**Section V: Returnable Bidding Forms – (Lot-2)**

**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 Submission Form
* Form D: Technical Bid Form
* Form E: Manufacturer’s Authorization Form
* Form F: Performance Statement Form

**Form A: Joint Venture Partner Information Form (Lot-2)**

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

ITB 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 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 (Lot-2)**

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 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 (Lot-2)**

ITB reference no: [insert ITB reference No.]

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 CIF (Price of goods CIF + Related Services if applicable)** | [insert amount and currency] |
| **Total Price of Goods FCA** | [insert amount and currency] |
| **Total Price of Goods CIF** | [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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description** | **Qty**  **(a)** | **Unit** | **Currency: [procurement official to insert applicable currency]** | | | |
| **Unit price FCA**  **(b)** | **Unit price CIF**  **(c)** | **Total price FCA (a)x(b)** | **Total price**  **CIF**  **(a)x(c)** |
| 1. | Oxygen Cylinder with Trolly & Accessories | 12 | Pcs |  |  |  |  |
| 2. | Patient Monitor | 2 | Pcs |  |  |  |  |
| 3. | Fully Automatic 3 part Haematology Analyser | 2 | Pcs |  |  |  |  |
| 4. | Fully Automatic Chemistry Analyser | 2 | Pcs |  |  |  |  |
| 5 | Finecare Immuno assay Hormone Analyser | 2 | Pcs |  |  |  |  |
| 6 | Oxygen concentrator | 2 | Pcs |  |  |  |  |
| 7 | Faros Phacoemulsification System (anterior/posterior) | 1 | Pc |  |  |  |  |
| 8 | Instrument set for surgical platform anterior/posterior | 4 | Sets |  |  |  |  |
| 9 | Dental Ultrasonic scaler | 4 | Pcs |  |  |  |  |
| 10 | Dental Sinus Lift Instruments | 6 | Sets |  |  |  |  |
| 11 | Otoscope | 10 | Pcs |  |  |  |  |
| 11 | Ear syringe Complete | 10 | Pcs |  |  |  |  |
| 12 | Laryngoscope | 6 | Pcs |  |  |  |  |
| 13 | Pulse oximeter | 10 | Pcs |  |  |  |  |
| 14 | Breathing Circuit | 6 | Pcs |  |  |  |  |
| 15 | CTG Machine | 2 | Pcs |  |  |  |  |
| 16 | Diagnostic Set | 6 | Stes |  |  |  |  |
| 17 | CR system complete with digitize, printer and work station | 2 | Pcs |  |  |  |  |
| 18 | 3D Ultrasound machine | 2 | Pcs |  |  |  |  |
| 19 | Dental film processor | 8 | Pcs |  |  |  |  |
| **Total Price of Goods** | | | | | |  |  |

**Bidder’s delivery data**

|  |  |  |
| --- | --- | --- |
| **Country of origin of offered products** | Item 1 |  |
| Item 2 |  |
| Item 3 |  |
| Item 4 |  |
| Item 5 |  |
| Item 6 |  |
| Item 7 |  |
| Item 8 |  |
| Item 9 |  |
| Item 10 |  |
| Item 11 |  |
| Item 12 |  |
| Item 13 |  |
| Item 14 |  |
| Item 15 |  |
| Item 16 |  |
| Item 17 |  |
| Item 18 |  |
| Item 19 |  |

|  |  |  |
| --- | --- | --- |
| **FCA point(s) of delivery for offered products** | Item 1 |  |
| Item 2 |  |
| Item 3 |  |
| Item 4 |  |
| Item 5 |  |
| Item 6 |  |
| Item 7 |  |
| Item 8 |  |
| Item 9 |  |
| Item 10 |  |
| Item 11 |  |
| Item 12 |  |
| Item 13 |  |
| Item 14 |  |
| Item 15 |  |
| Item 16 |  |
| Item 17 |  |
| Item 18 |  |
| Item 19 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |
| Item 7 |  |  |  |  |
| Item 8 |  |  |  |  |
| Item 9 |  |  |  |  |
| Item 10 |  |  |  |  |
| Item 11 |  |  |  |  |
| Item 12 |  |  |  |  |
| Item 13 |  |  |  |  |
| Item 14 |  |  |  |  |
| Item 15 |  |  |  |  |
| Item 16 |  |  |  |  |
| Item 17 |  |  |  |  |
| Item 18 |  |  |  |  |
| Item 19 |  |  |  |  |
| 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 (Lot-2)**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section IV: 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.

