**Section III: Returnable-Bidding Forms**

**Note to Bidders:** **Instructions to complete each Form are highlighted in blue in each Form.**

**Please complete the Returnable Bidding Forms as instructed** **and return them as part of their bid submission.**

**Esourcing reference: Supply of laboratory Products to Cambodia (RFQ/2023/48005)**

This Section comprises the following Returnable Bidding Forms:

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form D: Delivery Requirement Form
* Form E: One UNOPS Vendor Profile Form

**Form A: Quotation 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: Quotation for the Supply of laboratory Products to Cambodia**

**E-Sourcing Ref No**: **RFQ/2023/48005**, **dated [XX XXX 2023]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of **60 days** from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  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. [If you have any actual or potential conflict of interest as defined in Article 3 of Section II: Instructions to Bidders, please disclose it here];
  4. Our firm confirms that the offeror 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;
  5. 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 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. 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;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

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

Name: [complete]

Title: [complete]

Date: [complete]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

**Form B: Price Schedule Form**

**ESourcing Ref No: Supply of laboratory Products to Cambodia – RFQ/2023/48005**

**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 shall not submit more than one quotation. Alternative quotations shall not be allowed.**

**NOTE: Bidders shall be allowed to quote prices for one or more lots identified in this tender. However, bidders must offer 100% of the items specified for each lot and 100% of the quantities specified for each item of a lot. The evaluation will be done Lot wise based on FCA price.**

**1. The bidders can round up the quantities to the higher size according to the available packing size. UNOPS keeps the option of accepting other pack sizes, if they are found to be still convenient for use in the Programme.**

| **Lot No.** | **Item No.** | **Item Description** | **Unit** | **Pack Size** | **Total Qty in Unit** | **Manufacturer/**  **Country of Origin** | **Offered Pack Size** | **Offered Qty in Unit**  **(a)** | **Currency: USD** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA Port of origin (b)** | **Total price FCA Port of origin C=(a)x(b)** |
| 1 | 1 | Autoclavable Biohazard Bags | Pack | 200pcs/pack | 16 |  |  |  |  |  |
| 2 | 1 | Ethanol | Bot | 1lt/bot | 30 |  |  |  |  |  |
| 3 | 1 | DNAse/ RNAse | Bot | 750ml/bot | 12 |  |  |  |  |  |
| 4 | 1 | Cryoware Marker | Set | 4pcs/set | 25 |  |  |  |  |  |
| 5 | 1 | Disposable Lab Gown | Case | 50pcs/case | 8 |  |  |  |  |  |
| 6 | 1 | Safety glass | Case | 10pcs/case | 3 |  |  |  |  |  |
| 7 | 1 | Cleaning Paper (90 sheets per box) | Case | 15 boxes/case | 20 |  |  |  |  |  |
| 8 | 1 | Glove (M) | Pack | 100 pcs/pack | 330 |  |  |  |  |  |
| 2 | Glove (L) | Pack | 100 pcs/pack | 300 |  |  |  |  |  |
| 9 | 1 | Biohazard disposal of used needle/syringes | each | 1 each/pack | 30 |  |  |  |  |  |
| 10 | 1 | Biohazard bin | each | 1 each/pack | 15 |  |  |  |  |  |

\*\*Payment terms 30 days accepted: ☐ Yes



\* UNOPS is exempted from Taxes and Duties. The offer shall be submitted net of any direct taxes, customs duties and indirect taxes, such as sales taxes, VAT, etc

\*\*UNOPS keeps the right to accept a different pack size.

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

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form C: Technical Quotation Form**

E-sourcing references no: **Supply of Laboratory Products to Cambodia – RFQ/2023/48005**

Name of Bidder: [**insert name of bidder]**

Bidders are required to complete the **Comparative Data Tables** included 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.

**Technical Specifications Comparative Data Table**

**NOTE: The below specifications on sizes and different ranges required are only approximate and the bidder can offer a product with some variations as long as the product offered provides the same or superior level of performance.**

Standards for workmanship, process, material, and equipment, as well as references to brand names or catalogue numbers, if any, specified by the Purchaser in the Schedule of Requirements, are intended to be descriptive only and not restrictive.

