

Section III: Returnable Bidding Forms

Note to Bidders: Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of their bid submission.

e-Sourcing reference: Supply of Pharmaceutical Products – ITB/2022/42225

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: One UNOPS Vendor Profile Form

Form A: Joint Venture Partner Information Form

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

e-Sourcing reference no: ITB/2022/42225

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: Supply of Pharmaceutical Products to Myanmar
e-Sourcing Reference No. ITB/2022/42225, dated [08-June-2022]

We, the undersigned, declare that:

- a. We have examined and have no reservations to the bidding documents, including amendments No.: **[Insert the number and issuing date of each amendment]**;
- b. 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
- c. 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]**;
- d. 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]**;
- e. Our bid shall be valid for the period of time of **[90 days]** 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;
- f. If our bid is accepted, and if so requested in **Bid Particulars**, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of the Contract;
- g. 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;
- h. 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.
- i. 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;
- j. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
- k. 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;
- l. 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.
- m. 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

e-Sourcing Reference No: **ITB/2022/42225**

Name of Bidder: insert name of bidder

As defined in Instructions to bidders, Article 3, bidders shall not submit more than one quotation and alternative quotations shall not be allowed.

1. The bidders can round up the quantities to higher side matching with the available pack size.
2. UNOPS keeps the right to accept the bottle/blister packaging for lots where none of the bidders is found to be compliant with blister/bottle packaging requirements.
3. For Goods offered from within Yangon city, bidders shall quote the unit and total price below as the FCA cost at supplier's warehouse.

Lot No	Item Description	Unit	Total quantity in unit	Packaging	Manufacturer and country of origin	Shelf-Life (Mfg date & Exp date)	Offered Packaging	Offered Quantity in Unit (a)	FCA Supplier's warehouse/ Port of Origin	
									Unit Cost (b)	Total Cost (a x b)
1	Loratadine 10 mg Tablet	Tablet	4,340	Blister Pack						
2	Levothyroxine (as sodium) 50 mcg Tablet	Tablet	4,230	Blister Pack						
3	Sertraline 50 mg Tablet	Tablet	34,440	Blister Pack						
4	Tranexamic acid 250 mg Tablet	Tablet	4,500	Blister Pack						
5	Magnesium Glycinate 125 mg Capsule	Capsule	16,920	Blister Pack						
6	Calcium (as Carbonate) 500mg (elemental) Tablet	Tablet	9,000	Blister Pack						
7	Human Albumin 20% Solution for Infusion 100 ml, Sterile Injection	Injection	543	Infusion Bottle 100ml						

8	Gabapentin 300 mg Tablet	Tablet	58,800	Blister Pack						
9	Acetylcysteine 200 mg Capsule	Capsule	19,800	Blister Pack						
10	Escitalopram 10 mg Tablet	Tablet	240	Blister Pack						
11	Alprazolam 0.5 mg Tablet	Tablet	8,400	Blister Pack						
12	Insulin- Short acting- soluble-100 IU/ml, Sterile, Injection.10ml (Onset of action within 30 - 60 minutes after injection)	Vial	167	Vial						
13	Insulin- Intermediate acting (isophane) 100 IU/ml, Sterile, Injection, 10ml	Vial	123	Vial						
14	Hydroxocobalamin 1 mg/ml Injection. 1ml	Ampoule	3,001	Ampoule						
15	Salbutamol 2 mg Tablet	Tablet	34,078	Blister Pack						
16	Sitagliptin 50 mg Tablet	Tablet	14,350	Blister Pack						
17	Lorazepam 2 mg Tablet	Tablet	47,129	Blister Pack						
18	Folinic acid (Calcium folinate) 10 mg Tablet	Tablet	6,900	Blister Pack						
19	Eusol Lotion 500 ml	Bottle	42	Bottle Pack						
20	Aluminum hydroxide 400mg Tablet	Tablet	10,600	Blister Pack						
21	Thiamine hydrochloride (vitamin B1), 50 mg, Tablet	Tablet	1,500	Blister Pack						