1. **Technical specifications for Goods and Comparative Data Table**

Supply of Assorted Medical Equipment for the Secondary Health Centers for Damaturu, Yobe State, Republic of Nigeria

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| 1 | **Oxygen Cylinder with Trolly & Accessories** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **\***medical oxygen cylinder (medium size) | ☐ Yes ☐ No | Insert details of goods offered |
| \*push trolley | ☐ Yes ☐ No | Insert details of goods offered |
| \*Valve | ☐ Yes ☐ No | Insert details of goods offered |
| \*Nasal Mask | ☐ Yes ☐ No | Insert details of goods offered |
| \*Flowmeter | ☐ Yes ☐ No | Insert details of goods offered |
| \*Humidifier Bottle & tubes | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | **Patient Monitor** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **GENERAL DESCRIPTION** Patient vital signs monitor, 6 parameters, suitable for adults, paediatric/infants and newborn patients**. Robust design for use in demanding environment.** | ☐ Yes ☐ No | Insert details of goods offered |
| **Monitoring 6-parameters:** ECG and Heart Rate (HR), Respiratory Rate (RR), SpO₂,  non-invasive blood pressure, and Temperature. | ☐ Yes ☐ No | Insert details of goods offered |
| Adjustable signal amplitude and sensitivity. | ☐ Yes ☐ No | Insert details of goods offered |
| Colour flat panel display ≥ 10.4 inches. | ☐ Yes ☐ No | Insert details of goods offered |
| Multi-waveform and parameters visualization, up to 7 wave forms simultaneously. | ☐ Yes ☐ No | Insert details of goods offered |
| Ability to remove unwanted parameters from display | ☐ Yes ☐ No | Insert details of goods offered |
| Defibrillator sync and protection | ☐ Yes ☐ No | Insert details of goods offered |
| Designed for frequent and easy dismount and disinfection with hospital-grade products. | ☐ Yes ☐ No | Insert details of goods offered |
| Automatic self-test and continuous system monitoring. | ☐ Yes ☐ No | Insert details of goods offered |
| Built-in rechargeable battery, autonomy of at least 2 hours. | ☐ Yes ☐ No | Insert details of goods offered |
| Automatic switch to battery in case of power failure, automatic recharge on connection to mains. | ☐ Yes ☐ No | Insert details of goods offered |
| Ain cable at least 3 meter long | ☐ Yes ☐ No | Insert details of goods offered |
| Electrical protection provided by fuses in both live and neutral supply lines. | ☐ Yes ☐ No | Insert details of goods offered |
| Power requirements: 220 - 240 Volts - 50/60 Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 | **Fully Automatic 3 part Haematology Analyser** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Operation: Automation Fully Automatic** | ☐ Yes ☐ No | Insert details of goods offered |
| Testing: CBC +3-DIFF, 21 parameters + 3 histograms | ☐ Yes ☐ No | Insert details of goods offered |
| Throughput: 60-70 Samples Per Hour | ☐ Yes ☐ No | Insert details of goods offered |
| Sample Type: Prediluted Mode (20 Microliter); Whole Blood Mode (21 Microliter) +9 Micro-liter for paediatrics | ☐ Yes ☐ No | Insert details of goods offered |
| Temperature: 10-40 Degree Celsius | ☐ Yes ☐ No | Insert details of goods offered |
| Humidity: 20%-90% | ☐ Yes ☐ No | Insert details of goods offered |
| User Interface: 4 USB Ports, 1 LAN Port | ☐ Yes ☐ No | Insert details of goods offered |
| Air Pressure: 70 kPa ~ 106 kPa | ☐ Yes ☐ No | Insert details of goods offered |
| Data Storage Capacity: Up to 50,000 Results | ☐ Yes ☐ No | Insert details of goods offered |
| Display Type: TFT Touch Screen | ☐ Yes ☐ No | Insert details of goods offered |
| Reagent: Diluent, Lyse, Probe Cleanser (Original QC, calibrators and reagents) | ☐ Yes ☐ No | Insert details of goods offered |
| Printout: Thermal recorder, 50 mm width paper, various printout formats. | ☐ Yes ☐ No | Insert details of goods offered |
| External printer (optional) | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | **Fully Automatic Chemistry Analyser** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Operation: Automatic, Discrete, random access, bench top | ☐ Yes ☐ No | Insert details of goods offered |
| Throughput: 200-400 tests per hour with ISE | ☐ Yes ☐ No | Insert details of goods offered |
| Reagent/Sample tray: 80 Reagent and 40 Sample Position, | ☐ Yes ☐ No | Insert details of goods offered |
| Reagent Vol.: 10~45μl step by 0.5μl | ☐ Yes ☐ No | Insert details of goods offered |
| Compartment: 2 ~ 12°C | ☐ Yes ☐ No | Insert details of goods offered |
| Reaction volume 100 μl ~ 360 μl | ☐ Yes ☐ No | Insert details of goods offered |
| Operating temperature: 35 ~ 40°C | ☐ Yes ☐ No | Insert details of goods offered |
| Automatic probe cleaning, liquid level detection & collision protection | ☐ Yes ☐ No | Insert details of goods offered |
| Whole blood testing function for HbA1c | ☐ Yes ☐ No | Insert details of goods offered |
| Automatic dilution for abnormal sample | ☐ Yes ☐ No | Insert details of goods offered |
| Inbuilt barcode reader and Bi-directional LIS interface | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply / Freq.: AC 220 ~ 240V, 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB15979-2002 | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | **Finecare Immuno assay Hormone Analyser** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Portable fluorescent instrument used for quantitative determination of concentrations of various analyses in human blood or urine such as:   * Covid Tests, * D-Dimer, * CRP, * Ferritin, * Hormones, * Tumor maker, * Diabetes mellitus and * Cardiac enzymes. | ☐ Yes ☐ No | Insert details of goods offered |
| Technologies | ☐ Yes ☐ No | Insert details of goods offered |
| Built-in thermal printer | ☐ Yes ☐ No | Insert details of goods offered |