The Bidder may offer other standards of quality, brand names, and/or catalogue numbers, provided that it demonstrates, to the Purchaser’s satisfaction, that the products offered ensure substantial equivalence or are superior in performance to those specified in the Schedule of Requirements.

| **Lot no.** | **Item no** | **Product Description** | **UNOPS Minimum Technical Requirements** | **Is quotation compliant? Bidder to complete** | **Details of goods offered / Bidder to complete** |
| --- | --- | --- | --- | --- | --- |
| 1 | 1 | Autoclavable Biohazard Bags (90 x 115cm) | - Capacity 27 L Minimum,  - Size : Minimum 90 x 115 cm  - Bag with temperature indicator, text is in white before autoclaving, then black.  - The text 'autoclaved' indicates successful autoclaving, with highly visible label 'Biohazard'; bags meet ASTM D 709-98 Standard;- Color: Yellow" | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | 1 | Ethanol | USP Grade 10-200 proof Ethanol (pure 100%) | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | 1 | DNAse/ RNAse | For removal or RNase,DNase, DNA and RNA from all kinds of surfaces. DNAse/RNAse Free Decontaminant Surface decontaminant to eliminate RNase and DNase from laboratory glassware, plastics, stainless steel, and other surfaces | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | 1 | Cryoware Marker | Cryoware Marker, Extra-Fine Tip  \*Permanent Marker(set of 4 pcs in blue ,green ,black,red colour ) \*Quick-drying ,fade and water-resistant ink \*Twin tips | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 5 | 1 | Disposable Lab Gown | - Disposable Lab Gown standard in molecular lab  - Full Length disposable Lab gown and elastic wrist cuffs ,Back opening  - Material: Spunbond Meltblown Spunbond- SMS  - Light to Moderate Fluid Resistance - - Able to protect from dangerous material in clinical laboratory -  - Size: Standard  - Colour : Blue | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 6 | 1 | Safety glass | Safety glass (eye protection) Protective eyewear, indirect ventilation and fog free, UV protection Material: PC lens and PP frame size: Approx 14(w)\*5(H)\*5.5cm (side width) | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 7 | 1 | Cleaning Paper | Cleaning Paper for cleaning all instruments; automatic equipment such as PCR system, flow cytometry,haematology, and biochemistry. Size: 37cm x 42.00 cm approximately  No of ply: 2 plies per sheet  Packing: 90 sheets per box,15 boxes /case | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 8 | 1 | Glove (M) | Powder-Free Nitrile Gloves, medium size, Latex-free, odour-free and powder-free, Non-Sterile | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 8 | 2 | Glove (L) | Powder-Free Nitrile Gloves, Large Size Latex-free, odour-free and powder-free, Non-Sterile. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 9 | 1 | Biohazard disposal of used needle/syringes | Sharp disposal capacity 0.5L minimum,Yellow Color,  material ( Plastic ) | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 10 | 1 | Biohazard bin | - capacity 30L minimum  - yellow colour  - material (plastic )  - with foot pedal | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |

**Quality Assurance Requirements and Other requirements**

| **Quality Assurance Requirements** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| --- | --- | --- |
| The offered products shall be manufactured at a site compliant with all applicable requirements of the ISO 13485/ISO9001 series or an equivalent Quality Management System recognized by one of Regulatory authorities of the founding members of GHTF.  Bidders shall enclose the copies of certification for the offered product along with the submission. | ☐ Yes ☐ No  Please provide the valid and relevant document |  |
| **Product Specification:**  Bidder shall indicate the offer product name, catalogue number, product photos and related product information. | ☐ Yes ☐ No  Please provide the valid and relevant document |  |
| **Packaging and Labelling Specifications** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| ● Manufacturer’s standard packing.  ● All labelling and packaging inserts shall be in English.  ● Goods requiring refrigeration or freezing or those that should not fall below a certain minimum temperature for stability must specifically indicate storage requirements on labels and containers and be shipped in special containers to ensure stability in transit from point of shipment to port of entry.  ● The final cartons should be shrink-wrapped in a clear plastic which prevents the product during transportation, storage and rough handling keeping in view the heavy rains in Cambodia.  ● The outer case or carton should also display the following information:  ➢ Carton numbering e.g. carton 1/40  ➢ UNOPS Logo  ➢ Shipping Marks  ➢ Date of manufacture and expiry  ➢ Batch number  ➢ Special instructions for storage | ☐ Yes ☐ No |  |
| **Shelf Life (If applicable)** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| **For the applicable shelf life products**  If the product has shelf life, it shall have a minimum of 80 % of remaining shelf life or more than 2 or 3 years on arrival at Port of Entry Phnom Penh, Cambodia.  The supplier shall indicate the manufacturing and expiry date on outer packaging. | ☐ Yes ☐ No |  |
| **Defect** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost. | ☐ Yes ☐ No |  |
| **Complaint** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| Any complaint from UNOPS or its end user 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. | ☐ Yes ☐ No |  |
| **Recall** | **Is quotation Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| If, after delivery, a batch has to be recalled, for whatever reason, the Supplier will inform UNOPS immediately. The Supplier will replace, at its own cost, all items covered by the recall with goods that fully meet the requirements of the original Purchase Order, and arrange for the collection or destruction of any defective goods. | ☐ Yes ☐ No |  |

