

Section III: Returnable Bidding Forms

E Sourcing Reference: SUPPLY OF FIXED TYPE DIGITAL X-RAY MACHINE -
ITB/2023/46047

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: Performance Statement Form
- Form F: One UNOPS Vendor Profile Form (To be submitted if the bidder has not been supplied to UNOPS before)

Form A: Joint Venture Partner Information Form (If applicable)

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

E sourcing reference: SUPPLY OF FIXED TYPE DIGITAL X-RAY MACHINE - ITB/2023/46047

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.

1. All parties of such joint venture, consortium, or association shall be jointly and severally liable to UNOPS for any obligations arising from their offer and the contract that may be awarded to them as a result of the solicitation process;
2. The offer shall clearly identify the leading partner to act as the contact point to deal with UNOPS, as detailed in the appropriate returnable form/schedule. Such entity shall have the authority to make decisions, binding upon the joint venture, association, or consortium during the bidding process and, in the event that a contract is awarded, during the duration of the contract; and
3. The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of UNOPS.
4. The eligibility criteria will be applicable for each joint venture partner.
5. The qualification requirements mentioned in the qualifications section of the e-sourcing and in technical requirements (like licensing, after-sales service etc) will be considered for all partners of the JV combined. It means the JV will qualify even if one of the partners qualifies or they combinedly qualify.

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: _____

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 Fixed Type Digital X-Ray Machines in Myanmar,

E sourcing reference: ITB/2023/46047 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 **[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;
- 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 the Contract;
- g. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
- h. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future.
- i. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;

- j. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
- k. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility;
- l. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded.
- m. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive;

I, the undersigned, certify that I am duly authorized by **[insert full name of bidder]** to sign this bid and bind **[insert full name of bidder]** should UNOPS accept this bid:

Name : _____

Title : _____

Date : _____

Signature : _____

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

Form C: Price Schedule Form

E sourcing reference: Supply of Fixed Type Digital X-ray Machines - ITB/2023/46047

Name of Bidder: insert name of bidder

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

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

Price Schedule for the supply of Fixed Type Digital X-ray Machines

Lot No	Description of Good	Unit	Total Quantity in Unit (a)	Manufacturer/ Country of Origin	Currency (.....)			
					Unit price FCA Manufacturer's warehouse (b)	Total price FCA Manufacturer's warehouse (c) = (a)x(b)	Unit Price DPU (NTP, Insein, Yangon) (d)	Total price DPU* (NTP, Insein, Yangon) (e) = (a)x(d)
1	Fixed Type Digital X-ray Machine	Nos	11					

* Quoted prices shall be **net of Duties and Taxes** as UNOPS will provide Tax Exemption Certificate (TEC) for supplied goods.

* The customs clearance, loading and unloading will be the supplier's responsibility. Hence, the DPU price shall include the cost of the customs clearance, cost of loading, unloading and any other cost required for delivery. . UNOPS will provide the TEC certificate.

The bidder is requested to filled the following shipment information

Lot No	Mode of Transport	Estimated Total Gross weight in kg	Estimated Total Volume in cubic cm (length x width x height)	Number of containers
1	Sea			

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

E sourcing Reference: Supply of Fixed Type Digital X-ray Machine - ITB/2023/46047

Name of Bidder: insert name of bidder

Bidders are required to complete the **Comparative Data Tables** included 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 Tables. Such changes might disqualify your quotation.

Note:

i) Any mention or reference to any brand name below is only for example and the below specifications on sizes and different ranges required are only approximate. Bidder can offer a product with some variations as long as the product offered provides the same or superior level of performance.

ii) The offered product shall be manufactured with required quality standards. If required, UNOPS may ask for additional quality related documents during the evaluation for the offered product, and consider those for technical evaluation.