| LED touch screen | ☐ Yes ☐ No | Insert details of goods offered |
| LIS/HIS connection (Direct connection) | ☐ Yes ☐ No | Insert details of goods offered |
| ID Chip | ☐ Yes ☐ No | Insert details of goods offered |
| Test Channel (test cartridge holder) | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply/Freq.: AC 100-240V, 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB15979-2002 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **6** | **Oxygen concentrator** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Minimum Capacity (Liter per minute): 5 LPM | ☐ Yes ☐ No | Insert details of goods offered |
| Oxygen Concentration: 93%+/- 3% | ☐ Yes ☐ No | Insert details of goods offered |
| Sound Level: 40dbA (50Hz) | ☐ Yes ☐ No | Insert details of goods offered |
| Flow: Single Flow | ☐ Yes ☐ No | Insert details of goods offered |
| Outlet Pressure: 8.5 psi (58.6 kPa) | ☐ Yes ☐ No | Insert details of goods offered |
| Alarm: Audible and visual High/low pressure, low flow, low oxygen, power fail, Oxygen Sensing Device | ☐ Yes ☐ No | Insert details of goods offered |
| Power Consumption: 220- 230V / 50 Hz - 312 Watts Average | ☐ Yes ☐ No | Insert details of goods offered |
| Storage Conditions: 40°C to 70°C, | ☐ Yes ☐ No | Insert details of goods offered |
| humidity range of 10% to 100% | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **7** | **Faros Phacoemulsification System (anterior/posterior)** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Faros Phacoemulsification System | ☐ Yes ☐ No | Insert details of goods offered |
| The phaco surgical platform features include – SPEEP pump | ☐ Yes ☐ No | Insert details of goods offered |
| High Frequency Deep Sclerotomy (HFDS) | ☐ Yes ☐ No | Insert details of goods offered |
| Powerful pedal, Perfect control of fluidics | ☐ Yes ☐ No | Insert details of goods offered |
| Power LED technology | ☐ Yes ☐ No | Insert details of goods offered |
| Anterior & posterior segment device and Infusion system. | ☐ Yes ☐ No | Insert details of goods offered |
| Vitreous Cutter thickness: 20G | ☐ Yes ☐ No | Insert details of goods offered |
| Easy Phaco handpiece Phaco handpiece, reusable with Titanium easyTips | ☐ Yes ☐ No | Insert details of goods offered |
| Pump Type: Peristaltic | ☐ Yes ☐ No | Insert details of goods offered |
| Vitrectomy cutting frequency 10000 | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply / Frequency: AC 100-240V,50/60 | ☐ Yes ☐ No | Insert details of goods offered |
| Quality Certification: CE, ISO | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB15979-2002 | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Instrument set for surgical platform anterior/posterior** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 1 | Diathermy Hand Piece (long) Code: VE 201710 | ☐ Yes ☐ No | Insert details of goods offered |
| 2 | Diathermy Hand Piece (Short) Code: VE 201712 | ☐ Yes ☐ No | Insert details of goods offered |
| 3 | Endo-diathermy 25G –  Code: VE 201732 | ☐ Yes ☐ No | Insert details of goods offered |
| 4 | Endo-diathermy 25G –  Code: VE 201733 | ☐ Yes ☐ No | Insert details of goods offered |
| 5 | Diathermy Forcep Bipolar– Code: VE 203902 | ☐ Yes ☐ No | Insert details of goods offered |
| 6 | I/A Bimanual–  Code: VE 65100 | ☐ Yes ☐ No | Insert details of goods offered |
| 7 | I/A Hand piece –  Code: VE 655000 | ☐ Yes ☐ No | Insert details of goods offered |
| 8 | I/A Quick tip–  Code: VE 655035 | ☐ Yes ☐ No | Insert details of goods offered |
| 9 | Key for Phaco tips –  Code: VE800100 | ☐ Yes ☐ No | Insert details of goods offered |
| 10 | Easy Phaco Hand piece – Code: VG800011 | ☐ Yes ☐ No | Insert details of goods offered |
| 11 | Laser Probe OS4 23G –  Code – VK400103 | ☐ Yes ☐ No | Insert details of goods offered |
| 12 | Laser Probe OS4 Straight –  Code – VK400105 | ☐ Yes ☐ No | Insert details of goods offered |
| 13 | Laser Probe Curve 25G  Code – VK400111 | ☐ Yes ☐ No | Insert details of goods offered |
| 14 | Continuous Flow Cutter 20G  Code – VV104110 | ☐ Yes ☐ No | Insert details of goods offered |
| 15 | Continuous Flow Cutter 23G  Code – VV106110 | ☐ Yes ☐ No | Insert details of goods offered |
| 16 | Continuous Flow Cutter 25G  Code – VV105110 | ☐ Yes ☐ No | Insert details of goods offered |
| 17 | Infusion line 6mm  Code – VV123211 | ☐ Yes ☐ No | Insert details of goods offered |
| 18 | Caliburn Trocar system 23G  Code – VV123311 | ☐ Yes ☐ No | Insert details of goods offered |
| 19 | Caliburn Trocar System 25G  Code – VV125311 | ☐ Yes ☐ No | Insert details of goods offered |
| 20 | Endo-Illumination 23G  Code – VE300103 | ☐ Yes ☐ No | Insert details of goods offered |
| 21 | Endo-Illumination 25G  Code – VV300105 | ☐ Yes ☐ No | Insert details of goods offered |
| 22 | Phaco Set Incision 2.8 – 3.2mm  Code – VV603206 | ☐ Yes ☐ No | Insert details of goods offered |
| 23 | Phaco Set Incision 2.2 – 2.4mm  Code – VV603207 | ☐ Yes ☐ No | Insert details of goods offered |
| 24 | Phaco Set Incision 1.6 – 1.8mm  Code – VV603208 | ☐ Yes ☐ No | Insert details of goods offered |
| 25 | Irrigation Sleeve 2.2 – 3.2mm  Code – VV603209 | ☐ Yes ☐ No | Insert details of goods offered |
| 26 | Irrigation Sleeve 2.2 – 2.4mm  Code – VV603220 | ☐ Yes ☐ No | Insert details of goods offered |
| 27 | Irrigation Sleeve 1.6 – 1.8mm  Code – VV603231 | ☐ Yes ☐ No | Insert details of goods offered |
| 28 | Tubing System for Faros  Code – VV621010A | ☐ Yes ☐ No | Insert details of goods offered |
| 29 | Phaco pack for Faros  Code – VV621011AE | ☐ Yes ☐ No | Insert details of goods offered |
| 30 | Vitrectomy 23G pack for Faros  Code – VV621213BP | ☐ Yes ☐ No | Insert details of goods offered |
| 31 | Air Delivery Line  Code – VV690101 | ☐ Yes ☐ No | Insert details of goods offered |

