# SECTION VI: RETURNABLE SCHEDULES

## Instructions for completing the returnable Schedules

1. Bidders are required to complete all the returnable Schedules listed in Schedule 0.13 [*Bid Checklist*], sign them and return them as part of their bid submission. The bidder shall fill in all forms in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.
2. Content to be completed in each returnable Schedule is highlighted in grey, either with or without additional instructions in brackets, as shown in the examples below and should be completed by fully replacing all the grey highlights with the relevant text. Additional instructions are also highlighted in grey and should be deleted prior to completion. The final version of these Schedules should not include any grey highlights.  
     
   Without additional instructions (example before completion):

**Amount in words:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Amount in figures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Without additional instructions (example after completion):

**Amount in words:** Seven million five hundred twenty thousand

**Amount in figures:** 7,520,000

With additional instructions in brackets (example before completion):

“... duly authorized by [insert name of bidder] to sign this bid …”

With additional instructions in brackets (example after completion):

“... duly authorized by ABC, Inc. to sign this bid …”

With check box selections to be made (example before completion):

[To select an option, put an **X** over the relevant blank box]   
Schedule 0.1 [*Bid Submission Declaration*] ☐ YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder's Information*] ☐ YES ☐ NO ☐ N/A

With check box selections to be made (example after completion):

Schedule 0.1 [*Bid Submission Declaration*] **X** YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder's Information*] **X** YES ☐ NO ☐ N/A

1. If after assessing this opportunity the bidder decides not to submit a bid, UNOPS asks that the bidder still returns Schedule 0.12 [*Bidl/No Bid Confirmation*] indicating the reasons for non-participation.

## SCHEDULE 0: ITB SCHEDULES

### 0.1 Bid Submission Declaration

**Submission date:** \_\_\_/\_\_\_/\_\_\_

**Subject:** Bid for the ***Re-advertisement for the Supply of Digital X-Ray Machines for Primary Hospitals in Damaturu, Yobe State, Nigeria***

***Lot-1: Lot - I - Supply of Digital X-ray machines and Related Services for General Hospitals in Jakusko and Yusufari, Yobe State, Nigeria***

***ITB Ref No:*** in ITB ref. No. ***ITB/2023/49407***, dated **November 10, 2023**

We, the undersigned, declare that:

* 1. We have examined and have no reservations regarding the bid documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We bid to execute the Works in conformity with the bid documents, including the Conditions of Contract and in accordance withSection II: Schedule of Details;
  3. Our bid shall be valid for the period of [insert number of days – not less than the bid validity period specified in the Particulars] days from the date fixed for the deadline for bid submission as set out in the Particulars, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  4. If our bid is accepted, and if so requested in the Particulars, we commit to obtaining a Performance Security, in accordance with Section IV: Schedule of Details, Schedule 1.1 [*Details Provided by the Employer*] and the General Conditions of Contract;
  5. 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;
  6. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against us that could impair our operations in the foreseeable future;
  7. Our entity confirms that we the bidder and the subcontractors identified have not been associated or have not been involved in any way, directly or indirectly, with the preparation of the design, terms of reference and/or other documents used as a part of this solicitation;
  8. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  9. Our firm, its affiliates or subsidiaries – including any subcontractors or suppliers for any part of the contract – have not been declared ineligible by UNOPS, nor are they included in the suspended/ineligibility list in accordance with Section I: Instructions to Bidders, Article 4 [*Bidder Eligibility*];
  10. We have not offered and will not offer fees, gifts and/or favours of any kind in exchange for this ITB and will not engage in any such activity during the performance of any Contract awarded;
  11. We understand that UNOPS is not bound to accept the lowest priced evaluated bid or any other bid that UNOPS may receive.

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

|  |
| --- |
| **Name:** |
| **Title:** |
| **Date:** |
| Signature: |

[Stamp this form with official stamp of the bidder]

### 0.2 Joint Venture Partner Information

**ITB reference No.:**  **ITB/2023/47973**

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

**ATTENTION:** This Schedule should only be completed and returned with the bid if the bid is submitted as a Joint Venture.

|  |  |
| --- | --- |
| **Joint Venture Information** | |
| **Name** |  |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, email address) |  |
| **Name of leading partner**  (with authority to bind the Joint Venture, during the bid process and, in the event a Contract is awarded, during Contract execution) |  |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the Works to be performed by each** |  |

