**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 your quotation.**

The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their Quotation.

* 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
* Quality Documents
* Sustainability Documents

**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 *Cotrimoxazole 480 mg (Sulfamethoxazole 400 mg + Trimethoprim ( 80 mg)Injection ,IV, 5ml ampoule* in[*Myanmar*],**

**RFQ Case No. [RFQ/2023/48343], dated [30-August-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 I: 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

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

**RFQ reference no: RFQ/2023/48343**

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

1. The bidders can round up the quantities to the higher size according to the available packing size.
2. UNOPS keeps the right to accept the bidder’s offered packaging for the lot where none of the bidders is found to be compliant with the mentioned packaging requirement.
3. There are two separate price tables (Table 1 ; Price table for bidders offering products to be imported and Table 2; Price table for local suppliers offering products from Yangon and already imported) and the bidders shall submit only one table according to their stock status.

**Table 1; Price table for bidders offering products to be imported**

| **Lot No** | **Item Description** | **Unit** | **Total Quantity in Unit** | **Manufacturer and country of origin** | **Type of Packaging including pack size** | **Offered Quantity in Unit  (a)** | **Pharmacopeia Standard** | **FCA (Supplier's warehouse/Port of Origin)** | | **CPT-Yangon**  **AirPort/SeaPort** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Price (b)** | **Total Price  (a x b)** | **Unit Price (c)** | **Total Price  (a x b)** |
| 1 | Cotrimoxazole 480 mg (Sulfamethoxazole 400 mg + Trimethoprim ( 80 mg)Injection ,IV, 5ml ampoule | 5ml Ampoule | 2,800 |  |  |  |  |  |  |  |  |

**(OR)**

**Table 2; Price table for local suppliers offering products from Yangon and already imported**

| **Lot No** | **Item Description** | **Unit** | **Total Quantity in Unit** | **Manufacturer and country of origin** | **Type of Packaging including pack size** | **Offered Quantity in Unit  (a)** | **Myanmar FDA Registration No** | **Exw Price at Yangon** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Price (b)** | **Total Price  (a x b)** |
| 1 | Cotrimoxazole 480 mg (Sulfamethoxazole 400 mg + Trimethoprim ( 80 mg)Injection ,IV, 5ml ampoule | 5ml Ampoule | 2,800 |  |  |  |  |  |  |

**The bidder is requested to fill the following shipment information for Table 1 bidders- goods to be imported.**

| **Lot No** | **Rout of Freight** | **Shipment** | **Approx Gross weight in kg** | **Approx. weight and volume of the shipment** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |

**Note:** \* Quoted prices shall be **net of Duties and Taxes,** as UNOPS does not pay taxes.

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: RFQ/2023/48343

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 for good – Comparative Data Table***

| **Lot No** | **Item Description** | **Unit** | **Total Quantity in Unit** | **Is quotation compliant?**  **Bidder to complete**  **(Yes/No)** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- | --- | --- |
| 1 | Cotrimoxazole 480 mg (Sulfamethoxazole 400 mg + Trimethoprim ( 80 mg)Injection ,IV, 5ml ampoule | 5ml Ampoule | 2,800 |  |  |

| **No** | **Description** | **Compliant**  **Yes / No** | **If No, Provide comments** |
| --- | --- | --- | --- |
| 1 | **Standard requirements:**  The required Finished Pharmaceutical Products (FPPs) should meet the requirements of the pharmaceutical legislation and regulation of the country of origin for manufacturers. Country of origin means here the country where the finished product is manufactured.  FPPs should also be compliant with monographs set by WHO International Pharmacopeia (Int Ph), United States Pharmacopoeia (USP), British Pharmacopeia (BP) and European Pharmacopeia. Where monographs are not available in house specifications will be acceptable.  Labelling and package inserts shall be in English. |  |  |
| 2 | **Quality Assurance Requirements:**  The below quality assurance documents are required to be provided along with your offer.  1. The bidder should have a valid Manufacturing and marketing license/ registration with the competent National Drug Regulatory Authority (NDRA) of the country the manufacturer.  2. A valid GMP certificate issued by the NDRA of the country of Manufacturer based on the WHO Guidelines.  OR  ● For a bidder, offering products from within Myanmar and not in a position to provide the above documents, UNOPS will keep the option of accepting the product if the product is registered with the Myanmar FDA. In that case, the supplier shall provide a copy of valid Myanmar FDA Registration Certificate. |  |  |

