hospital, Sagaing Region | 13 | ☐ Yes ☐ No | Insert details |
| 42 | Assemble at destination | Kyaukse General Hospital, Mandalay Region | 13 | ☐ Yes ☐ No | Insert details |
| 43 | Assemble at destination | Nyaung-U General Hospital, Mandalay Region | 13 | ☐ Yes ☐ No | Insert details |
| 44 | Assemble at destination | Kyaukphyu General Hospital, Rakhine State | 13 | ☐ Yes ☐ No | Insert details |
| 45 | Assemble at destination | Loilem General Hospital, Shan South State | 13 | ☐ Yes ☐ No | Insert details |
| 46 | Assemble at destination | Maubin General Hospital, Ayeyarwady Region | 13 | ☐ Yes ☐ No | Insert details |
| 47 | Assemble at destination | Myaungmya General Hospital, Ayeyarwady Region | 13 | ☐ Yes ☐ No | Insert details |
| 48 | Assemble at destination | Laputta General Hospital, Ayeyarwady Region | 13 | ☐ Yes ☐ No | Insert details |
| 49 | Assemble at destination | Pyapon General Hospital, Ayeyarwady Region | 13 | ☐ Yes ☐ No | Insert details |
| 50 | Assemble at destination | Hinthada General Hospital, Ayeyarwady Region | 13 | ☐ Yes ☐ No | Insert details |
| 51 | Assemble at destination | Pyinmana General Hospital, Naypyitaw Council | 13 | ☐ Yes ☐ No | Insert details |
| 52 | Assemble at destination | Naypyitaw General Hospital (300-bed) | 20 | ☐ Yes ☐ No | Insert details |
| 53 | Assemble at destination | Tedim Township Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 54 | Assemble at destination | Mindat District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 55 | Assemble at destination | Mogkok Township Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 56 | Assemble at destination | Yamethin District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 57 | Assemble at destination | Kawthaung District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 58 | Assemble at destination | Ye Township Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 59 | Assemble at destination | Thaton District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 60 | Assemble at destination | Thandwe District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 61 | Assemble at destination | Tachileik District Hospital | 7 | ☐ Yes ☐ No | Insert details |
| 62 | Assemble at destination | Ann District Hospital | 5 | ☐ Yes ☐ No | Insert details |
| 63 | Assemble at destination | Moe Nyin District Hospital | 5 | ☐ Yes ☐ No | Insert details |
| 64 | Assemble at destination | Kutkai General Hospital -Shan North | 5 | ☐ Yes ☐ No | Insert details |
| 65 | Assemble at destination | Shadaw General Hospital - Kayah State | 5 | ☐ Yes ☐ No | Insert details |
| **Total quantity** | | | **1,348** |  |  |

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:

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

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**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 bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

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

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

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

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

**Form E: Performance Statement Form**

ITB reference no: **ITB/2022/40430**

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

**Prior experience in the supply of goods**

| **Order placed by [Full address of purchaser]** | **Order no. & date** | **Description & quantity of ordered items** | **Value of order** | **Date of completion of delivery** | | **Remarks indicating reasons of late delivery, if any** | **Was the supply of goods satisfactory?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per Contract** | **Actual** |
| ffdsdfs |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Prior experience in the provision of in-country services across Myanmar**

| **Order placed by [Full address of purchaser]** | **Order no. & date** | **Description & quantity of ordered items** | **Name of in-country service provider (if different)** | **Place(s) where the services were rendered** | **Description of services** |
| --- | --- | --- | --- | --- | --- |
|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Available capacity for the provision of in-country services across Myanmar**

| Please provide a brief write-up explaining your available capacity and experience (both technical and commercial) for the provision of in-country services (delivery, installation or assembly at final destinations, end-user training, after-sales and ad-hoc maintenance services), as may apply to the goods to be supplied. |  |
| --- | --- |

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

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

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

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

**Form F: Manufacturer’s Authorization Form**

*To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.*

*The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This* *letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer.*

ITB reference no: **ITB/2022/40430**

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 authorize ***[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 authorized representative(s) of the manufacturer]***

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

Title: ***[insert title]***

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

**Form G: No Adverse Action Confirmation Form**

This is to certify that [delete unwanted option]:

1. No adverse action has been taken against the Bidder (insert Bidder’s name) and the manufacturers (insert manufacturer’s names) whose products are being offered by the Bidder against this Invitation to Bid, in the last 5 (Five) years.
2. The following instances of previous past performance have resulted in adverse actions taken against the Bidder (insert Bidder’s name) and the manufacturers (insert manufacturer’s names) whose products are being offered by the Bidder, in the last 5 (Five) years. Such adverse actions included:

*(indicate date and reasons for adverse actions and result of adverse actions; i.e. suspension or cancellation of manufacturing license by regulatory authorities, product recalls, blacklisting, debarment from bidding etc.)*

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

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

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

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