**Section V: Returnable Bidding Forms**

**(LOT 5: Advanced Surgery Equipment)**

**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-5)**

[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 5: Advanced Surgery Equipment)**

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: *ITB for the Supply of Assorted Medical Equipment to Primary and Secondary Health Centers in Damaturu, Yobe State, Republic of Nigeria*,** ITB Case No**. ITB/2023/48148,** dated **17th August 2023**

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-5)**

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 CIF Lagos Port of Entry (Price of goods CIF + Related Services if applicable)** | [insert amount and currency] | |
| **Bidder’s Total prices CPT Nnamdi Azikiwe International Airport, Abuja (Price of goods CPT + Related Services if applicable)** | [insert amount and currency] | |
| **Total Price of Goods CIF Lagos Port of Entry** | [insert amount and currency] | |
| **Total Price of Goods CPT Nnamdi Azikiwe International Airport, Abuja** | [insert amount and currency] | |
| **Total Price of Related Services** | [[insert amount and currency) - **CIF** | [insert amount and currency) - **CPT** |
|  |  |
| **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: United States Dollars** | | | |
| **Unit Price CIF**  **(b)** | **Unit price CPT**  **(c)** | **Total price**  **CIF**  **(a)x(b)** | **Total price CPT**  **(a)x(c)** |
| 1. | **Phacoemulsification System (anterior/posterior)** | 1 | Set |  |  |  |  |
| 2. | **The instrument set for surgical platform anterior/posterior** | 2 | Set |  |  |  |  |
| **Total Price of Goods** | | | | | |  |  |

1. **Prices Related services – Installation, end users training, and commissioning.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Unit** | **Unit Price** | **Total Price** |
| 1. | Phacoemulsification System (anterior/posterior) | 1 | Set | ☐ Yes ☐ No | Insert details of goods offered |
| 2. | The instrument set for the surgical platform anterior/posterior | 2 | Set | ☐ Yes ☐ No | Insert details of goods offered |

1. **Bidder’s delivery data**

|  |  |  |
| --- | --- | --- |
| **Country of origin of offered products** | Item 1 |  |
| Item 2 |  |

|  |  |  |
| --- | --- | --- |
| **FCA point(s) of delivery for offered products** | Item 1 |  |
| Item 2 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | ***Containers (if applicable)*** | |
| ***Number*** | ***Size*** |
| Item 1 |  |  |  |  |
| Item 2 |  |  |  |  |

