

Section III: Returnable Bidding Forms

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

E-sourcing reference: For the Supply of Sea Ambulance to RMI

Case reference: ITB/2022/43726

- Form A: Joint Venture Partner Information Form
- Form B: Bid Submission Form
- Form C: Price Schedule Form
- Form D: Technical Quotation Form
- Form E: Delivery Requirement Form
- Form F: Manufacturer's authorization form(If applicable)
- Form G: Performance Statement Form
- Form H : 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 case reference no: [insert ITB reference No.]

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 fulfilment of the provisions of the Contract.

Name of partner: _____

Name of partner: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name of partner: _____

Name of partner: _____

Signature: _____

Signature: _____

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 of Sea Ambulance to RMI, ITB e-sourcing Case No: ITB/2022/43726 dated [insert date]

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 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;
- 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 judgement 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/DPD, 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 authorised 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

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

E-sourcing case reference no: ITB/2022/43726

Name of Bidder: [insert name of bidder]

Currency	...USD
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Lot No	Description	Unit	Total Quantity in unit	Manufacture/ country of origin	Unit Price FCA [Port of origin] USD	Total Price FCA [Port of origin] USD	Unit Price DAP (Port of Majuro , Republic of the Marshall Islands) USD	Total Price DAP (Port of Majuro , Republic of the Marshall Islands)- USD
1	Sea Ambulance	set	1					
2	Sea Ambulance	set	1					

- UNOPS is exempted from Taxes and Duties. The offer shall be submitted **net of any direct taxes, customs duties and indirect taxes**, such as sales taxes, VAT, etc
- **Offer must include all the costs associated with the Supply, Assembling, Training and commissioning**

I, the undersigned, certify that I am duly authorised 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
E sourcing reference: Supply of Sea Ambulance - ITB/2022/43726

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Table** as below 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 Table. Such changes might disqualify your quotation.

*****Please note that, in case any branded names/details are mentioned in the technical specifications, it is only for the purpose of representation.***

❖ A. Technical specifications for Goods – Comparative Data Table

Lot No	Description	UNOPS Minimum Technical Requirements	Is quotation compliant? Bidder to complete	Details of goods offered./ Bidder to complete
1 & 2	Sea Ambulance	Technical Specifications of Sea Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Provide the brand/Model name
		Length: Approximately 10m	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Depth: Approximately 2 m	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Beam: Approximately 2.30m	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Capacity: at least 6Persons (which Includes 3 patients, 1 Health worker & 02 crew)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Speed: Minimum 30.00 kn	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Engine Type: Outboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Engine Capacity: 2*150hp	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Fuel Tank: 2x 100 min	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Deep sea ladder: 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Rear loading ladder: 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Life jacket: 12 min	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Anchor line: 2 (1 rear, 1 front)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Cleat: 4 (2 rear, 2 front)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Electric anchor winch: 1 front)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Emergency Light + sirens	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Sea ambulance label: “Ejmour V and Ejmour VI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Main Features	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- Deck and cabin Structure in aluminium suitable	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications

	for nautical environment.		
	- Medical area for patient treatment separated from the cabin with a door.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- To be provided with a Shock absorbing stretcher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Shock absorbing seats for pilot, crew and health worker - Equipped with Sufficient Storage cabinet for medical equipment - Foldable ramp for loading of terrestrial stretchers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Tempered glass on the entire cabin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Navigation Lights/mooring light kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- The patient loading area must be lighted properly to avoid any accidents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Stainless steel bollard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- 1 Rear access door weather proof	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- 1 service door for co-pilot side Magnetic Compass	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- VHF Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Radar and GPS Plotter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- 2 life rings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	Minimum requirement of Medical Equipment / accessories to be included :-	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	1.Portable Oxygen System consisting of two “M” oxygen cylinders with regulators,humidifiers,two oxygen masks and tubes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	2.Flex Roll in chair Backboard with head immobiliser	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	3.IV Hooks on the ceiling above patient area x2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	4.Stethoscope for Adult and paediatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	5.One Piece Cervical Collar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	6.First Aid Kit contains minimum below items	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- bandages with different sizes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
	- gauze	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications

		- crepe bandage roll	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- butterfly clips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- hypoallergenic tape	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- sterile wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- antiseptic liquid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- burn gel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- antibiotic ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- small, stainless steel scissors (to avoid them getting rusty in salt water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- tweezers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- swiss army knife	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- gloves (preferably not latex in case someone has an allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- pain killers (mixture of paracetamol and ibuprofen)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		- motion sickness tablets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		7.Portable Suction Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		8.Laryngoscope handle kit including handle,bulbs,battery and 3 Macintosh spare blades	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		9.Blood Pressure Apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		10. SS Toiletries (male and female urinal, Bedpan,Kidney dish and Vomit Bowl)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		11.Automated external defibrillator capable of delivering shocks minimum up to 350 Joules with CPR guided Pads suitable for adult and paediatrics.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		12.Vital Sign Monitor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		13.Nebulizer unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		14.Electronic SIREN with minimum 100W	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications

		OPERATIONAL TRIALS Trials shall be undertaken at build completion and witnessed at the discretion of UNOPS or delegated third party. This is vital to UNOPS's pre shipment inspection process ensuring product specification compliance. These are intended to demonstrate to UNOPS that all elements of the vessel perform as required by UNOPS. The Tenderer is to provide a programme of trials in the tender response to include:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Dock Trial Post-build assessment demonstrating that the vessel floats at an acceptable draught and trim in an unladen state.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Open Water Trial (a) Pre-acceptance assessment to demonstrate all elements of the vessel will operate as required in a laden state in a safe and efficient manner (b) Open water trials are to include evidence of satisfactory propulsion and working operation of all machinery / equipment fitted (c) The contents of all bilges shall be mopped dry at the start and checked at the end of all trials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		PRESSURE TESTING All hull plating, seams, joints or penetrations and all watertight bulkheads are to be tested for watertight integrity to UNOPS's satisfaction prior to acceptance. This testing is to be undertaken before deck coatings are applied to avoid later rework.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		ANCHOR & WARP Anchor and warp are to be provided with suitable means of retrieval and storage. This system is to be compliant with the latest issue of the MCA Workboat Code "Industry Working Group Technical Standard", or equivalent standard.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Standard maintenance tools All standard accessories, consumables and parts required to operate the equipment, including all standard tools and cleaning material, to be included in the offer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications

		Warranty - Warranty periods for all equipment (machinery, electronics and equipment) should be stipulated, with a minimum of 2 years (from delivery) sought by the eventual Owner. The level of warranty that can be provided by local agents is to be stipulated - The whole system shall be covered by a warranty of at least 1 year or Manufacturer's Standard Warranty, including all spare parts, starting as of the date of successful on-site acceptance, as per testing and acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications
		Bidders shall provide a detailed methodology for the satisfactory execution of after sales service at RMI which will be a part of the contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details of specifications

B. Quality Assurance and Other Requirements

❖ Quality Assurance and Warranty and after Sales service Requirements

Quality Assurance and Warranty and after Sales service Requirements	Is Bidder compliant? Bidder to complete
<p>Documentation</p> <p>-Manufacturers should have ISO 9000 certification for quality standards or an equivalent quality management system</p> <p>- Please submit the following Quality document along with the bid</p> <ul style="list-style-type: none"> - Copies of valid certifications establishing the safety and suitability of the offered vessel for the medical ambulance use as prescribed by the International / local regulatory authorities . - Compliance with the requirements of ISO 12216 / The American Boat & Yacht Council (ABYC) safety standards as applicable. - Fitness certificate as issued by the Local authorities , if any <p>For all the medical equipment and accessories :-</p> <ul style="list-style-type: none"> - Catalogue of the offered make / model - The offered product must be CE certified OR US FDA approved. - QMS of the Manufacturer of the medical offered must be certified against the requirements of ISO 9000 and ISO 13485. <p>The medical equipment shall comply to UNOPS QA policy as applicable as can be seen at link: https://content.unops.org/service-Line-Documents/Procurement/UNOPS-Procurement-Manual-Annex-2-2021_EN.pdf</p> <p>-Bidders shall enclose the copies of such certification for the offered product along with the submission.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the Valid and relevant document</p>
<p>Product Specification:</p> <ul style="list-style-type: none"> - Bidder shall indicate the offered product name, catalogue number, product photos and related product information. - All drawings, manuals and other documentation necessary to operate and maintain the vessel are to be provided - Product catalogues for all products 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the Valid and relevant document</p>
<p>Packaging and Labelling Specifications</p> <ul style="list-style-type: none"> a. Manufacturer's standard packaging b. All labelling and packaging inserts shall be in English. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the Valid and relevant document</p>
<p>The supplier shall be responsible for the on-site assembly, start up and shall be present during testing and commissioning of Equipment for any trouble shooting.This shall be carried out at the date and time as informed by UNOPS. Equipment not passing the satisfactory testing will not be accepted and has to be replaced by the bidder</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Performance or supervision of the on-site assembly and/or start-up of the supplied Goods. This shall be carried out at the time of Installation and commission of Equipment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Furnishing of tools required for assembly and/or maintenance of the supplied Goods along with each equipment</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Training Requirement -The bidder also provides user training (including how to use and maintain the equipment) and a comprehensive maintenance plan -Training of the Purchaser's personnel, on-site, in assembly, start-up, operation, maintenance and/or repair of the supplied goods.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints Any complaint from UNOPS or the recipient countries 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recall If, after delivery, the product 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 .	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form E: Delivery Requirement Form