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| **9** | **Dental Ultrasonic scaler** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Ultrasonic scaler with auto-water supply | ☐ Yes ☐ No | Insert details of goods offered |
| Function: Scaling, Perio, Endo irrigation | ☐ Yes ☐ No | Insert details of goods offered |
| Water supply: Auto-water supply | ☐ Yes ☐ No | Insert details of goods offered |
| Foot control pedal or switch | ☐ Yes ☐ No | Insert details of goods offered |
| Handpiece: Metal Scaler | ☐ Yes ☐ No | Insert details of goods offered |
| Main Unit Input: 24VAC 50Hz 1.3A | ☐ Yes ☐ No | Insert details of goods offered |
| Power Input: AC100~240V 47~63Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Foot switch battery: 1.5V× 2 | ☐ Yes ☐ No | Insert details of goods offered |
| Receiving sensitivity: -114Db | ☐ Yes ☐ No | Insert details of goods offered |
| Power: 30VA~48VA | ☐ Yes ☐ No | Insert details of goods offered |
| Vibration frequency of the tip: 25~31KHz | ☐ Yes ☐ No | Insert details of goods offered |
| Primary vibration excursion of the tip: ≤ 100μm | ☐ Yes ☐ No | Insert details of goods offered |
| Output half-excursion: < 2N | ☐ Yes ☐ No | Insert details of goods offered |
| Ultrasonic output power: 3W~20W | ☐ Yes ☐ No | Insert details of goods offered |
| Water pressure: 0.01MPa~0.05MPa | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO, CE | ☐ Yes ☐ No | Insert details of goods offered |

