**Section III : Returnable Bidding Forms**

**eSourcing reference :** ITB/2023/49245

**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 Schedule Form
* Form D: Technical Bid Form
* Form H: No adverse action Form
* Form F: Manufacturer’s authorization form
* Form G: Performance Statement Form
* Form H: Local Representative information form

**Form A : Joint Venture Partner Information Form**

[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**

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 Mobile XRay and Diagnosis Equipment (CPT, Lomé - Togo),** ITB Case No**. ITB/2023/49245,** dated **[insert date]**

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, **Minimum 90 days**] 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**

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.

| **Currency** | [insert Currency] |
| --- | --- |

**Bid Summary**

| **Bidder’s Total prices FCA (Price of goods FCA + Related Services if applicable)** | [insert amount and currency] |
| --- | --- |
| **Bidder’s Total prices CPT (Price of goods CPT + Related Services if applicable)** | [insert amount and currency] |
| **Total Price of Goods FCA** | [insert amount and currency] |
| **Total Price of Goods CPT** | [insert amount and currency] |
| **Total Price of Related Services** | [insert amount and currency] |
| **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)** | **Currency: [procurement official to insert applicable currency]** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA (b)** | **Unit price CPT (c)** | **Total price FCA (a)x(b)** | **Total price**  **CPT (a)x(c)** |
| 1. | Digital Mobile Radiographic X-ray Unit | 15 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| 2. | Thermal X-ray printer  Consumables for color printer:  4 boxes/125 films for 43 x 43 cm format  2 boxes/125 films for 35 x 43 cm format  2 boxes/125 films for 28 x 35 cm format  1 box/125 films for 25 x 30 cm format  1 box/125 films for format 20 x 25 cm | 15 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| 3. | Radiation protection equipment (accessories) - each kit consists of:  two (02) lead aprons  two (02) face shields  two (20) thyroid protectors  two (02) lead goggles | 15 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| **Total Price of Goods (Purchase + delivery to Lome port )** | | | | |  |  |

**Prices for information purposes (options) - related services**

| **Item/ lot** | **Description of the services** | **Quantity and physical unit (a) if applicable** | **Unit price**  **(b) if applicable** | **Total price per service**  **(a)x(b)** |
| --- | --- | --- | --- | --- |
| 1. | Installation and commissioning of equipment 1 & 2  Location to be specified (city of Lome)  Warranty certificate to be supplied | 15 units | **[Insert]** | **[Insert]** |
| 2. | A training session on the proper use and operation of equipment 1 & 2 - 2-day training to be provided  Training report to be provided | 2 days | **[Insert]** | **[Insert]** |
| 3. | Preventive maintenance plan for equipment 1 & 2 during the 12-month warranty period (at least 2 visits/maintenance) | 2 visits | **[Insert]** | **[Insert]** |
| **Total Price of Related Services** | | | |  |

**Bidder’s delivery data**

| **Country of origin of offered products** | Item 1 | **[Insert]** | | | |
| --- | --- | --- | --- | --- | --- |
| Item 2 | **[Insert]** | | | |
| Item 3 | **[Insert]** | | | |
| **FCA point(s) of delivery for offered products** | Item 1 | **[Insert]** | | | |
| Item 2 | **[Insert]** | | | |
| Item 3 | **[Insert]** | | | |
| **Shipment dimensions of offered products (Including package)** |  | **Gross weight** | **Total volume** | ***Containers (if applicable)*** | |
| ***Number*** | ***Size*** |
| Item 1 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| Item 2 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| Item 3 | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |
| Total | **[Insert]** | **[Insert]** | **[Insert]** | **[Insert]** |

**Bidder's proposed discount for early payment: \_\_\_\_% of the total firm price for each calendar day, provided it does not exceed thirty (30) days.**

**List of subcontractors or suppliers**

The bidder must specify the names of all subcontractors / suppliers who will provide goods / services under this contract and the type of work subcontracted, if any.

**[Full name and address of subcontractors].**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

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.

**The bidder must indicate the brand, model and technical specifications of each item proposed. Failure to do so may constitute grounds for rejection.**

**Technical specifications for Goods – Comparative Data Table**

| **No** | **Description** | **Quantité** |
| --- | --- | --- |
| 1 | Digital Mobile Radiographic X-ray Unit | 15 |
| 2 | Thermal X-ray printer  Consumables for color printer:  4 boxes/125 films for 43 x 43 cm format  2 boxes/125 films for 35 x 43 cm format  2 boxes/125 films for 28 x 35 cm format  1 box/125 films for 25 x 30 cm format  1 box/125 films for format 20 x 25 cm | 15 |
| 3 | Radiation protection equipment (accessories) - each kit consists of:  two (02) leaded aprons  two (02) face shields  two (20) thyroid protectors  two (02) leaded goggles | 15 |

