

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.

E-sourcing reference: For the Supply of Pharmaceutical Products to Cambodia - ITB/2023/48753

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

- o Form A: Joint Venture Partner Information Form
- o Form B: Bid Submission Form
- o Form C: Price Schedule Form
- o Form D: Technical Bid Form
- o Form E: Performance Statement Form
- o Form F: One UNOPS Vendor Profile Form

Form A: Joint Venture Partner Information Form

ITB reference no: ITB/2023/48753

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

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

Subject: Bid for the supply of [Insert a brief description of goods/services] **in** [Name of country/city],
ITB Case No. [Insert ITB ref number], dated [insert date]

We, the undersigned, declare that:

- 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 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

Subject :Supply of Pharmaceutical Products to Cambodia

E sourcing reference No : ITB/2023/48753

Name of Bidder: [insert name of bidder]

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

1. The bidders can round up the quantities to higher side matching with the available pack size.
2. The bidders can offer any bottle/blister packaging for lots
3. UNOPS keeps the right to accept the bidder's offered any dosage form (cap / Tab) for lots where none of the bidders is found to be compliant with the mentioned dosage form requirement.

[illegible]

Lot No.	Item Description	Strength	Pack Size	Unit	Total Required Quantity in Unit	Total Offered Quantity in Unit (a)	Manufacturer and country of origin	Pharmacopeia Standard	Currency: USD				Delivery Time	Mtg. date	Exp. date
									Unit price FCA Port of origin (b)	Total price FCA Port of origin (a)x(b)	Unit Price CPT - Phnom Penh Int'l Airport (c)	Total Price CPT - Phnom Penh Int'l Airport (a)x(c)	30 days of signed PO or Please provide your earliest delivery time		
7	Fluconazole infusion	200 mg/100 ml	Vial/ Injection	Vial/ Injection	780										
8	Fluconazole	400 mg	Any	Tab/Cap	2,100										
9	Fluconazole	200 mg	Any	Cap	6,600										
10	Azithromycin	500 mg	3 tabs/pack	Pack	2,666										
11	Azithromycin	500 mg	3 tabs/pack	Pack	1,467										
12	Cefixime Tablet/Film coated tablet	200 mg	Any	Tab	4,400										

***Please quote lot 10 and 11 separately as they belong to different projects**

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 and Schedule of Requirement

Subject : Supply of Pharmaceutical Products to Cambodia

E sourcing reference No : ITB/2023/48753

Name of Bidder: [insert name of bidder]

No	UNOPS Minimum Requirements	Agree to Comply? Bidder to complete	If No, please provide comments
1	Standard requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
	These products should meet the requirements of the pharmaceutical legislation and regulation of the country of origin for manufacturing and distribution of medicines. Country of origin means here the country where the finished product is manufactured.		
	Good Manufacturing Practices (GMP) standards as set out by the WHO should be adhered to, in all respects for manufacturing, packaging and labelling of products.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
	The product should also be compliant with monographs set by WHO International Pharmacopeia (Int Ph), United States Pharmacopoeia (USP), British Pharmacopeia (BP), and European Pharmacopeia.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
	Labelling and package inserts shall be in English.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Quality Assurance Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
	The manufacturer, whose product is being offered by the bidder, should have Manufacturing license with the competent National Drug Regulatory Authority (NDRA) of the country for the manufacturer.		
	A GMP certificate issued by the NDRA of the country of Manufacturer based on the WHO Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
	For the items when there was no monograph for the ingredients , the bidder should provide a documents of the In-House-Specification (IHS) along with the offer <i>(If applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	