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| **10** | **Dental Sinus Lift Instruments** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Sinus Lift Instruments Set of 12 Pieces | ☐ Yes ☐ No | Insert details of goods offered |
| Implant Dental Dentistry Double Ended Instruments | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Stainless Steel AISI 410 - AISI 420 - AISI 304 | ☐ Yes ☐ No | Insert details of goods offered |
| Highly resistant to corrosion and rust | ☐ Yes ☐ No | Insert details of goods offered |
| Fully autoclavable/reusable | ☐ Yes ☐ No | Insert details of goods offered |
| Certifications: CE & ISO | ☐ Yes ☐ No | Insert details of goods offered |

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| **10** | **Otoscope** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Fiber optic otoscope with port for pneumatic testing, fiber optic (f.o.) illumination | ☐ Yes ☐ No | Insert details of goods offered |
| Power Source: Electric | ☐ Yes ☐ No | Insert details of goods offered |
| Current (Battery): 2 AA batteries | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Steel | ☐ Yes ☐ No | Insert details of goods offered |
| Instrument classification: Class I | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: | ☐ Yes ☐ No | Insert details of goods offered |
| Type: Visual Acuity Examination Apparatus | ☐ Yes ☐ No | Insert details of goods offered |
| Function: triple magnification | ☐ Yes ☐ No | Insert details of goods offered |
| Product type: Welch Allyn otoscope | ☐ Yes ☐ No | Insert details of goods offered |
| Tips: 2.4mm 3mm 4mm 5mm | ☐ Yes ☐ No | Insert details of goods offered |
| Product Warranty: Two years Warranty | ☐ Yes ☐ No | Insert details of goods offered |
| Certificate: CE/ ISO13485 | ☐ Yes ☐ No | Insert details of goods offered |
| Quality Certification: CE/ ISO13485 | ☐ Yes ☐ No | Insert details of goods offered |