**Signatures of all partners of the Joint Venture:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

|  |  |  |
| --- | --- | --- |
| **Name of partner:** |  | **Name of partner:** |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

|  |  |  |
| --- | --- | --- |
| **Name of partner:** |  | **Name of partner:** |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

## 

### 0.3 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.

**Bid Summary**

|  |  |
| --- | --- |
| **Bidder’s Total prices CIF Lagos Port of Entry (Price of goods CIF + Related Services if applicable)** | [insert amount and currency] |
| **Total Price of Goods CIF Lagos Port of Entry** | [insert amount and currency] |
| **Total Price of Related Services** | [insert amount and currency) - |

**Prices for Goods – Medical Equipment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description** | **Qty**  **(a)** | **Currency: USD** | | | | |
| **Unit** | **Unit Price FCA**  **(b)** | **Unit price CIF**  **(c)** | **Total price**  **FCA**  **(a)x(b)** | **Total price CIF**  **(a)x(c)** |
| **1** | **Digital X-Ray** | 2 | Units |  |  |  |  |
| **2** | **Digitizer Computerized Radiography (CR system) (Award is Optional – Dependent on the Availability of Budget – Bidder is to provide financial offer)** | 2 | Units |  |  |  |  |
| **3** | Laser Imager (printer) for Radiology | 2 | Units |  |  |  |  |
| **Total Price of Goods** | | | | | |  |  |

**Prices for related services**

Installation of Medical Equipment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Unit** | **Unit price**  **if applicable** | **Total price per service** |
| **1** | **Digital X-Ray** | 2 | Units |  |  |
| **2** | **Digitizer Computerized Radiography (CR system) (Award is Optional – Dependent on the Availability of Budget – Bidder is to provide financial offer)** | 2 | Units |  |  |
| **3** | Laser Imager (printer) for Radiology | 2 | Units |  |  |
| **Total Price of Related Services** | | | | |  |

**Bidder’s delivery data**

|  |  |  |
| --- | --- | --- |
| **Country of origin of offered products** | Item 1 |  |
| Item 2 |  |
| Item 3 |  |

**FCA Point of Delivery**

|  |  |  |
| --- | --- | --- |
|  | Item 1 |  |
|  | Item 2 |  |
|  | Item 3 |  |