**Form D: Delivery Requirement Form**

**Delivery requirements –– Comparative Data Table**

**E sourcing Ref: Supply of Laboratory Products to Cambodia – RFQ/2023/48005**

| **UNOPS Requirements** | | **Compliant?**  **Bidder to complete** | **If No, Provide comments** |
| --- | --- | --- | --- |
| **Delivery Schedule** | 100% quantity to be delivered within 45 days after signing of the contract | ☐ Yes ☐ No |  |
| **Delivery place and Incoterms rules** | **CPT - Phnom Penh Airport, Cambodia as per Incoterms 2020.**  **#Please offer the price in terms of FCA (port of origin)**.The evaluation will be done Lot wise.After the evaluation is completed based on FCA terms, UNOPS will inform the bidders for the lots they are being recommended for award and request for consolidated freight under the incoterm **CPT - Phnom Penh Airport term.**  #The freight offered by the Bidder will be evaluated for the cost reasonableness and if found ok, the contract will be issued on the incoterm CPT - Phnom Penh Airport.The Bidder/s must accept the contract under CPT terms.  #Cargo Insurance will be arranged by UNOPS. Custom clearance to be done by UNOPS. | ☐ Yes ☐ No |  |
| **Mode of Transport** | **Air Freight** | ☐ Yes ☐ No |  |
| **Submission of Shipping Documents** | When the goods are ready for dispatch, it is advisable that the supplier submit the DRAFT shipping documents in advance to UNOPS for applying Tax Exemption. Supplier shall not ship the goods till Tax Exemption Certificate (TEC) is received and UNOPS has provided clearance to ship the Goods.  **Submission of FINAL shipping documents:**  After the receipt of TEC, as informed by UNOPS, the supplier shall immediately submit all the final shipping documents to UNOPS for customs clearance. | ☐ Yes ☐ No |  |
| **Consignee Details** | National Center for HIV/AIDS,Dermatology And STDs, Ministry of Health,#245 H, Phum Kean Klang, Khan Chrouy,  Changva, Phnom Penh, Cambodia. | ☐ Yes ☐ No |  |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods specified above, provided this does not exceed +/- ( 20% ), without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes ☐ No |  |

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

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form E: One UNOPS Supplier 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** | | **National ID** | | | **Passport** | | | | **Other, please specify:** | | | |  | |  |
| **Identity document no.** | |  | | | | **Issue date**  (dd/mmm/yyyy) | |  | | | **Expiry date**  (dd/mmm/yyyy) | | |  | |
| **Supplier Group (Select one of the below options)** | | | | | | | | | | | | | | | |
| Company (Private or Public)\*  External Individual  Financial institution (including insurance and banking) | | | | | University/educational institution  IGO(Intergovernmental Organization)  NGO(Nongovernmental Organization) | | | | UN Agency /Institution  Government Agency | | | |  | |  |
| \* UNOPS requires Companies to register with the United Nations Global Marketplace on [www.ungm.org](http://www.ungm.org/) (UN supplier database) | | | | | | | | | | | | | | | |
| **SECTION 2: SUPPLIER CONTACT INFORMATION** | | | | | | | | | | | | | | | |
| **General/permanent street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Primary Supplier/Vendor focal point contact information** | | | | | | **Secondary/alternate contact person** | | | | | | | | | |
| **Name** |  | | | **Title** |  | **Name** | |  | | | | **Title** | |  | |
| **Telephone no.** |  | | **Email** |  | | **Telephone no.** | |  | | | **Email** |  | | | |
| **SECTION 3: SUPPLIER BANKING INFORMATION** (For additional bank accounts, please provide additional forms) | | | | | | | | | | | | | | | |
| **Name of banking institution** | | | | | | **Account Name**  (please indicate as shown on bankbook/bank account) | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **IBAN no.** | |  | | | | **Bank account no.** | | | |  | | | | | |
| **Clearing code/bank code**  (ACH/routing no/ IFSC/sort code) | |  | | | | **SWIFT/BIC code** | | | |  | | | | | |
| **Branch code** | |  | | | | **Bank account currency** | | | |  | | | | | |
| **Branch name** | |  | | | | **Bank account type** | | | | Checking  Saving  Current  Cheque  Other please specify | | |  | |  |
| **Bank’s street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Intermediary/correspondent bank, if applicable** | | | | | | | | | | | | | | | |
| **Name of intermediary bank** | |  | | | | **Intermediary IBAN no.** | | | |  | | | | | |
| **Country of intermediary bank** | |  | | | **SWIFT/BIC code** |  | | | | **Clearing code/bank code** | |  | | | |
| **Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |
| **Supplier/Supplier's Representative’s Signature and Stamp** | | | | | | | | | | **Date and Place** | | | | | |

| **oneUNOPS supplier no.** | **Is this new or an update to an existing supplier profile?** | | **Bank detail change** | | **UNGM Ineligibility Lists/Claims Log check** | | **Supplier/Vendor have direct agreement/contract with**  **UNOPS** | | **Supplier/Vendor paid via cash supplier?** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | New | Update existing supplier | Yes | Yes  No |  | Yes  No | Yes  No |  | Yes  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** | | |