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| **11** | **Ear syringe** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Ear syringe metallic complete with automatic plunger | ☐ Yes ☐ No | Insert details of goods offered |
| Four tips, plate, and two way valve system in plastic case | ☐ Yes ☐ No | Insert details of goods offered |
| Stainless Steel Operating Surgical Instruments | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Stainless Steel | ☐ Yes ☐ No | Insert details of goods offered |
| Power Source: Hydraulic | ☐ Yes ☐ No | Insert details of goods offered |
| Corrosion Resistant | ☐ Yes ☐ No | Insert details of goods offered |
| Reusable | ☐ Yes ☐ No | Insert details of goods offered |
| Warranty: 3 years | ☐ Yes ☐ No | Insert details of goods offered |
| After-sale Service: Online technical support | ☐ Yes ☐ No | Insert details of goods offered |
| Quality Certification: CE | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: Others | ☐ Yes ☐ No | Insert details of goods offered |

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| **12** | **Laryngoscope** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| LARYNGOSCOPE SET 4 MC INT. BL. 1-2-3-4 | ☐ Yes ☐ No | Insert details of goods offered |
| BL. 1-2-3-4 – adult standard rechargeable sets (handle + blades) with standard 2.5 V vacuum bulb | ☐ Yes ☐ No | Insert details of goods offered |
| Full range of Mc Intosh & Miller blades | ☐ Yes ☐ No | Insert details of goods offered |
| latex free, 2.5 V handles work with both alkaline batteries or rechargeable batteries | ☐ Yes ☐ No | Insert details of goods offered |
| light transmission: 3,000~3,500 LUX with 2.5 V handles | ☐ Yes ☐ No | Insert details of goods offered |
| Autoclavable up to 134° for 5 minutes (approx. 2,000 times and non-magnetic blades) | ☐ Yes ☐ No | Insert details of goods offered |

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| **13** | **Pulse oximeter** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Miniature, lightweight device capable of spot-check | ☐ Yes ☐ No | Insert details of goods offered |
| continuous monitoring of SpO2 and pulse rate | ☐ Yes ☐ No | Insert details of goods offered |
| Suitable for adult, Paediatrics, and neonatal patients | ☐ Yes ☐ No | Insert details of goods offered |
| 2.4" colour LCD prominently displays SpO2 and pulse rate readings | ☐ Yes ☐ No | Insert details of goods offered |

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| **14** | **Breathing Circuit** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Disinfecting Type: undetermined | ☐ Yes ☐ No | Insert details of goods offered |
| **Properties: Medical Consumable** | ☐ Yes ☐ No | Insert details of goods offered |
| Size: Child, Adult | ☐ Yes ☐ No | Insert details of goods offered |
| Stock: Yes | ☐ Yes ☐ No | Insert details of goods offered |
| Shelf Life: 3 years | ☐ Yes ☐ No | Insert details of goods offered |
| Material: PVC | ☐ Yes ☐ No | Insert details of goods offered |
| Quality Certification: CE | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB/T 32610 | ☐ Yes ☐ No | Insert details of goods offered |
| Color: Green, Blue | ☐ Yes ☐ No | Insert details of goods offered |
| Length: 1.5 ~ 1.6M | ☐ Yes ☐ No | Insert details of goods offered |

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| **15** | **CTG Machine** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Microprocessor-based fetalmonitor, providing continuous monitoring, display and recording of foetal heart rate (FHR) and uterine contraction | ☐ Yes ☐ No | Insert details of goods offered |
| (UC) for antepartum testing and monitoring. | ☐ Yes ☐ No | Insert details of goods offered |
| Fetal Heart Monitor Fetal Doppler (Medical Ultrasound Equipment) | ☐ Yes ☐ No | Insert details of goods offered |
| Power Source: Electric | ☐ Yes ☐ No | Insert details of goods offered |
| Material: Metal | ☐ Yes ☐ No | Insert details of goods offered |
| Warranty: 2 years | ☐ Yes ☐ No | Insert details of goods offered |
| After-sale Service: Free spare parts | ☐ Yes ☐ No | Insert details of goods offered |
| Quality Certification: CE | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: MFDS | ☐ Yes ☐ No | Insert details of goods offered |

