Section III: Returnable Bidding Forms

eSourcing reference:ITB/2023/47240

Note to Bidders: The following returnable forms are part of this ITB and must be completed and returned by bidders as part of their Bid. 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 bid by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form (if applicable)
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form
* Form E: No Adverse Action Confirmation Form
* Form F: Manufacturer’s authorization form
* Form G: Performance Statement 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/2023/47240

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 of [*Insert a brief description of goods/services*]in[*Name of country/city*], ITB Case No. [Insert ITB ref number], dated [insert date]

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 the Tender Particulars section, 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 the Tender Particulars section, 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 judgement 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/2023/47240

Name of Bidder: [insert name of bidder]

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

Bid Summary

| Bidder’s Total prices FCA (Price of goods FCA + Related Services if applicable) | [insert amount and currency] |
| --- | --- |
| Bidder’s Total prices CPT/CFR (Price of goods CPT + Related Services if applicable) | [insert amount and currency] |
| Bidder’s Total prices CFR (Price of goods CFT + Related Services if applicable) | [insert amount and currency] |
| Total Price of Goods FCA | [insert amount and currency] |
| Total Price of Goods CPT | [insert amount and currency] |
| Total Price of Goods CFR | [insert amount and currency] |
| Total Price of Related Services | [insert amount and currency] |
| Freight Cost per 20/40 ft. container (if applicable) | [insert amount and currency] |
| Customs clearance costs (if applicable) | [insert amount and currency] |

Prices for Goods

**Haematology Laboratory equipment**

| Item/ lot | Description | Qty  (a) | Currency | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA (b) | Unit price CPT (c) | Total price FCA (a)x(b) | Total price  CPT (a)x(c) |
| 1 | 6-Part differential Human full Automated Hematology analyzer | 6 |  |  |  |  |
| 2 | Platelets Incubator with a built-in agitator | 4 |  |  |  |  |
| 3 | Fully automated coagulation analyzer | 6 |  |  |  |  |
| 4 | Fully automated Erythrocyte sedimentation rate analyzer (ESR) | 6 |  |  |  |  |
| 5 | Automated capillary electrophoresis system | 6 |  |  |  |  |
| 6 | High performance liquid chromatography (HPLC) of Haemoglobin | 1 |  |  |  |  |

Prices for related services - Lot 4

| Item/ lot | Description of the services | Lump Sum price |
| --- | --- | --- |
| 1 | Installation and commissioning at final destination (All required accessories included) |  |

Note: Equipment installation and commissioning price must be all-inclusive (include all applicable costs e.g travel, accommodation, etc.)

Bidder’s delivery data

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

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 (PLEASE FILL IN PROPERLY THE FORM INDICATING YOUR PROPOSED OFFER FOR EACH PARAMETER. OTHERWISE YOUR BID MAY BE REJECTED)

ITB reference no: ITB/2023/47240

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 bid.