22	Phosphatidylcholine 300mg hard capsule	Capsule	50,700	Blister Pack						
23	Olanzapine 10 mg Tablet	Tablet	11,250	Blister Pack						
24	IV Cotrimoxazole 400 + 80mg vial (Sulfamethoxazole/Trimethoprim (Co-trimoxazole)-480mg/5ml injection)	Vial	3,450	Vial						
25	Pyrimethamine 25 mg Tablet	Tablet	37,650	Blister Pack						
26	Valganciclovir 450mg tablet	Tablet	9,780	Blister Pack						
27	Flucytosine 500mg Tablet	Tablet	2,700	Blister Pack						

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

The bidder is requested to filled the following shipment information

Lot No	Rout of Freight	Shipment	Approx Gross weight in kg	Approx. weight and volume of the shipment
1				
2				
3				
4				
5				

Note* the bidder can add more rows for the offered lots.

Name : _____

Title : _____

Date : _____

Signature : _____

Form D: Technical Bid Form

e-Sourcing reference no: **ITB/2022/42225**

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.

A. Technical specifications for Goods – Comparative Data Table

All the quality certificates shall be included along with the bid.

Lot No	Item Description	Unit	Total quantity in unit	Packaging	Compliant Yes/No	If No, Provide comments
1	Loratadine 10 mg Tablet	Tablet	4,340	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
2	Levothyroxine (as sodium) 50 mcg Tablet	Tablet	4,230	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
3	Sertraline 50 mg Tablet	Tablet	34,440	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
4	Tranexamic acid 250 mg Tablet	Tablet	4,500	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
5	Magnesium Glycinate 125 mg Capsule	Capsule	16,920	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
6	Calcium (as Carbonate) 500mg (elemental) Tablet	Tablet	9,000	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
7	Human Albumin 20% Solution for Infusion 100 ml, Sterile Injection	Injection	543	Infusion Bottle 100ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
8	Gabapentin 300 mg Tablet	Tablet	58,800	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
9	Acetylcysteine 200 mg Capsule	Capsule	19,800	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
10	Escitalopram 10 mg Tablet	Tablet	240	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
11	Alprazolam 0.5 mg Tablet	Tablet	8,400	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
12	Insulin- Short acting- soluble- 100 IU/ml, , Sterile, Injection.10ml (Onset of action within 30 - 60 minutes after injection)	Vial	167	Vial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

13	Insulin- Intermediate acting (isophane) 100 IU/ml, , Sterile, Injection, 10ml	Vial	123	Vial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
14	Hydroxocobalamin 1 mg/ml Injection. 1ml	Ampoule	3,001	Ampoule	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
15	Salbutamol 2 mg Tablet	Tablet	34,078	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
16	Sitagliptin 50 mg Tablet	Tablet	14,350	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
17	Lorazepam 2 mg Tablet	Tablet	47,129	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
18	Folinic acid (Calcium folinate) 10 mg Tablet	Tablet	6,900	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
19	Eusol Lotion 500 ml	Bottle	42	Bottle Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
20	Aluminum hydroxide 400mg Tablet	Tablet	10,600	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
21	Thiamine hydrochloride (vitamin B1), 50 mg, Tablet	Tablet	1,500	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
22	Phosphatidylcholine 300mg hard capsule	Capsule	50,700	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
23	Olanzapine 10 mg Tablet	Tablet	11,250	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
24	IV Cotrimoxazole 400 + 80mg vial (Sulfamethoxazole/Trimethoprim (Co-trimoxazole)-480mg/5ml injection)	Vial	3,450	Vial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
25	Pyrimethamine 25 mg Tablet	Tablet	37,650	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
26	Valganciclovir 450mg tablet	Tablet	9,780	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
27	Flucytosine 500mg Tablet	Tablet	2,700	Blister Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