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-5)**

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**

**LOT 5: Advanced Surgery Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| 1 | **Phacoemulsification System (anterior/posterior)** | **1 Set** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **PHACOEMULSIFICATION SYSTEM**  (Anterior and Posterior Segment) | ☐ Yes ☐ No | Insert details of goods offered |
| - Fully programmable, multi-processor control system | ☐ Yes ☐ No | Insert details of goods offered |
| - Flat screen, colored display with touchscreen | ☐ Yes ☐ No | Insert details of goods offered |
| - Voice feedback for function selection | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have the ability to control via a powerful footswitch and front panel | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have a mappable and programmable footswitch, preferably wireless | ☐ Yes ☐ No | Insert details of goods offered |
| - Memory of 10 users’ settings (at least) | ☐ Yes ☐ No | Insert details of goods offered |
| The phaco surgical platform features should also include: High-Frequency Deep Sclerotomy module and function, Perfect control of fluidics, Anterior & posterior segment device, an Infusion system, Easy Phaco handpiece (reusable with Titanium easy tips) | ☐ Yes ☐ No | Insert details of goods offered |
| Pump Type: Peristaltic (or better technology) | ☐ Yes ☐ No | Insert details of goods offered |
| Vitrectomy cutting frequency: 10000 (or better) | ☐ Yes ☐ No | Insert details of goods offered |
|  |  |  |
| **Ultrasound** | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have the ability to drive high-performance four to six crystal handpiece: 25-40 kHz, piezoelectric, slim and lightweight and autoclavable | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have an additional feature of delivery of ultrasonic energy like torsional/transversal/ellipsoidal etc. in addition to linear | ☐ Yes ☐ No | Insert details of goods offered |
| - Equipped with an option of 1.8 mm, 2.2 mm, and 2.8 mm size of phaco tip | ☐ Yes ☐ No | Insert details of goods offered |
| - The ultrasound and handpiece should be compatible with tips like standard 30 degrees and 45 degrees, microtip, and flared aspiration bypass tips | ☐ Yes ☐ No | Insert details of goods offered |
| - Facility of ultrasound power control in various sub-modes like continuous, pulsed, burst, and bi-modal application | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have preferably peristaltic system/ venture or both and the facility to use vacuum level up to 650 mm-Hg | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have the ability to regulate irrigating pressure by the height of I/V pole preferably motorized and continuous irrigation controlled by foot pedal and on the touch panel | ☐ Yes ☐ No | Insert details of goods offered |
| - Aspiration hand piece should have both co-axial and bimanual attachments | ☐ Yes ☐ No | Insert details of goods offered |
| - Phaco tips should be 30 degrees, and 45 degrees, and angle tip | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have the ability to control via footswitch, remote control, and front panel | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have cassette/ tube system | ☐ Yes ☐ No | Insert details of goods offered |
|  |  |  |
| **Vitrectomy** | ☐ Yes ☐ No | Insert details of goods offered |
| - Should have an ability to drive electric cutter for anterior and posterior vitrectomy with cut rates as shown below with submodes cut I/A, I/A cut with panel or linear cut control by foot pedal | ☐ Yes ☐ No | Insert details of goods offered |
| - Vitrectomy Anterior and Posterior segment specifications: | ☐ Yes ☐ No | Insert details of goods offered |
| **Anterior segment:**   * Electrically driven guillotine cutter (or better technology) * 20G, 23G * Linear 30 to 1200 cuts/min (minimum range) * Individual Cuts * Dual linear or linear pedal control * Irrigation/aspiration/cut * Irrigation/cut/aspiration | ☐ Yes ☐ No | Insert details of goods offered |
| **Posterior segment:**   * Win dual pneumatically driven guillotine cutter * 20G, 23G, 25G * Linear or progressive, 30 to 3000 cuts/min (minimum range) * Individual cut * Dual linear or linear pedal control | ☐ Yes ☐ No | Insert details of goods offered |
| **Diathermy** Bipolar coagulation capability, panel or linear power control by foot pedal and panel Reusable diathermy forceps/autoclavable bipolar cable | ☐ Yes ☐ No | Insert details of goods offered |
| **Data storage and transfer** Storage capabilities via USB for DATA transfer or DATA portability | ☐ Yes ☐ No | Insert details of goods offered |
| Power Supply / Frequency: AC 100-240V, 50/60Hz. | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with on UPS compatible with the Power of the equipment offered. | ☐ Yes ☐ No | Insert details of goods offered |
| Working environment Temperature: 10-40 Degree Celsius (minimum range) | ☐ Yes ☐ No | Insert details of goods offered |
| Working environment Humidity: 20%-90% (minimum range) | ☐ Yes ☐ No | Insert details of goods offered |
| Delivered with all necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer's QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| One year warranty including preventive, curative maintenance and spare parts | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | **The instrument set for surgical platform anterior/posterior** | **2 Sets** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Instrument set for surgical platform anterior/posterior to be delivered with the Phacoemulsification system offered. | ☐ Yes ☐ No | Insert details of goods offered |
| CE or FDA certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 9001 certified | ☐ Yes ☐ No | Insert details of goods offered |
| ISO 14001 or manufacturer’s QMS certificate | ☐ Yes ☐ No | Insert details of goods offered |
| Certification: ISO 13485 | ☐ Yes ☐ No | Insert details of goods offered |
| Diathermy Hand Piece (long) **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Diathermy Hand Piece (Short) **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Endo-diathermy 25G **(*2 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Endo-diathermy 25G (***2 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Diathermy Forcep Bipolar **( *3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| I/A Bimanual **(*2 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| I/A Handpiece (***2 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| I/A Quick tip **(*2 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Key for Phaco tips **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Easy Phaco Handpiece **(*4 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Laser Probe OS4 23G **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Laser Probe OS4 Straight **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Laser Probe Curve 25G **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Continuous Flow Cutter 20G **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Continuous Flow Cutter 23G **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Continuous Flow Cutter 25G (***2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Infusion line 6mm (***2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Caliburn Trocar system 23G **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Caliburn Trocar System 25G  **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Endo-Illumination 23G (***2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Endo-Illumination 25G **(*2 Bxs*** *)* | ☐ Yes ☐ No | Insert details of goods offered |
| Phaco Set Incision 2.8 – 3.2mm **(*4 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Phaco Set Incision 2.2 – 2.4mm (***4 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Phaco Set Incision 1.6 – 1.8mm (***4 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Irrigation Sleeve 2.2 – 3.2mm  **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Irrigation Sleeve 2.2 – 2.4mm **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Irrigation Sleeve 1.6 – 1.8mm **(*3 Pcs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Tubing System for Faros **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Phaco pack for Faros **(*2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Vitrectomy 23G pack for Faros (***2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |
| Air Delivery Line (***2 Bxs)*** | ☐ Yes ☐ No | Insert details of goods offered |

1. **Related services – Installation, end users training, and commissioning.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Unit** | **Is Bid compliant?** Bidder to complete | **Details of Services offered.** Bidder to complete |
| 1. | Phacoemulsification System (anterior/posterior) | 1 | Set | ☐ Yes ☐ No | Insert details of goods offered |
| 2. | The instrument set for the surgical platform anterior/posterior | 2 | Set | ☐ 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 10 Weeks** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | **CIF Incoterm 2020 Lagos Port of Entry, Nigeria**  **or**  **CPT Nnamdi Azikiwe International Airport, Abuja, Nigeria**  **Kindly note, you are to submit quotes for both Incoterms mentioned in this tender** | ☐ Yes ☐ No | Insert details |
| **Consignee details** | United Nations Office for Project Services (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 +/- 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-5)**

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-5)**

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 Supply of Goods** template is included in this ITB by this reference and is attached as a separate Pdf document.