**Packaging and Labelling Specifications – Comparative Data Table**

| **No** | **Packaging and Labelling Requirement** | **Compliant (Yes/No)** |
| --- | --- | --- |
| 1 | **Packaging and Labelling Specifications**  a. Packaging and labelling components (e.g., *bottles, closures,* and *labelling)* should also meet specifications suitable for distribution, storage, and use in a climate similar to that prevailing in Myanmar. All packaging must be properly sealed and tamper-proof *and packaging components must meet the latest compendium standards and be approved for pharmaceutical packaging by the manufacturer's National Regulatory Authority.*  b. All labelling and packaging inserts shall be in English.  c. 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.  d. The packaging shall be done separately for each product.  e. The individual containers shall be packed in carton boxes made of strong corrugated cardboard that are:  ✔ suitable to be piled at least 5 boxes high;  ✔ Sufficiently strong to withstand rough handling and exposure to extreme tropical temperatures and air moisture.  ✔ Final cartons should be shrink-wrapped in a clear plastic that prevents the product during transportation, storage and handling keeping in view the heavy rains in Myanmar.  ✔ If there are enough numbers of cartons to form a pallet, palletisation shall be done and protectively wrapped.  f. Outer/shipper cartons must be clearly marked only as follows:  ✔ The international nonproprietary name (INN) or generic name prominently displayed and above the brand name, where a brand name has been given. Brand names should not be bolder or larger than the generic name;  ✔ The dosage form  ✔ The active ingredient per unit  ✔ Strength/concentration of the product;  ✔ Date of manufacture and expiry (in clear language, no code);  ✔ Batch number;  ✔ Content per pack;  ✔ Instructions for storage;  ✔ Name and address of the manufacturer;  ✔ Carton numbering (e.g. 'carton 1/40')  g. All Inner boxes must have the information as follows:  ✔ The international non-proprietary name (INN) or generic name prominently displayed and above the brand name, where a brand name has been given. Brand names should not be bolder or larger than the generic name;  ✔ The dosage form  ✔ The active ingredient per unit  ✔ Strength/concentration of the product;  ✔ Date of manufacture and expiry (in clear language, no code);  ✔ Batch number;  ✔ Content per pack;  ✔ Instructions for use;  ✔ Special instructions for storage;  ✔ Name and address of the manufacturer; |  |
| 2 | **Quality Control:**   * If required, UNOPS may arrange for sample testing for each batch through an independent laboratory, which should not influence the Supplier’s regular testing procedures. Suppliers should make provision of providing sufficient samples as samples per batch as required at no extra cost. The samples will be collected at the time of pre-dispatch inspection. * In the event a dispute should arise between UNOPS and the Supplier, a counter analysis will be carried out by an independent neutral accredited laboratory agreed by both UNOPS and the Supplier. If the counter analysis confirms the defect, the cost of such analysis will be borne by the Supplier as well as the replacement and disposal of the defective goods. In the event the independent analysis confirms the quality of the product. The UNOPS will meet all costs for such analysis.   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 including removal, shipping and destruction of the defective product as appropriate. |  |
| 3 | **Standards of Quality Control for Supply**  The successful Supplier will be required to furnish to the Purchaser:  a. With each consignment, and for each item a certificate of quality control test results concerning quantitative assay, chemical analysis, sterility, pyrogen, content uniformity, microbial limit, and other tests, as applicable to the Goods being supplied and the manufacturer's certificate of analysis;  b. Assay methodology of any or all tests if requested;  Evidence of basis for expiration dating and other stability data concerning the commercial final package upon request. |  |
| 4 | **Shelf life:**  All goods must bear the following:  - Date of manufacture; and  - Expiry date  **Remaining shelf life of 80 % on delivery for products with total shelf life of 2 years or less.**  **Remaining shelf life of 75% on delivery for products with total shelf life of 3 years or more.**  **UNOPS reserves the right to accept for any deviation to the above shelf life due to urgent requirement subject to the acceptability of the end users.** |  |
| 5 | **Defect:**  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. |  |
| 6 | **Complaints:**  Any complaint from UNOPS or its Sub-Recipients 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. |  |
| 7 | **Recall:**  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. |  |
| 8 | **Sustainability Requirement:**  Bidder must provide one or all of the following:  Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; ; (or)  A copy of the organization’s sustainability policy; ; (or)  A copy of the organization’s latest corporate social responsibility report; ; (or)  A copy of the organization’s most recent UN Global Compact Communication on Progress report; ; (or)  A signed statement from the President (or other executive officer) confirming the organization's commitment to sustainability. |  |
| 9 | **Suppliers commitment to gender equality:**  The bidder shall provide a response that demonstrates its commitment to support gender equality and women’s empowerment through its operations. |  |