3	Packaging and Labelling Specifications <p>a. Packaging and labelling components (e.g., <i>bottles, closures, and labelling</i>) should also meet specifications suitable for distribution, storage, and use in a climate similar to that prevailing in Cambodia. All packaging must be properly sealed and tamper-proof <i>and packaging components must meet the latest compendium standards and be approved for pharmaceutical packaging by the manufacturer's National Regulatory Authority.</i></p> <p>b. All labelling and packaging inserts shall be in English.</p> <p>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.</p> <p>d. The packaging shall be done separately for each product.</p> <p>e. The individual containers shall be packed in carton boxes made of strong corrugated cardboard that are:</p> <ul style="list-style-type: none"> • 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 Cambodia. • If there are enough numbers of cartons to form a pallet, palletisation shall be done and protectively wrapped. <p>f. Outer/shipper cartons must be clearly marked only as follows:</p> <ul style="list-style-type: none"> • 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 storage; • Name and address of the manufacturer; • Carton numbering (e.g. 'carton 1/40') <p>g. All Inner boxes must have the information as follows:</p> <ul style="list-style-type: none"> • 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; 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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No	UNOPS Minimum Requirements	Agree to Comply? Bidder to complete	If No, please provide comments
	<ul style="list-style-type: none"> • 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; 		
4	<p>Quality Control:</p> <ul style="list-style-type: none"> • 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. <p>Standards of Quality Control for Supply</p> <p>The successful Supplier will be required to furnish to the Purchaser:</p> <ol style="list-style-type: none"> (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; (c) Evidence of basis for expiration dating and other stability data concerning the commercial final package upon request. 		

No	UNOPS Minimum Requirements	Agree to Comply? Bidder to complete	If No, please provide comments
5	<p>Shelf life</p> <p>All goods must bear the following:</p> <ul style="list-style-type: none"> - Date of manufacture; and - Expiry date <p>The remaining shelf life of the products upon delivery shall be minimal 80% of the total shelf life. For any deviation to this, the product expiry date has to be accepted by UNOPS. No shipment shall be made without UNOPS approval of shorter expiry dates.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<p>Defect</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<p>Recall</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<p>Inspections and Tests</p> <p>UNOPS will have right to conduct pre -shipment inspection and laboratory testing of products. Bidder has to provide all required related documents and other required standards/chemicals etc (In case of the requirement by UNOPS hired testing lab for quality testing) to the UNOPS contacted testing laboratory at own cost.</p> <p>Regardless of any pre-shipment inspection (and the result thereof) All goods may be subject to inspection/audit and quality control testing by UNOPS/ The Global Fund or its designated representatives, to the extent practicable, at all times and places, including during the period of manufacture and, in any event, prior to final acceptance.</p> <p>UNOPS or Sub-Recipients may also carry out quality control testing of the Goods any time during the shelf life of Goods even after the acceptance of Goods by consignee.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	<p>Sustainability Requirement</p> <p>Bidder must provide one or all of the following:</p> <p>Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; ; (or)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	

No	UNOPS Minimum Requirements	Agree to Comply? Bidder to complete	If No, please provide comments
	<p>A copy of the organization's sustainability policy; ; (or)</p> <p>A copy of the organization's latest corporate social responsibility report; ; (or)</p> <p>A copy of the organization's most recent UN Global Compact Communication on Progress report; ; (or)</p> <p>A signed statement from the President (or other executive officer) confirming the organization's commitment to sustainability</p>		
10	<p>Suppliers commitment to gender equality</p> <p>The bidder shall provide a response that demonstrates its commitment to support gender equality and women's empowerment through its operations.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	
11	DRiVE Supplier Sustainability Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the valid and relevant document	

B. Delivery Requirements

UNOPS Requirements	
Delivery Schedule	100% Quantity within 30 days of signed PO or Please offer the earliest delivery time.
Delivery place and Incoterms rules	Shipment by air. CPT - Phnom Penh Airport as per Incoterms 2020. Custom clearance to be done by UNOPS. Note: Please offer the Air mode of transport only.
Consignee Details	National Center for HIV/AIDS, Dermatology And STDs, Ministry of Health, #245 H, Phum Kean Klang, Khan Chrouy, Changva, Phnom Penh Cambodia
Submission of Shipping documents	<p>At the time of offering the product for inspection, 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.</p> <p><u>Submission of FINAL shipping documents:</u></p> <p>After the satisfactory test report and receipt of TEC, as informed by UNOPS, the supplier shall submit immediately all the final shipping documents to UNOPS for customs clearance.</p>

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

ITB reference no: ITB/2023/48753

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 : _____

Form F: 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/mm/yyyy)		Valid to (dd/mm/yyyy)	
UNGM Number*					VAT registration no.					
Country					Date of birth (dd/mm/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/mm/yyyy)				Expiry date (dd/mm/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			
Telephone no.				Email			Telephone no.			
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>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	UNGM Ineligibility Lists/Claims Log check	Supplier/Vendor have direct agreement/contract with UNOPS	Supplier/Vendor or 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	