No	Description	Compliant Yes / No	If No, Provide comments
1	<p>Standard requirements:</p> <p>These products should meet the requirements of the pharmaceutical legislation and regulation of the country of origin for manufacturing and distribution of medicines. Country of origin means here the country where the finished product is manufactured.</p> <p>Good Manufacturing Practices (GMP) standards as set out by the WHO should be adhered to, in all respects for manufacturing, packaging and labelling of products.</p> <p>The product should also be compliant with monographs set by WHO International Pharmacopeia (Int Ph), United States Pharmacopoeia (USP), British Pharmacopeia (BP) and European Pharmacopeia.</p> <p>Labelling and package inserts shall be in English.</p>		
2	<p>Quality Assurance Requirements:</p> <p>The below quality assurance documents are required to be provided along with your offer</p> <ol style="list-style-type: none"> 1. The bidder should have Manufacturing and marketing license/ registration with the competent National Drug Regulatory Authority (NDRA) of the country the manufacturer. 2. A GMP certificate issued by the NDRA of the country of Manufacturer based on the WHO Guidelines. <p>OR</p> <p>For a bidder, who is a local vendor and not in a position to provide the above documents, UNOPS will keep the option of accepting the product if the product is registered with the Myanmar FDA. In that case, the supplier shall provide a copy of Myanmar FDA Registration Certificate.</p>		

Packaging and Labelling Specifications – Comparative Data Table

No	Packaging and Labelling Requirement	Compliant (Yes/No)
1	<p>Packaging and Labelling Specifications</p> <ol style="list-style-type: none"> a. Packaging and labelling components (e.g., <i>bottles, closures, and labelling</i>) should also meet specifications suitable for distribution, storage, and use in a climate similar to that prevailing in Myanmar. All packaging must be properly sealed and tamper-proof <i>and packaging components must meet the latest compendium standards and be approved for pharmaceutical packaging by the manufacturer's National Regulatory Authority.</i> b. All labelling and packaging inserts shall be in English. c. Goods requiring refrigeration or freezing or those that should not fall below a certain minimum temperature for stability must specifically indicate storage requirements on labels and containers and be shipped in special containers to ensure stability in transit from point of shipment to port of entry. 	

	<p>d. The packaging shall be done separately for each product.</p> <p>e. The individual containers shall be packed in carton boxes made of strong corrugated cardboard that are:</p> <ul style="list-style-type: none"> ✓ suitable to be piled at least 5 boxes high; ✓ Sufficiently strong to withstand rough handling and exposure to extreme tropical temperatures and air moisture. ✓ Final cartons should be shrink-wrapped in a clear plastic that prevents the product during transportation, storage and handling keeping in view the heavy rains in Myanmar. ✓ If there are enough numbers of cartons to form a pallet, palletisation shall be done and protectively wrapped. <p>f. Outer/shipper cartons must be clearly marked only as follows:</p> <ul style="list-style-type: none"> ✓ The international nonproprietary name (INN) or generic name prominently displayed and above the brand name, where a brand name has been given. Brand names should not be bolder or larger than the generic name; ✓ The dosage form ✓ The active ingredient per unit ✓ Strength/concentration of the product; ✓ Date of manufacture and expiry (in clear language, no code); ✓ Batch number; ✓ Content per pack; ✓ Instructions for storage; ✓ Name and address of the manufacturer; ✓ Carton numbering (e.g. 'carton 1/40') <p>g. All Inner boxes must have the information as follows:</p> <ul style="list-style-type: none"> ✓ The international non-proprietary name (INN) or generic name prominently displayed and above the brand name, where a brand name has been given. Brand names should not be bolder or larger than the generic name; ✓ The dosage form ✓ The active ingredient per unit ✓ Strength/concentration of the product; ✓ Date of manufacture and expiry (in clear language, no code); ✓ Batch number; ✓ Content per pack; ✓ Instructions for use; ✓ Special instructions for storage; ✓ Name and address of the manufacturer; 	
--	---	--