❖ Delivery requirements — Comparative Data Table

UNOPS Requirements		Is quotation compliant? Bidder to complete
Delivery Schedule	Within 60 days from the date of issue of PO is the requirement. However, The bidders may offer their own delivery schedule, which will also be a factor in the evaluation. Bid price will be increased by 0.3% for each day delay beyond 60 days only for financial evaluation purposes. UNOPS keeps the right of accepting the deliveries offered beyond 60 days, if it's a reasonable time period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery place and Incoterms rules	DAP(Port of Majuro , Republic of the Marshall Islands) (Custom clearance to be conducted by Consignee)..	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of Transport	Sea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buyer	UNOPS Asia Region ARHC 208 Wireless Road Building, Bangkok, Thailand .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consignee details	Ministry of Finance, Government of RMI P.O. Box D Majuro, MH 96960 Majuro, RMI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Shipping requirements	The supplier shall provide draft BL and other shipping documents much in advance to UNOPS. UNOPS will apply for a Tax exemption certificate (TEC). The time taken for TEC may take at least 3 weeks or more. UNOPS will provide the greenlight for the shipment once the TEC is received and the shipment shall be dispatched only after receipt of green light from UNOPS. NOTE: 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
UNOPS Right to vary requirements	When the Contract is awarded, UNOPS reserves the right to award the contract under any of the lots OR both the lots together.	<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 **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

Name : _____

Title : _____

Date : _____

Signature : _____

Form F: Manufacturer's Authorization Form

A letter issued by the manufacturer authorising the applicant to participate in this particular ITB must be submitted with the bid in the format provided in this 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.

ITB reference no: **[insert ITB reference No.]**

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: Performance Statement Form

(Bidder or the authorised agent of the bidder (When manufacturer is the bidder) should be in continuous business of supplying Sea Ambulance or marine rescue ambulance or similar goods for the last [2] Calendar years from the bid closing date.)

ITB reference no: ITB/2022/43726

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

Order placed by (Full address of purchaser)	Order no & date, Year	Description n & quantity of ordered items	Value of Order	Date of completion of Delivery		Remarks indicating reasons of late delivery, if any	Was the supplies of goods satisfactory
				As per Contract	Actual		


Name : _____

Title : _____

Date : _____

Signature : _____

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

 SUPPLIER REGISTRATION FORM									
SECTION 1: SUPPLIER INFORMATION									
Supplier/Vendor name, Company name, External individual name or Implementing Partner name (For individuals, please enter your first name, middle name and last name as per your national identification card or passport)					Company registration no. (For companies only)		Valid from (dd/mm/yyyy)		Valid to (dd/mm/yyyy)
UNGM Number*					VAT registration no.				
Country					Date of birth (dd/mm/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/mm/yyyy)				Expiry date (dd/mm/yyyy)
Supplier Group (Select one of the below options)									
<input type="checkbox"/> Company (Private or Public)* <input type="checkbox"/> External Individual <input type="checkbox"/> Financial institution (including insurance and banking)				<input type="checkbox"/> University/educational institution <input type="checkbox"/> IGO(Intergovernmental Organization) <input type="checkbox"/> NGO(Nongovernmental Organization)			<input type="checkbox"/> UN Agency /Institution <input type="checkbox"/> Government Agency		
* UNOPS requires Companies to register with the United Nations Global Marketplace on www.ungm.org (UN supplier database)									
SECTION 2: SUPPLIER CONTACT INFORMATION									
General/permanent street address									
City					Postal code (ZIP)				
State/province					Country				
Primary Supplier/Vendor focal point contact information					Secondary/alternate contact person				
Name				Title			Name		Title
Telephone no.				Email			Telephone no.		Email
SECTION 3: SUPPLIER BANKING INFORMATION (For additional bank accounts, please provide additional forms)									
Name of banking institution					Account Name (please indicate as shown on bankbook/bank account)				
IBAN no.					Bank account no.				
Clearing code/bank code (ACH/routing no/ IFSC/sort code)					SWIFT/BIC code				
Branch code					Bank account currency				
Branch name					Bank account type		<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cheque <input type="checkbox"/> Other please specify		

Bank's street address					
City		Postal code (ZIP)			
State/province		Country			
Intermediary/correspondent bank, if applicable					
Name of intermediary bank			Intermediary IBAN no.		
Country of intermediary bank		SWIFT/BIC code		Clearing code/bank code	
<p>Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.</p>					
Supplier/Supplier's Representative's Signature and Stamp				Date and Place	

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