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

### 0.4 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.

1. **Technical specifications for Goods and Comparative Data Table**

*Supply and Installation of* ***Two Complete Digital X-ray Machines and Related Services for Primary Hospitals in Damaturu, Yobe State, Nigeria***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **UNOPS minimum technical requirements** | **Is Bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
|  | **Digital X-Ray** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Generator Power: 40 kW (minimum), 80 kW (Maximum) | ☐ Yes ☐ No | Insert details of goods offered |
| Power supply: Three phase 380 +/- 10%, 50Hz | ☐ Yes ☐ No | Insert details of goods offered |
| KV: 40kV to 150kV (minimum range), Stepping by 1kv | ☐ Yes ☐ No | Insert details of goods offered |
| **mA: 10mA to 650mA (minimum range)** | ☐ Yes ☐ No | Insert details of goods offered |
| **mAs: 0.4mAs to 630mAs (minimum range)** | ☐ Yes ☐ No | Insert details of goods offered |
| **EXPOSURE Time: 0.001 to 6.3s (minimum range)** | ☐ Yes ☐ No | Insert details of goods offered |
| Focus: Dual Focus 0.6 mm x 0.6 mm, 1.2 mm x 1.2 mm (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| **Rotating speed: 2500 prm (minimum) at 50 Hz power frequency** | ☐ Yes ☐ No | Insert details of goods offered |
| **Heat capacity: 600 khu (minimum)** | ☐ Yes ☐ No | Insert details of goods offered |
| Inverter frequency: 50kHz ~ 200kHz (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Tube movement: Upward and Downward movement, Left and Right Rotation | ☐ Yes ☐ No | Insert details of goods offered |
| Column: Left and Right movement | ☐ Yes ☐ No | Insert details of goods offered |
| Radiography table: 4-Way floating | ☐ Yes ☐ No | Insert details of goods offered |
| Bucky Stand For use of the radiography of the chest, skull, thoracic and spinal areas of the body. | ☐ Yes ☐ No | Insert details of goods offered |
| Vertical locking system electromagnetic lock | ☐ Yes ☐ No | Insert details of goods offered |
|  | | |
| **Flat Panel detectors specifications** | ☐ Yes ☐ No | Insert details of goods offered |
| A set of two pieces of FPD Size: 17 x 17 inches minimum | ☐ Yes ☐ No | Insert details of goods offered |
| A moveable and wireless | ☐ Yes ☐ No | Insert details of goods offered |
| Flat Panel Detector: Amorphous silicon cesium iodide (or better technology) | ☐ Yes ☐ No | Insert details of goods offered |
| Detector Size: 17 x 17 inches minimum | ☐ Yes ☐ No | Insert details of goods offered |
| Pixel Pitch: 3072 x 3072 (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| A/D Conversion: 16 bits (or better technology) | ☐ Yes ☐ No | Insert details of goods offered |
| Spatial Resolution: 3.5 LP/mm (or better) | ☐ Yes ☐ No | Insert details of goods offered |
| Software: Professional medical software with multi-languages (with minimum English language) (Supplier to make updates available when required) | ☐ Yes ☐ No | Insert details of goods offered |
|  | | |
| **After-sale Service: Technical support** | ☐ Yes ☐ No | Insert details of goods offered |
| Warranty: 2 Years including spare parts, Preventive and curative maintenance free of charge. | ☐ Yes ☐ No | Insert details of goods offered |
| **PC Workstation: Intel i5 CPU (or better). 8GB RAM or better, 22-24” (minimum size) Display with a UPS (online) for the system unit.** | ☐ Yes ☐ No | Insert details of goods offered |
| **Quality Certification:  CE or FDA certified;  ISO13485 certified; ISO 9001 Manufacturer's QMS certificate ISO14001 EMS Certificate SONCAP Certificate: Standard Organization of Nigeria Conformity Assessment Program** | ☐ Yes ☐ No | Insert details of goods offered |
| Accessories to be included: Two (2) sets of Flat Panel detectors (with specifications as described above) | ☐ Yes ☐ No | Insert details of goods offered |
| 2 sets of Lead aprons (Lead Equivalent: 0.5 mm Pb), lead rubber, Size: 100 x 60 cm With Pocket, Unisex Size. (Adjustable with Velcro) and all necessary accessories for the system's good operation. | ☐ Yes ☐ No | Insert details of goods offered |
| There should be a local presence | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item 2A:** | **Digitizer Computerized Radiography (CR system) (Award is Optional – Dependent on the Availability of Budget, Bidder to submit financial Offer)** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | \*CR System:- with workstation and 4 plates (minimum), Standalone machine | ☐ Yes ☐ No | Insert details of goods offered |
| Function: Conventional Film/Screen based X-Ray | ☐ Yes ☐ No | Insert details of goods offered |
| Operational requirement: able to record X-Ray images on Imaging Plates (IP) | ☐ Yes ☐ No | Insert details of goods offered |
| Image Reader: Cassette Mechanism to Load and Unload IP Single cassette feed | ☐ Yes ☐ No | Insert details of goods offered |
| Throughput: ●35 x 43 cm (14×17”)  ● 35 x 35 cm (14 x 14”)  ● 24 x 30 cm (9.5 x 12”) ● 18 x 24 cm (7 x 9.5”)  ● 15 x 30 cm (6 x 12”) | ☐ Yes ☐ No | Insert details of goods offered |
| CR Workstation: Capable of Archiving and printing selected images to a standard DICOM destination Remote ID and Preview | ☐ Yes ☐ No | Insert details of goods offered |
| Display • LED status Indicator • Status and error messages on external PC monitor Grayscale resolution • Data acquisition: 20 bits/pixel (or better) • Output to processor: 16 bits/pixel (or better) \*Power Supply / Freq.: AC 220 ~ 240V, 50/60Hz | ☐ Yes ☐ No | Insert details of goods offered |
| **Quality Certification:  CE or FDA certified;  ISO13485 certified; ISO 9001 or Manufacturer's QMS certificate ISO14001 Certificate SONCAP (Certificate: Standard Organization of Nigeria conformity assessment program)** | ☐ Yes ☐ No | Insert details of goods offered |
|  | **Delivered with 01 sets of FDP Size: 17 x 17 inches (x2) and 35x35 inches (x1)** | ☐ Yes ☐ No | Insert details of goods offered |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item 2B:** | **Laser Imager (printer) for Radiology** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
|  | Print from CR, DR, CT, MR, PACS Viewers and other grayscale medical film applications. | ☐ Yes ☐ No | Insert details of goods offered |
| **Technology: Photothermographic (dry laser)** | ☐ Yes ☐ No | Insert details of goods offered |
| **minimum 320 pixels per inch** | ☐ Yes ☐ No | Insert details of goods offered |
| **Throughput: Minimum 45 films per hour (film size dependent)** | ☐ Yes ☐ No | Insert details of goods offered |
| Daylight-load film cartridges minimum 125 sheets/cartridge | ☐ Yes ☐ No | Insert details of goods offered |
|  | | |
| **Film Sizes:** |  |  |
| **the following formats must be available:**   * 14 x 17 in. (35 x 43 cm) * 11 x 14 in. (28 x 35 cm) * 10 x 12 in. (25 x 30 cm) * 8 x 10 in. (20 x 25 cm) | ☐ Yes ☐ No | Insert details of goods offered |
| Network Connectivity: Integrated DICOM interface supports printing from DICOM print modalities | ☐ Yes ☐ No | Insert details of goods offered |
| Connect non-DICOM modalities using PACS Link Medical Image Managers | ☐ Yes ☐ No | Insert details of goods offered |
| Power: 200–240 VAC; 50/60 Hz | ☐ Yes ☐ No | Insert details of goods offered |
| Magnetic field: < 50 Gauss Standard configuration with DICOM Including necessary accessories for its good operation | ☐ Yes ☐ No | Insert details of goods offered |
| Including two (2) years warranty | ☐ Yes ☐ No | Insert details of goods offered |
| **Quality Certification:  CE or FDA certified;  ISO13485 certified; ISO 9001 or Manufacturer's QMS certificate ISO14001 Certificate SONCAP Certificate: Standard Organization Of Nigeria Conformity Assessment Program** | ☐ Yes ☐ No | Insert details of goods offered |
| **Delivered with: - 200 dry laser films size 35x35cm**  **- 200 dry laser films size 25x30cm** | ☐ Yes ☐ No | Insert details of goods offered |