**Delivery requirements –– Comparative Data Table**

| **Nº** | **UNOPS minimum technical requirements** | **Quantity** | **Is the offer compliant?**  To be completed by the bidder | **Details of goods supplied**  To be completed by the bidder |
| --- | --- | --- | --- | --- |
| 1 | **Digital Mobile Radiographic X-ray Unit**  Digital mobile radiographic X-ray unit with wireless flat panel detector for radiographic examinations in the operating room, hospital room, emergency department, pediatrics, orthopedics and intensive care.  Examinations to be performed: 2D general adult X-rays, mainly chest X-rays, pediatric and neonatal X-rays and orthopedic X-rays, among others, capable of performing at least 30 examinations per day.  Suitable for use in harsh environments:   * Ability to operate successfully in a variety of adverse conditions through features such as: dust protection, ability to operate in environments with power fluctuations, ability to operate in high humidity and temperature conditions, ability to be used on slopes and difficult soil types ensuring safe transportation in demanding hospital environments (maximum floor slope requirements) * Uncomplicated installation requirements: installation should pose no unusual problems * Training and operation: no major challenges or concerns. Easy to learn. Comprehensive user manual readily available. * Maintainability: Spare parts available and easily accessible, and no specialized tools required for service and maintenance.   Self-propelled unit on motorized castors with telescopic column for positioning the tube head unit  With safety features to prevent collisions during transport for example: bumper-actuated collision braking, dead-man brakes, and pressure-sensitive steering.  Number of 43x43 cm cassetted stored : At least 1  High-voltage generator   * Electrical power kW @ 100 kVp: 32 kW minimum * Increments in: 1 kV min * Aluminum filter >2.5   X-ray tube anode   * Anode heat content: at least 120,000 HU * Continuous anode heat dissipation: no less than 14,000 HU/min * Maximum exposure time: 4 sec * Maximum output, kVp * Range: 40 min-120 min kVp * Increments: 1 kV minimum   Tube movement   * Rotating tube movement , Horizontal, vertical * Rotation Z axis: +/-90 minimum * Rotation in X axis: +/-90 minimum   Battery   * Energy capacity: At least 300 number of exposures @ 100 kV and 20 mA at full charge. * Battery type: Crystal lead, lead acid or lithium * Charging time: ≤ 8 hours * Radiographs can also be taken using only the AC main line * When the motor or battery are not working, movement and circulation of the unit must be possible.   Flat-panel detector   * Wireless data transfer between detector and mobile unit * CR or DR * Wireless: Yes * 43 X 43 detector and a second detector is required as backup * IP56 minimum * Image transfer time to show images, to be specified in seconds by the supplier. * ~~Flat panel sensor internal memory: minimum 1000 images~~ * Number of images per battery charge to be specified by the supplier if applicable. * Image access time: less than 10 sec after exposure   Collimator   * Patient-Centering /Collimator light required: LED   Visualization System   * Image acquisition workstation fully integrated into the mobile unit * Anatomical programs : ≥500 * Size of built-in display monitor: minimum 17'' touchscreen * Resolution: minimum 1280 x 1024 * Adjustment range: 0.5 to 400 mAs * Display functions: Mirror image / Zoom, Annotations, Linear and angular measurements, Grayscale inversion, Image rotation, Multi-image viewing and ordering options, etc. * Control functions: select or insert patient/examination, check and adjust radiography parameters, make exposure and acquire radiographic image, visualize, process or archive image.   Image processing   * Dispersion correction, Contrast processing, Dynamic range compression, Noise reduction, Multi-frequency processing, with or without grid pattern removal process, Automatic exposure field recognition.   Storage/archiving and connectivity   * All radiographic parameters from the acquisition are stored with the device and can be reviewed with the image * DICOM 3.0 print, query, storage required minimum * Image storage: 20000 images minimum * Integrated Ethernet connectivity required. * Storage capacity on removable media, for data transfer via various options (CD/DVD and/or USB) * Send images via wireless network and cable   Line voltage: 220 VAC, 1 phase  Voltage tolerance: 230 VAC ±10  Rated frequency: 50 Hz ±2 Hz  Line-voltage compensator  Capable of operating continuously in ambient temperatures of 10–40 °C and RH 20%-80%  **Accessories:**   * An online inverter suitable for the equipment and any necessary electrical protection equipment. * At least one protective dust cover. * Equipment supplied with the quality assurance equipment i.e. phantoms to check image quality and calibration of the mobile X-ray unit. * Software and licenses   **Standards**  Compliance with the following international standards or regional or national equivalents   * IEC 60601-1:2005+AMD1:2012 Medical electrical equipment - Part 1: General requirements for basic safety and essential performance. * IEC 60601-1-2:2014 Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral standard: Electromagnetic compatibility - Requirements and tests. * IEC 60336:2005 X-ray tube assemblies for medical diagnosis * IEC 60601-1-3:2008+AMD1:2013 Part 1-3: General requirements for basic safety and essential performance - Collateral standard: Radiation protection in diagnostic X-ray equipment. * IEC 60601-2-28:2017 Part 2-28: Particular requirements for basic safety and essential performance of X-ray tube assemblies for medical diagnosis. * IEC60601-2-54:2009+AMD1:2015+AMD2:2018 Part 2-54: Particular requirements for the basic safety and essential performance of X-ray equipment for radiography and fluoroscopy. | 15 | ☐ Yes ☐ No  Deviations : | Provide details of the required product supplied, including brand/model/proposed specifications, and enclose a copy of brochures and/or any other documents/technical sheets - certificate of analysis, system/technology, etc. |
| 2 | **Thermal X-ray printer**  Reprographer for printing X Rays from mobile X Ray  Throughput: 30 large-format prints per hour minimum.  Photo Thermography, DDI direct digital imaging (chemistry-free laser) or equivalent technology  With 2 film trays  DICOM 3.0 interface for integration  Suitable for various formats 43 x 43, 35 x 43 cm, 28 x 35 cm, 25 x 30 cm and 20 x 25 cm, with two of these formats directly selectable.  Wi-Fi network connection  Ethernet connection  Network Protocols: (TCP/IP) FTP, Telnet, HTTP, SNMP, SMTP, LPD  Power supply: 220 +/- 10% VAC, 50 +/- 2 Hz  Accessories:    Cables and all accessories required for connection  Software and licenses  Consumables for color printer:  4 boxes/125 films for 43 x 43 cm format  2 boxes/125 films for 35 x 43 cm format  2 boxes/125 films for 28 x 35 cm format  1 box/125 films for 25 x 30 cm format  1 box/125 films for format 20 x 25 cm  **Standards**  IEC 60601-1:2005+AMD1:2012 Medical electrical equipment - Part 1: General requirements for basic safety and essential performance.  IEC 60601-1-2:2014 Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral standard: Electromagnetic compatibility - Requirements and testing. | 15 | ☐ Yes ☐ No  Deviations: | Provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 3 | **Radiation protection equipment (accessories)**  **Each accessory kit will consist of:**  Two leaded aprons   * Equivalence. Pb : 0.50 mm * One size - minimum length 110 cm - width 60 cm * Material: Nylon   Two gonad protection   * Equivalence. Pb : 10 mm * Anti-X protection held by a belt with velcro. * Material: polyurethane   Two thyroid protectors   * Equivalence. Pb : 0.50 mm * Adjustable collar with Velcro closure   Two leaded goggles   * Pair of 0.75 mm leaded goggles, specially adapted for interventional radiology. * A pair of goggles with side vision protected by a 0.50 mm leaded lens to guarantee perfect eye protection. | 15 | ☐ Yes ☐ No  Deviations: | Provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |

**B. Durability, standards and warranty requirements (manufacturer & product) for ALL items**

| **Nº** | **UNOPS minimum technical requirements** | **Is the offer compliant?**  To be completed by the bidder | **Details of goods supplied**  To be completed by the bidder |
| --- | --- | --- | --- |
| **Quality standards and certificates (manufacturer & product)** | The bidder must provide:   * Marketing authorisation issued by Australia, Canada, Japan, the European Union and/or the United States regulatory authority (Ancient GHTF). If EU authorisation is presented, please provide the EU Declaration of Conformity with all elements. * Evidence of the manufacturer's valid and certified quality management system which includes the scope and locations and facilities where the relevant activities are performed in accordance with the latest versions of ISO 13485, issued by CABs, Notified Bodies or accredited bodies recognised by at least one regulatory authority in Australia, Canada, Japan, the European Union and/or the United States (FDA). * If the bidder is the manufacturer, it must provide a manufacturing approval/ license from the competent authority or If the tenderer is not the manufacturer, it must provide the manufacturer's authorisation to distribute the items. | ☐ Yes ☐ No | Provide details and attach the documents requested for each item in your offer |
| **Warranty** | Period: The minimum guarantee period is 12 months, starting from the date the equipment is brought into service.  Service: The warranty covers preventive maintenance services and repair/replacement of defective equipment or spare parts during the warranty period.  The bidder must provide the contact details/profile of the partner/representative local or regional (name, focal point, legal status, services provided and experience in the field) to be contacted in case of need. | ☐ Yes ☐ No | Provide details and attach the terms and conditions and focal point contact details of each manufacturer in your offer |
| After-sales services | The tenderer must provide the contact details/profile of the partner/representative at local or regional level (country in the geographical area) (name, focal point, legal status, contact details, services provided and experience in the field) to be contacted if necessary.  Note : **In case the local representative is located in the region and not exactly in Togo, the supplier must ensure the diligence of services throughout the use of the equipment by undertaking to establish a partnership in Togo, in the event of a contract being awarded.** |  |  |
| **Operating and/or equipment manual in French** | The bidder will provide the equipment operating and/or user manual in French and the maintenance/ troubleshooting manual in French. | ☐ Yes ☐ No | Written confirmation that the user manual will be supplied in the required language |
| **Gender promotion and diversity at work** | The bidder must share its internal policy on the promotion of gender and diversity at work and/or specify the measures and actions that are in place. | ☐ Yes ☐ No | Indicate which measures apply and/or attach current policy |
| **Environmental management system or Health & safety system** | The bidder must demonstrate that the manufacturer is in possession of a valid certificate confirming its good environmental management practices (ISO 14001 or ISO 45001 or equivalent). Failing this, the bidder must share its internal policy or related measures. | ☐ Yes ☐ No | Attach ISO 14001 or ISO 45001 equivalent certificate or internal policy or applicable measures |