2	<p>Quality Control:</p> <ul style="list-style-type: none"> • If required, UNOPS may arrange for sample testing for each batch through an independent laboratory, which should not influence the Supplier's regular testing procedures. Suppliers should make provision of providing sufficient samples as samples per batch as required at no extra cost. The samples will be collected at the time of pre-dispatch inspection. • In the event a dispute should arise between UNOPS and the Supplier, a counter analysis will be carried out by an independent neutral accredited laboratory agreed by both UNOPS and the Supplier. If the counter analysis confirms the defect, the cost of such analysis will be borne by the Supplier as well as the replacement and disposal of the defective goods. In the event the independent analysis confirms the quality of the product. The UNOPS will meet all costs for such analysis. • On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost including removal, shipping and destruction of the defective product as appropriate 	
3.	<p>Standards of Quality Control for Supply</p> <p>The successful Supplier will be required to furnish to the Purchaser:</p> <ol style="list-style-type: none"> a. With each consignment, and for each item a certificate of quality control test results concerning quantitative assay, chemical analysis, sterility, pyrogen, content uniformity, microbial limit, and other tests, as applicable to the Goods being supplied and the manufacturer's certificate of analysis; b. Assay methodology of any or all tests if requested; c. Evidence of basis for expiration dating and other stability data concerning the commercial final package upon request. 	
4.	<p>Defect:</p> <p>On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost.</p>	
5.	<p>Shelf life: All goods must bear the following:</p> <ul style="list-style-type: none"> - Date of manufacture; and - Expiry date <p>The remaining shelf life of the products upon arrival at destination shall be minimal 75% of the total shelf life. For any deviation to this, the product expiry date has to be accepted by UNOPS. No shipment shall be made without UNOPS approval of shorter expiry dates.</p> <p>The bidder shall offer only the products where the Shelf life requirement is met as above.</p>	

6.	Complaints: Any complaint from UNOPS or its Sub-Recipients will be handled by the Supplier according to its internal standard operating procedures, and pursuant to the provisions relating to provisions as set out in the General Conditions.	
7.	Recall: If, after delivery, a batch has to be recalled, for whatever reason, the Supplier will inform UNOPS immediately. The Supplier will replace, at its own cost, all items covered by the recall with goods that fully meet the requirements of the original Purchase Order, and arrange for the collection or destruction of any defective goods.	
8.	Sustainability Requirement: Bidder must provide one or all of the following: Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; ; (or) A copy of the organization's sustainability policy; ; (or) A copy of the organization's latest corporate social responsibility report; ; (or) A copy of the organization's most recent UN Global Compact Communication on Progress report; ; (or) A signed statement from the President (or other executive officer) confirming the organization's commitment to sustainability.	
9.	Suppliers commitment to gender equality: The bidder shall provide a response that demonstrates its commitment to support gender equality and women's empowerment through its operations.	

Delivery requirements — Comparative Data Table

UNOPS Requirements		Is quotation compliant? Bidder to complete	If No, Provide comments
Delivery Schedule	For all lots; 100% Quantity to Airport/Seaport of origin within 60 days of signing of the purchase order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Submission of shipping documents	<p>The awarded supplier shall provide proforma invoice immediately after the PO is issued for UNOPS to apply TEC. For CPT incoterm, AWB/BL and other shipping documents much in advance to UNOPS. UNOPS will apply for a Tax exemption certificate (TEC). Once the TEC is received, UNOPS will provide the greenlight for the shipment. Please note that the TEC application period may take 8 weeks or more.</p> <p>The shipment shall be made within 10 working days only after the dispatch clearance is issued by UNOPS.</p> <p>The time between the days when shipping documents are provided to UNOPS and the day dispatch clearance is issued is not included in the delivery times mentioned above.</p> <p>In addition to the requirement of shipping documents as mentioned in SCC under Section IV, suppliers need to submit Invoice, packing list and other related documents (upon request from authority) to UNOPS to proceed with the tax exemption. Only after the dispatch clearance is provided by UNOPS, the supplier shall ship the Goods within the time mentioned above.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivery place and Incoterms rules	<p>FCA Port of origin or CPT – Yangon Port of Entry (INCOTERM - 2020)</p> <p>In case of CPT, UNOPS will ask the lowest compliant bidders for the consolidated freight for the lots they are being recommended to issue contract on CPT term after evaluation. Bidder needs to accept the award under either of the Incoterms.</p> <p>Cargo Insurance will be arranged by UNOPS.</p>	Yes <input type="checkbox"/> No	
Mode of Shipment	Air/Sea	Yes <input type="checkbox"/> No	
Consignee details	United Nations Office for Project Services No. 12(O), Pyithu Lane, 7 Mile, Mayangone Township, Yangon, Myanmar	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in above.