1. **Related services - Related services – Supplier is required the have the below equipment installed at the Consignee Delivery Location (General Hospital Jakusko and General Hospital Yufusufari, Yobe State, Republic of Nigeria)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item/ lot** | **Description of the services** | **Qty** | **Is Bid compliant?** Bidder to complete | **Details of Services offered.** Bidder to complete |
| **1.** | * Install the Complete Digital X-ray machine (Static) with a bucky chest stand and a 4-way bucky table at the two general hospitals in Jakusko (General Hospital Jakusko) and Yusufari (General Hospital Yusufari). * Installed, Test, and commission the X-ray machines. * Train the technicians, operators, and end-users on the operation of the X-ray machine and its accompanying accessories, including printers. | **2 Units** | ☐ Yes ☐ No | Insert details of goods offered |
| **2** | Digitizer Computerized Radiography (CR system) **(Award is Optional – Dependent on the Availability of Budget)** | **2 Units** | ☐ Yes ☐ No | Insert details of goods offered |
| **3** | Laser Imager (printer) for Radiology | **2 Units** | ☐ 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 port of Lagos, Nigeria (Incoterm 2020)** | ☐ Yes ☐ No | Insert details |
| **Consignee details** | **United Nations Development**  **Programme, UN House**  **No. 617/618, Diplomatic Drive**  **Central Business District**  **Abuja, Nigeria**  Tel: +234 813 361 1945  Email. [nonso.orefo@undp.or](mailto:nonso.orefo@undp.org)g,  CC: HerbertA@unops.org Attn: Nonso Orefo | ☐ 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 |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 0.5 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]

### 0.6 Capacity and Experience

**ITB reference No.:**  [ITB/202#/#####]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

1. **Similar Contracts during the last** 3 **years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Contract title** | **Client** | **Location** | **Contract amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **All current contracts underway**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Contract title** | **Client** | **Location** | **Contract amount** | **Value of remaining work** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **All contracts committed to start**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Contract title** | **Client** | **Location** | **Expected value of work** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Name:** |
| **Title:** |
| **Date:** |
| **Signature:** |

2

### 0.7 Performance Statement

**ITB reference No.:**  [ITB/202#/#####]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

|  |  |
| --- | --- |
| **Contract No.: [#######]** | |
| **Contract awarded by**  (full address of the Client) |  |
| **Contract date** (DD/MM/YY) |  |
| **Description of Scope of Works** |  |
| **Value of Contract** |  |
| **Date of completion** | * **As per Contract:** * **Actual:** |
|
| **Remarks indicating satisfaction on performance, reasons for late completion or any other, if any** |  |

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|  |
| --- |
| **Name:** |
| **Title:** |
| **Date:** |
| **Signature:** |