1. Technical specifications for Goods – Comparative Data Table

Haematology Laboratory equipment

| Item No | UNOPS minimum technical requirements | Quantity | Is the bid compliant? Bidd  er to complete | Details of goods offered. Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | 6-Part differential Human full Automated Haematology analyzer  Principles & Technologies:  Fluorescent Flow Cytometry method for WBC, DIFF or better technology.  Hydrodynamic focusing DC detection method for PLT-I (Impedance), RBC, HCT or better technology.  Cyanide-free SLS-haemoglobin method: HGB or better technology  Parameters:  Able to classify immature granulocytes (IG) as a sixth population  At least 27 Parameters for Whole blood / Pre-dilution mode including:  WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, RDW-SD, RDW-CV, PDW, MPV, P-LCR, PCT, NEUT#, LYMPH#,  MONO#, EO#, BASO#, NEUT%, LYMPH%, MONO%, EO%, BASO%, IG#, IG%, MicroR, MacroR.  Throughput: 60 samples/hour (minimum)  Sample Aspiration in two modes:  Whole blood mode  Pre-dilution mode  Reagents:  4 reagents or less: Diluent; Cyanide-free Haemoglobin Reagent, Lyse Reagent, Fluorescence Reagents apart from cleaning solutions.  Data Storage configuration  Sample data Storage Results  Patient information records  QC files analyser  Reagent replacement history  Maintenance history  Monitor:  Fully integrated IPU (information-processing unit) including an LCD colour touchscreen (minimum 12.1 inch)  External Ports:  At least 3 USB ports for handheld barcode reader, printer and USB device connections.  RS-232C port and LAN port for host computer connection  Power supply: 115 - 230 Volts ± 10 %, 50 Hz  Supplied with: Accessories and starter reagent kit  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or Manufacturer’s QMS certificate.  One year warranty including spare parts and preventive and curative maintenance activities | 6 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |
| 2 | Platelets Incubator with a built-in agitator  – Platelets agitator providing a continuous rolling motion for safe platelets storage.  – Rolling and sliding accessories providing the storage platform with smooth shaking, which eliminates the need for the ball bearing which wears out much more quickly and squeaks. (or better technology).  – Uniform air circulation for the chips, ensuring an ideal environment for optimal preservation.  – Offering the security of a continuously temperature-controlled environment through an advanced control system and built-in chart recorder.  Capacity: At least 150 bags  Temperature range: 20 ºC to 35 ºC (minimum temperature range)  Interior construction: Bacteria resistant powder coated or better technology  Exterior construction: Bacteria resistant powder coated or better technology  Door: Dual-pane, tempered glass door with magnetic seal  System: Thermoelectric Heating and Cooling Technology (or better technology)  Data connectivity: USB port, LAN Port  Temperature chart recorder: Included  Battery backup: Included  Motion alarm: Programmable  Door lock: Key  - Power supply: mains 200VAC to 240VAC, 50Hz  – Delivered with all necessary accessories for proper operation  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or Manufacturer’s QMS certificate.  One year warranty including spare parts and preventive and curative maintenance activities | 4 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |
| 3 | Fully automated coagulation analyzer  – Principles of detection coagulant method, chromogenic analysis by kinetics, immuno-turbidimetric method;  – Detection channel/method: 8 channels for clotting, chromogenic and immunoassays  - Parameters: at least 20 parameters can be analysed simultaneously  - Throughput: PT: 100 tests/h (or more) and PT/APTT: 80 tests/h (or more)  - Sampling: Continuous loading of maximum 5 racks of 10 tubes each, cap-piercing functionality,  STAT sample can be analysed as priority by executing either sample or rack interruption function  – Wavelengths 405 nm, 575 nm, 660 nm, 800 nm (or more wavelengths)  – Sample volume control available  – Sample tube loading capacity 50 tubes (at least)  – Detection tanks 8 tanks (or more)  – Incubation tanks 9 tanks (or more)  – Incubation temperature: 37.9 °C ± 1.0 °C  – Calibration curves 2 – 9 calibration points (or better method), with max. 5 calibration curves per parameter (or better method).  – Storage capacity of at least 150 cuvettes  - Printer port for external printer.  – Mains supply 100-240 VAC, 50/60 Hz  – Delivered with all necessary accessories for proper operation  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or Manufacturer’s QMS certificate.  One year warranty including spare parts and preventive and curative maintenance activities | 6 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |
| 4 | Fully automated Erythrocyte sedimentation rate analyzer (ESR)  – Reading Principle: capillary photometry  – Direct reading on EDTA tubes  – Small sample volume for paediatrics through adult sample use.  – Built-in printer  – Internal barcode reader for patient identification  – Internal quality control  – Availability of Playback function for Racks of samples  – Possibility of measurement when the haematocrit is low  – Mains supply 100-240 VAC, 50/60 Hz  – Delivered with all necessary accessories for proper operation  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or Manufacturer’s QMS certificate.  One year warranty including spare parts and preventive and curative maintenance activities | 6 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |
| 5 | **Automated capillary electrophoresis system**  – Fully automated;  – Rate: 40 samples per hour (minimum)  – Separation of all haemoglobin fractions;  – Quantification by 415 nm spectrophotometry or better technology  – Blood glucose display  – Simultaneous analysis of at least 8 samples  – Mains supply 200-240 VAC, 50/60 Hz  – Delivered with all necessary accessories for proper operation  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or equivalent.  One year warranty including spare parts and preventive and curative maintenance activities | 6 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |
| 6 | High performance liquid chromatography (HPLC) of Haemoglobin    For in vitro diagnostic quantitative determination of haemoglobin A1c (HbA1c) in whole blood from venous draw and finger stick.  – Principle: Boronate affinity chromatography (BAC) or better technology  – Minimum legible division: Area percentage = 0.01%  -Completely Automated  - Fast test time  -Instrumentation control: Windows Operating System with Proprietary Assay Software  -Result output: Display and Print  -Printout: Automatic, User Select  - Samples types: Whole blood, hemolysates made from whole blood or packed red blood cells.  Blood can be fresh or thawed from a frozen state. Venous EDTA, Heparin or Sodium Fluoride or Finger Stick  -Sample ID: Operator Input or Bar Code Reader  – Minimum sample volume: 10 microliters of whole blood, 5 microliters of packed red blood cells  – Loading capacity: 150 samples + emergency position (STAT sample position)  – Analysis time: about 1 min per sample  – Analytical column: Boronate bound to a porous polymer gel at 55°C or technology related to system’s principle or better technology  – Detector: UV Light LED  -LED wavelength detector: 413 nm ± 2nm  – Calibrators: Embedded, Glycated haemoglobin calibrators (2 levels) or better technology  – Controls: On-board, Glycated haemoglobin controls (2 levels) or better technology  – Mains supply 200-240 VAC, 50/60 Hz  - Supplied with reagents and consumables for 1000 tests (very advanced expiry date)  – Delivered with all necessary accessories for proper operation  CE or FDA certified  ISO 13485 certified  ISO 9001 certified or Manufacturer’s QMS certificate. One year warranty including spare parts and preventive and curative maintenance activities | 1 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications).  Kindly insert the required certificates number, certifying entity and expiration date. |