**Delivery requirements and data comparison tables**

| **UNOPS Requirements** | | **Is the offer compliant?**  To be completed by the bidder | **Details**  To be completed by the bidder |
| --- | --- | --- | --- |
| **Delivery times** | The tenderer must deliver the goods within a maximum of 100 days of signing the contract. | ☐ Yes ☐ No | Provide details |
| **Place of delivery and Incoterms** | In accordance with Incoterms 2020:  CPT: Port of Lomé, Togo  The supplier must provide all the documents required for customs formalities relating to the import of goods into the country. | ☐ Yes ☐ No | Provide details |
| **Recipient details** | Ministry of Health - Government of Togo | ☐ Yes ☐ No | Provide details |
| **UNOPS right to modify requirements** | At the time of contract award, UNOPS reserves the right to vary the quantity of related goods and services indicated above, provided that the variation does not exceed 20% more or less than the quantities originally required, and without any change in the unit price or other terms and conditions of the offer and tender. | ☐ Yes ☐ No | Provide details |

| **1** | After-sales services : The tenderer must provide the contact details/profile of the partner/representative at local or regional level (country in the geographical area) (name, focal point, legal status, contact details, services provided and experience in the field) to be contacted if necessary.  Note : **In case the local representative is located in the region and not exactly in Togo, the supplier must ensure the diligence of services throughout the use of the equipment by undertaking to establish a partnership in Togo, in the event of a contract being awarded.** | Provide additional information and attach Appendix H - Local or regional partner information |
| --- | --- | --- |

1. **Inspections et tests**

UNOPS reserves the right to carry out a pre-shipment and/or arrival inspection and if the equipment does not meet the established specifications, the supplier shall take immediate action to remedy the defects or replace the defective equipment to the satisfaction of the purchaser.

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 : No adverse action confirmation form**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

We hereby certify that [delete option not desired] :

No adverse action has been taken against the Bidder [insert name of Bidder] and the manufacturers [insert names of manufacturers] whose products are offered by the Bidder under this Invitation to Bid, during the past five (5) years.

The following instances of past performance have resulted in negative actions against the Bidder [insert name of Bidder] and the manufacturers [insert names of manufacturers] whose products are offered by the Bidder, within the last 5 (five) years. Such negative actions include:

[Indicate date, reasons and result of negative actions, i.e. suspension or cancellation of manufacturing license by regulatory authorities, product recalls, blacklisting, exclusion from bidding, etc.].

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

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

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

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

**Form F : Manufacturer’s Authorization Form**

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 G: Performance Statement Form**

**(Contracts for similar goods already completed or in progress)**

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form H : Representative or partner information form**

[The bidder must complete this form in accordance with the instructions below].

Tender reference number: [Insert reference number].

Tenderer's name: [Insert tenderer's name]

Date: [Insert submission date]

You must complete and return this form to provide details of the local representative/partner of the proposed brand.

The bidders are required to provide full details of the local representative/partner, especially their contact details.

| Information on the partner or local representative of the proposed brand | |
| --- | --- |
| Name of local brand representative/partner (Togo or neighbouring or regional country) | [insert] |
| Representative's registered office address | [insert] |
| Name and contact details of the person responsible (address, telephone number, fax number, e-mail address) | [insert] |
| Legal information on the representative/partner (tax number, patent, tax declaration) | [insert] |
| Information on the operational capacity of the representative/partner (experience, technical staff) | [insert] |

Signatures of all partners :

We hereby confirm that in the event of a contract award, all parties to the joint venture, partnership consortium or representation shall be jointly and severally liable to UNOPS for any obligations arising from the contract.

For the bidder : For the local representative or partner :

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

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

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