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

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

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

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

**Form D: Delivery Requirement Form**

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is quotation compliant?**  Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery Time** | **For Goods to be imported:**  Product to be ready and shipping docs provided for 100% quantity within 45 days of signing of the purchase order.  Shipment to Yangon Airport/Seaport; within 10 working days only after the dispatch clearance is issued by UNOPS.  Based on the shipping documents provided, UNOPS will apply for a tax exemption certificate in Myanmar. Greenlight for shipment will be given only after receipt of TEC which takes time. Supplier has to hold the shipment till UNOPS provides the greenlight to ship. Suppliers may have to hold for 8 weeks or more.  **Goods offered from Yangon, already imported:**  Product to be ready at supplier’s warehouse in Yangon within 45 days of signing of the purchase order. | ☐ Yes  ☐ No | Insert details |
| **Submission of shipping**  **documents** | **For Goods to be imported:**  The awarded supplier shall provide proforma invoice immediately after the PO is issued for UNOPS to apply TEC. AWB/BL and other shipping documents much in advance to UNOPS. UNOPS will apply for a Tax exemption certificate (TEC). Once the TEC is received, UNOPS will provide the greenlight for the shipment. Please note that the TEC application period may take 8 weeks or more.  The shipment shall be made within 10 working days only after the dispatch clearance is issued by UNOPS.  The time between the days when shipping documents are provided to UNOPS and the day dispatch clearance is issued is not included in the delivery times mentioned above.  In addition to the requirement of shipping documents as mentioned in SCC under Section IV, suppliers need to submit Invoice, packing list and other related documents (upon request from authority) to UNOPS to proceed with the tax exemption. Only after the dispatch clearance is provided by UNOPS, the supplier shall ship the Goods within the time mentioned above.  **Goods offered from Yangon, already imported:**  The shipping documents like packing list, weight and volume and handling instruction shall be provided immediately after the PO is issued. The supplier shall handover the goods to the UNOPS selected transporter within 3 working days of UNOPS request. | ☐ Yes  ☐ No | Insert details |
| **Delivery place and Incoterms rules** | **For Goods to be imported:**  CPT – Yangon Airport/Seaport (INCOTERMs - 2020)  Cargo Insurance will be arranged by UNOPS.  **Goods offered from Yangon, already imported:**  Exw-Yangon | ☐ Yes  ☐ No | Insert details |
| **Mode of Shipment** | **For Goods to be imported:**  Any (Air/Sea)  Pls provide the offer mode of transport in the comment column. | ☐ Yes  ☐ No | Insert details |
| **Consignee details** | United Nations Office for Project Services  No. 12(O), Pyithu Lane, 7 Mile,  Mayangone Township, Yangon, Myanmar | ☐ 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 RFQ. | ☐ Yes  ☐ No | Insert details |

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

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

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

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

**Form E: One UNOPS Vendor Profile Form**

| **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** | | |