1. 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 4 months CPT Cotonou Port after Contract signature.  UNOPS plans to award contract/s based on CPT incoterm but reserves the right to award on FCA basis and arrange its own freight. The readiness of the goods should be 3 months after contract signature in case of FCA award.  A bidder must quote CPT (Port of Cotonou), indicating both FCA and CPT prices. | ☐ Yes ☐ No | Insert details |
| Delivery place and Incoterms rules | Incoterms 2020, CPT Cotonou Port | ☐ Yes ☐ No | Insert details |
| Consignee details | To be confirmed at time of order | ☐ 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; if applicable for the item | ☐ Yes ☐ No | Insert details |

1. Sustainability requirements

| Item number | Description of the services | Is the bid compliant? Bidder to complete | Details  Bidder to complete |
| --- | --- | --- | --- |
| 1. | Bidders must be CE or FDA certified. | ☐ Yes ☐ No | Please indicate certificate number, certifying entity and validity end date |
| 2. | Manufacturer ISO13485 certified.  ISO 9001 certified or equivalent. | ☐ Yes ☐ No | Please indicate certificate number, certifying entity and validity end date |
| 3. | Bidders shall demonstrate that they **promote, encourage and apply equal opportunity, diversity and inclusion within their organisation** (this will be evaluated as per qualification criteria listed in the section “qualification criteria”). | ☐ Yes ☐ No | Please describe your approach/Provide a internal policy or declaration  in applying those aspects in your operations |
| 4. | Warranty: one year warranty including spare parts and labour for preventive maintenance services | ☐ Yes ☐ No | Please insert the details of your warranty (period and services) |

1. Related services requirements

| Item number | Description of the services if Applicable | Is the bid compliant? Bidder to complete | Details  Bidder to complete |
| --- | --- | --- | --- |
| 1 | * Bidder to provide equipment installation and commissioning at delivery destination. * The Bidder to highlight any specific pre-installation conditions. * The bidder to indicate: The complete details (name, address, email and telephone) of a local company or representative that may provide technical assistance, as applicable. | ☐ Yes ☐ No | Insert details |

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:

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

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: No Adverse Action Confirmation Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

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

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

Indicate here previous experiences supplying medical equipment

ITB reference no: [insert ITB reference No.]

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