Technical Specifications for good – Comparative Data Table

The Unit should be a completely integrated system (integrated X-ray generator and image acquisition control console). It should have following specifications:		<u>Please describe offered Brand and Model</u> <u>No in below:</u>	
Name of Product	UNOPS Minimum Technical Specifications	Offered Specifications (Please fill the relevant specifications, as requested in the UNOPS Technical Specifications and it must be the same as the offered product catalogue.)	Is quotation compliant? Bidder to complete. If any deviation in the offered product, please mention.
Generator	500 mA unit with microprocessor controlled high frequency X-ray generator with power output of 50 KW or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	The minimum exposure time should be 2msec or less.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Machine should have automatic exposure control		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Timer Range: 0.4mS to 5sec		<input type="checkbox"/> Yes <input type="checkbox"/> No
X Ray Tube	Floor to Ceiling (Ceiling Free)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tube should have at least 2 focal spot		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Should have electromagnetic locks with collision protection sensor.		<input type="checkbox"/> Yes <input type="checkbox"/> No

	X ray tube and collimator section should have automated image shuttering and cropping facility in collimator		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Anode Heat Storage Capacity: 600kHU or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	All the movements of the overhead tube suspension (3D column stand) and the chest stand (vertical detector) should be fully motorized. It should be possible to override it manually		<input type="checkbox"/> Yes <input type="checkbox"/> No
	There should be auto positioning of the overhead tube suspension against both the vertical detector and the table detector. This should be possible through selected protocol from both the console as well as from wall stand control		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tube Tracking feature should be available.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Overhead tube suspension (3D column stand) should also have a screen with display of important parameters and controls.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tube rotation: Vertical axis +/- 135 degrees, Horizontal axis +125/-125 degrees or better. Please specify rotation of your offered model.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Horizontal Bucky Table	Motor driven, adjustable height floating table top of carbon fibre or equivalent material.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient Weight capacity: 200kg		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Compact bucky table with integrated built-in / wireless digital flat panel detector.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Foot switches for adjusting height, longitudinal/side to side movements, locking		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Detector movement should be synchronized with movement of the X-Ray tube		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tube movement should be synchronized with the table so that the SID is maintained automatically		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Removable grid for SID of 100cms for horizontal table applications		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic exposure control should be available		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vertical Bucky (Wall stand)	Motorized, counter balanced adjustable height vertical Bucky with integrated built-in digital flat panel detector		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Detector movement should be synchronized with movement of the X-Ray tube in all planes		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Removable grid for SID of 180cms for vertical bucky applications		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic exposure control should be available		<input type="checkbox"/> Yes <input type="checkbox"/> No

Detector System	Detector material should be made of amorphous silicon with CSi scintillator		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Two Digital flat panel detector systems with detector integrated into the wall stand and integrated/wireless for Bucky table. (total of 2 separate detectors)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Detector specification	Minimum size of detector should be 41cms X 41 cms or more for integrated detector. Please provide size of wireless detector for Buck table if offered.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Image matrix size 2k x 2k pixels or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pixels size should be 200p.m or less		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Image resolution should be 2.5 lps/mm or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOE of detector system should be 65% or more at 0.05 lps/mm or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tube assembly movement to be automatically synchronized with both the horizontal and vertical detectors movement		<input type="checkbox"/> Yes <input type="checkbox"/> No
Operating (acquisition) Station	Should have high resolution LCD/LED monitors of minimum 19" size or more (fully flat) with minimum 1024x1024 or more display matrix and antireflective front screen		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Image acquisition matrix should be minimum of 2k x 2K		<input type="checkbox"/> Yes <input type="checkbox"/> No
	System should have auto protocol select		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Operating console should have facility for patient identity entry, viewing and processing images, documentation		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Preview image should be ready in 5 sec or less		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ortho Stitching should be available in vertical stand as well as on the table. The stitching should be automated. Stitching should be possible on main system. There should be in built measurement scale		<input type="checkbox"/> Yes <input type="checkbox"/> No

Image Viewing, Post —Processing and reporting Station and Documentation	An Independent Workstation with all post processing and printing facility should be quoted with storage capability of 10,000 or more images with ability to review and report X Rays independent of main console.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	High speed intel Xeon processor based (Z400 workstation) CPU (3.0 GHz or higher processing speed) with post processing capability		
	16 GB RAM or more		
	Should have its independent memory and hard disk of at least 1TB		
	Should have a high resolution medical grade LCD/LED colour monitor of 19" or more.		
	Should have independent monitor of high resolution LCD/LED monitor of 19" or more.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Image display matrix should be of high resolution, minimum of 1.5 K x 1.5 K		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Postacquisition image processing, viewing, reprocessing, hard copy documentation and onward transmission should be possible		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Image processing functions like rotate, mirroring, zoom, move, and windowing filter should be possible.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	There should be facility for measurements.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Image Storage and Transmission	Should be connected to a Dry chemistry Camera of 500 DPI or more for documentation. The camera should accept all size films up to 14"x17" size (three film size trays should be active).		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Multi format printing should be possible with user selectable options		<input type="checkbox"/> Yes <input type="checkbox"/> No
	It should be possible to create alphabetical, date wise and exam based, work list		<input type="checkbox"/> Yes <input type="checkbox"/> No
Image Storage and Transmission	Work list should be auto refreshing		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Acquisition system should have hard disc storage capacity should be of 4000 or more images and Additional post processing Workstation should have storage capacity of 10,000 images or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	The system should be DICOM 3.0 (or higher version) ready (like send, receive, print, record on CD/DVD/USB, acknowledge etc.) for		<input type="checkbox"/> Yes <input type="checkbox"/> No