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| **16** | **Diagnostic Set** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Optima Neo ophthalmoscope complete | ☐ Yes ☐ No | Insert details of goods offered |
| with handle, bulb, head, and colour-coded lenses | ☐ Yes ☐ No | Insert details of goods offered |
| Xenon 25V Bulb | ☐ Yes ☐ No | Insert details of goods offered |
| specula: Reusable specula (2.5 / 3.5 / 4.5 / 5.5 / 9.0mm) | ☐ Yes ☐ No | Insert details of goods offered |
| Single-use specula: 7 x 2.5mm and 7 x 4.00mm | ☐ Yes ☐ No | Insert details of goods offered |
| Spare bulbs for ophthalmoscope & otoscope | ☐ Yes ☐ No | Insert details of goods offered |

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| **17** | **CR system complete with digitize, printer and work station** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Digitizer Computerized Radiography | ☐ Yes ☐ No | Insert details of goods offered |
| \*CR System:- with workstation and 4 plates, tabletop | ☐ Yes ☐ No | Insert details of goods offered |
| Function: Conventional Film/Screen based X-Ray | ☐ Yes ☐ No | Insert details of goods offered |
| Operational requirement: able to record X-Ray images on Imaging Plates (IP) | ☐ Yes ☐ No | Insert details of goods offered |
| Image Reader: Cassette Mechanism to Load and Unload IP | ☐ Yes ☐ No | Insert details of goods offered |
| Single cassette feed | ☐ Yes ☐ No | Insert details of goods offered |
| Throughput: | ☐ Yes ☐ No | Insert details of goods offered |
| 35 x 43 cm (14×17”) = approx 60 plates/hour | ☐ Yes ☐ No | Insert details of goods offered |
| 35 x 35 cm (14 x 14”) = approx 60 plates/hour | ☐ Yes ☐ No | Insert details of goods offered |
| 24 x 30 cm (9.5 x 12”) = approx 71 plates/hour | ☐ Yes ☐ No | Insert details of goods offered |
| 18 x 24 cm (7 x 9.5”) = approx 76 plates/hour | ☐ Yes ☐ No | Insert details of goods offered |
| 15 x 30 cm (6 x 12”) = approx 82 plates/hour | ☐ Yes ☐ No | Insert details of goods offered |
| CR Workstation: Capable of Archiving and printing selected images to a standard DICOM destination | ☐ Yes ☐ No | Insert details of goods offered |
| Remote ID and Preview station: Auto detection of cassette | ☐ Yes ☐ No | Insert details of goods offered |
| Dry View Imaging Printer/Dry Imager/LASER Printer (film based) : Print Images from CR workstation Display | ☐ Yes ☐ No | Insert details of goods offered |
| LED status Indicator | ☐ Yes ☐ No | Insert details of goods offered |
| Status and error messages on external PC monitor Grayscale resolution | ☐ Yes ☐ No | Insert details of goods offered |
| Data acquisition: 20 bits/pixel | ☐ Yes ☐ No | Insert details of goods offered |
| Output to processor: 16 bits/pixel | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply / Freq.: AC 220 ~ 240V, 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB15979-2002 | ☐ Yes ☐ No | Insert details of goods offered |