☐ Yes ☐ No

Name : _____

Title : _____

Date : _____

Signature : _____

Form E: Performance Statement Form (Last 2 years for pharmaceutical products)

e-Sourcing reference No: ITB/2022/42225

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

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		

Name : _____

Title : _____

Date : _____

Signature : _____

Form F: One UNOPS Vendor Profile Form (For new vendor)

SUPPLIER REGISTRATION
SECTION 1: SUPPLIER INFORMATION

Supplier/Vendor name, Company name, External individual name or Implementing Partner name (For individuals, please enter your first name, middle name and last name as per your national identification card or passport)		Company registration no. (For companies only)	Valid from (dd/mmm/yyyy)	Valid to (dd/mmm/yyyy)
UNGM Number*		VAT registration no.		
Country		Date of birth (dd/mmm/yyyy)	(For individuals only)	
Identity Document Type	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Other, please specify:	
Identity document no.		Issue date (dd/mmm/yyyy)		Expiry date (dd/mmm/yyyy)

Supplier Group (Select one of the below options)

<input type="checkbox"/> Company (Private or Public)*	<input type="checkbox"/> University/educational institution	<input type="checkbox"/> UN Agency /Institution
<input type="checkbox"/> External Individual	<input type="checkbox"/> IGO(Intergovernmental Organization)	<input type="checkbox"/> Government Agency
<input type="checkbox"/> Financial institution (including insurance and banking)	<input type="checkbox"/> NGO(Nongovernmental Organization)	

* UNOPS requires Companies to register with the United Nations Global Marketplace on www.ungm.org (UN supplier database)

SECTION 2: SUPPLIER CONTACT INFORMATION

General/permanent street address			
City		Postal code (ZIP)	
State/province		Country	
Primary Supplier/Vendor focal point contact information		Secondary/alternate contact person	

Name		Title		Name		Title	
Telephone no.		Email		Telephone no.		Email	

SECTION 3: SUPPLIER BANKING INFORMATION (For additional bank accounts, please provide additional forms)

Name of banking institution			Account Name (please indicate as shown on bankbook/bank account)		
IBAN no.			Bank account no.		
Clearing code/bank code (ACH/routing no/IFSC/sort code)			SWIFT/BIC code		
Branch code			Bank account currency		
Branch name			Bank account type	<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cheque <input type="checkbox"/> Other, please specify	
Bank's street address					
City			Postal code (ZIP)		
State/province			Country		

Intermediary/correspondent bank, if applicable

Name of intermediary bank			Intermediary IBAN no.		
Country of intermediary bank		SWIFT/BIC code		Clearing code/bank code	

Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.

Supplier/Supplier's Representative's Signature and Stamp		Date and Place	

SECTION 4: SUBMISSION INFORMATION (for UNOPS focal point to complete)

oneUNOPS supplier no.	Is this new or an update to an existing supplier profile?	Bank detail change	UNGM Ineligi bility Lists/ Claims Log check	Supplier/V endor have direct agreement /contract with UNOPS	Supplier/Ven dor paid via cash supplier?
	<input type="checkbox"/> New <input type="checkbox"/> Update existing supplier	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Requester (UN) (First name/last name/extension)		I hereby confirm that I have followed the Procurement Manual or the grant support policy (if applicable) and the information submitted is accurate.			
		Signature of Requester			Date