	connectivity to any network, computer/PC etc. in DICOM format.		
	Integration and networking should be possible with any other existing/future networking including other modalities, HIS and RIS and PACS. Vendor will connect it to existing RIS PACS network without extra cost for existing and future networking.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Accessories	Dry chemistry Camera of 500 DPI or more		<input type="checkbox"/> Yes <input type="checkbox"/> No
	UPS (of 3 KVA) for the computer with 30 minutes backup		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lead glass of size 100x 150 cm or more for console room.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vendor to install wireless mike system for calling patients who are waiting outside		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Five light weight 'zero lead' aprons of 0.5mm lead equivalence with thyroid shield collar.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	A 150 KV or better stabilizer for the DR system		<input type="checkbox"/> Yes <input type="checkbox"/> No
Upgrading requirement:	A free comprehensive software update/ upgrade (compatible with the offered platform) guarantee for 10 years after installation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Furniture	Cupboard for storage- Three		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Swivel chair with arm rest -8 unit		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Film viewing panel for X ray films 3 in 1 of 14"X17" size — Four (LED type Maxx or equivalent)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Table with storage space— Three		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Examination stool - two		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Footstep for patient: two		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Gonadal shields for boys and girls of all age groups — Two set each		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stand for lead aprons and Gonadal shields		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Emergency light - one		<input type="checkbox"/> Yes <input type="checkbox"/> No
Warranty/After Sale Service	5 Years comprehensive warranty		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Service Requirement</u>	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention
The awarded supplier shall deliver the equipment at NTP warehouse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnishing of tools required for maintenance of the supplied Goods along with each equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnishing of detailed operations and maintenance manual for each appropriate unit of supplied Goods along with each equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
After sales service centres should be available in Myanmar and complaints should be attended properly maximum within 72 hours including the travel time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Availability of Spare parts</u>	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention
Suppliers shall ensure the availability of spare parts for 5 years . Inventory of the Spare parts required for 10 years .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the event of termination of production of the spare parts:</p> <p>Advance notification to the Purchaser of the pending termination, in sufficient time to permit the Purchaser to procure needed requirements; and following such termination, furnishing at no cost to the Purchaser, the blueprints, drawings and specifications of the spare parts, if requested.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Quality Assurance Requirements</u>	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention
ISO 13485:2003 for the manufacturing facility - or equivalent quality management system recognized by the founding members of GHTE.	<input type="checkbox"/> Yes <input type="checkbox"/> No
IEC 60601-1:2012 for Medical electrical equipment safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Sustainability Requirement:</p> <p>Bidder must provide one (or) all of the following along with the bid:</p> <p>i) Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; (or)</p> <p>ii) A copy of the organization's sustainability policy; A copy of the organization's latest corporate social responsibility report; (or)</p> <p>iii) A copy of the organization's most recent UN Global Compact Communication on Progress report; (or)</p> <p>iv) A signed statement from the President (or other executive officer) confirming the organization's commitment to sustainability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suppliers' commitment to gender equality:	<input type="checkbox"/> Yes <input type="checkbox"/> No

The bidder shall provide a response that demonstrates its commitment to support gender equality and women’s empowerment through its operations.	
<u>Documentation Requirements</u>	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention
1. User, technical and maintenance manuals to be supplied in (English language). 2. List to be provided of equipment and procedures required for local calibration and routine maintenance. 3. List to be provided of important spares and accessories, with their part numbers and cost. 4. Certificate of calibration and inspection to be provided. 5. Contact details of manufacturer, supplier and local service agent to be provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Delivery requirements — Comparative Data Table