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| **18** | **3D Ultrasound machine** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Technical parameters: \*Real-time Panoramic, 3D/4D, Tissue Doppler Imaging and Auto IMT with linear, curveliner and endocavity probes | ☐ Yes ☐ No | Insert details of goods offered |
| Wide-bandwidth Platform | ☐ Yes ☐ No | Insert details of goods offered |
| Spatial Compound Imaging | ☐ Yes ☐ No | Insert details of goods offered |
| μ-Scan+: μ-Scan image quality by reducing noise, improving signal strength and improving visualization. | ☐ Yes ☐ No | Insert details of goods offered |
| Imaging Mode: 3D/4D | ☐ Yes ☐ No | Insert details of goods offered |
| Connectivity Ports: 5 | ☐ Yes ☐ No | Insert details of goods offered |
| Type of Transducer/ Probe: Linear Array, Convex, Phased Array | ☐ Yes ☐ No | Insert details of goods offered |
| Doppler Mode: Color Doppler Velocity | ☐ Yes ☐ No | Insert details of goods offered |
| Monitor Size: 21.5-24 Inch | ☐ Yes ☐ No | Insert details of goods offered |
| On Platform: Built-in | ☐ Yes ☐ No | Insert details of goods offered |
| Frequency Range: 16-19 MHz | ☐ Yes ☐ No | Insert details of goods offered |
| Degree of Movement 180 | ☐ Yes ☐ No | Insert details of goods offered |
| Gel Warmer: Yes | ☐ Yes ☐ No | Insert details of goods offered |
| Battery Backup: Yes | ☐ Yes ☐ No | Insert details of goods offered |
| Touch Screen Monitor: Yes | ☐ Yes ☐ No | Insert details of goods offered |
| Frame Rate: Double System Frame Rate | ☐ Yes ☐ No | Insert details of goods offered |
| Physical Channels: 120-128 Channels | ☐ Yes ☐ No | Insert details of goods offered |
| Touch Monitor Size: 13.3 Inchc | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply / Freq.: AC 220 ~ 240V, 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: CE & ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| Safety standard: GB15979-2002 | ☐ Yes ☐ No | Insert details of goods offered |

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| **19** | **Dental film processor** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Film Processor: high quality radiographs | ☐ Yes ☐ No | Insert details of goods offered |
| Film size: Panoramic, Cephalometric, TMJ, Occlusal | ☐ Yes ☐ No | Insert details of goods offered |
| All Intraorals Automatic chemistry replenishment and temperature maintenance | ☐ Yes ☐ No | Insert details of goods offered |
| With built in microcomputer automatically signals the internal replenishment pumps to meter the proper amount of developer | ☐ Yes ☐ No | Insert details of goods offered |
| fixer to maintain chemistry strength After films exit the processo | ☐ Yes ☐ No | Insert details of goods offered |
| Automatic return to stand-by mode | ☐ Yes ☐ No | Insert details of goods offered |
| Electricity use, water consumption and system wear are reduced | ☐ Yes ☐ No | Insert details of goods offered |
| Each film is fully developed and fixed Compliance with local codes – Built-in water recirculation system | ☐ Yes ☐ No | Insert details of goods offered |

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 **within 14 Weeks** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Damaturu, Yobe State, Republic of Nigeria  CIF Incoterms 2020, Lagos Port Complex, Nigeria | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Nigeria | ☐ 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 +/- [insert %, normally it should not exceed 20%] , without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |

1. **Inspections and tests**

The following inspections and tests shall be performed:

The goods will be inspected and tested by the consignee upon receipt of the goods at the at the delivery place. If any of the goods failed to meet the consignee minimum requirement as per the section II – Schedule of Requirement, the goods will be rejected and return to the supplier at the supplier own cost, and payment will not be made to the supplier until such goods are delivered

**Related services requirements**

[Provide details of how these services will be provided here]

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section IV: 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: Manufacturer’s Authorization Form (Lot-2)**

A letter issued by the manufacturer authorizing 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 F: Performance Statement Form (Lot-2)**

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

**DRIVE Supplier Sustainability Questionnaire**

**Included in the eSourcing Platform**

**Section VI: Contract Forms**

**VI-1: UNOPS General Conditions of Contract**

In the event of a Contract, the following General Conditions of Contract will apply:

* UNOPS General Conditions of Contract for the provision of Goods

The conditions are available at: <https://www.unops.org/business-opportunities/how-we-procure>

**VI-3: UNOPS sample contract for [add contract type]**

The sample **Contract for Goods** template is included in this ITB by this reference and is attached as a separate Pdf document.