UNOPS Requirements	Is Bid compliant? Bidder to complete	Details Bidder to complete
Delivery time for the supply of Fixed Type X-ray machines 100% quantity shall be delivered up to NTP Warehouse (Insein, Yangon) within 60 days after signing of the Purchase Order. The supplier shall provide BOL and other shipping documents as soon as the Goods are delivered to the shipping line. The days between when shipping documents are provided to UNOPS and dispatch clearance provided by UNOPS will not count in delivery time mentioned above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Delivery place and Incoterms rules DPU (NTP, Insein, Yangon) as per Incoterms 2020 (including customs clearance at Yangon port, unloading and loading wherever required) UNOPS is tax exempted and the required tax exemption documents will be provided by UNOPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Consignee details UNOPS Myanmar Principal Recipient for GFATM No. 12 (O) Pyi Thu Lane, 7 Mile, Mayangone Township, Yangon, Myanmar	<input type="checkbox"/> Yes <input type="checkbox"/> 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 +/- 2 , without any change in the unit prices or other terms and conditions of the ITB.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

Other requirement	If a local supplier bids in MMK and awarded the contract in MMK for goods to be imported into Myanmar with UNOPS as consignee, UNOPS may request to provide an additional invoice in USD for contracted consignment only for the purpose of making application for TEC. Payment will be based on the MMK invoice for the amount contracted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
	The local bidders from Myanmar, need to confirm whether they accept the cross-currency payment method or not. Details of payment method are mentioned in the GCC 30 of Special Conditions for Goods (SCG) under Section IV – Contract Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

Other requirements — Comparative Data Table

Packaging and Labelling Specifications	Is quotation compliant? Bidder to complete
Manufacturer's standard Packaging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect	Is quotation compliant? Bidder to complete
On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects the Supplier will be requested to replace the equipment at its own cost.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints	Is quotation compliant? Bidder to complete
Any complaint from UNOPS 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	Is quotation compliant? Bidder to complete
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

I, the undersigned, certify that I am duly authorized by [\[insert full name of bidder\]](#) to sign this bid and bind [\[insert full name of bidder\]](#) should UNOPS accept this bid:

Name : _____

Title : _____

Date : _____

Signature : _____

Form E: Performance Statement Form

Bidder should be in continuous business of supplying Fixed Type Digital X-ray Machines for **last [2] Calendar years from the bid closing.**

E sourcing reference: **Supply of Fixed Type Digital X-Ray Machine - ITB/2023/46047**

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 in USD	Date of completion of delivery		Remarks indicating reasons of late delivery, if any	Was the supply of goods satisfactory?
				As per Contract	Actual Delivery		

Name : _____

Title : _____

Date : _____

Signature : _____

Form F: One UNOPS Vendor Profile Form

(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/mmm/yyyy)
			Valid to (dd/mmm/yyyy)
UNGM Number*		VAT registration no.	
Country		Date of birth (dd/mmm/yyyy)	(For individuals only)
Identity Document Type	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Other, please specify:
Identity document no.		Issue date (dd/mmm/yyyy)	Expiry date (dd/mmm/yyyy)
Supplier Group (Select one of the below options)			
<input type="checkbox"/> Company (Private or Public)*	<input type="checkbox"/> University/educational institution	<input type="checkbox"/> UN Agency /Institution	
<input type="checkbox"/> External Individual	<input type="checkbox"/> IGO(Intergovernmental Organization)	<input type="checkbox"/> Government Agency	
<input type="checkbox"/> Financial institution (including insurance and banking)	<input type="checkbox"/> NGO(Nongovernmental Organization)		
* UNOPS requires Companies to register with the United Nations Global Marketplace on www.ungm.org (UN supplier database)			
SECTION 2: SUPPLIER CONTACT INFORMATION			
General/permanent street address			
City		Postal code (ZIP)	
State/province		Country	
Primary Supplier/Vendor focal point contact information		Secondary/alternate contact person	
Name		Title	
Name		Title	
Telephone no.		Telephone no.	
Email		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 style="color: red; font-weight: bold;">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	

oneUNOPS supplier no.	Is this new or an update to an existing supplier profile?	Bank detail change	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	