**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: Previous Experience Form
* Form F: One UNOPS Vendor Profile Form

**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 Lab and Medical Equipment to Cambodia**

**RFQ Case No. [RFQ/2023/49513], dated [Insert date]**

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 II: 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 judgement 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 authorised 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

**E-Sourcing Ref No**: **Supply of Lab and Medical Equipment to Cambodia – RFQ/2023/49513**

**Name of Bidder: [insert name of bidder]**

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

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

**NOTE: Bidders shall be allowed to quote prices for one or more lots identified in this tender. However, Bidders must offer 100% of the quantities specified for each lot. Evaluation will be done per lot.**

| **Lot No.** | **Item Description** | **Unit** | **Qty in Unit** | **Manufacturer/**  **Country of Origin** | **Offered Pack Size** | **Offered Qty in Unit**  **(a)** | **Currency: USD** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA - Port of Origin**  **(b)** | **Total price FCA -Port of Origin C=(a)x(b)** | **Unit Price CPT - Air/Sea Port**  **(d)** | **Total Price CPT- Air/Sea Port**  **e=(a)x(d)** |
| 1 | Electro-cauterization Machine | Set | 1 |  |  |  |  |  |  |  |
| 2 | Centrifuge machine | Set | 3 |  |  |  |  |  |  |  |
| 3 | Pharmaceutical refrigerator | Set | 1 |  |  |  |  |  |  |  |
| 4 | Safety transportation box | Set | 71 |  |  |  |  |  |  |  |

Payment terms 30 days accepted: ☐ Yes



**\* UNOPS is exempted from Taxes and Duties. The offer shall be submitted net of any direct taxes, customs duties and indirect taxes, such as sales taxes, VAT, etc**

\*\***UNOPS keeps the right to accept a different pack size.**

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

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

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

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

**The bidder is requested to filled the following shipment information**

| **Lot No.** | **Shipment** | **Approx Gross weight in kg** | **Approx Volume in cubic cm**  **(length x width x height)** | **Number of cartons (or) pallets (or) boxes** |
| --- | --- | --- | --- | --- |
| 1 | Electro-cauterization machine |  |  |  |
| 2 | Centrifuge machine |  |  |  |
| 3 | Pharmaceutical refrigerator |  |  |  |
| 4 | Safety transportation box |  |  |  |

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: RFQ/2023/49513

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.

Any mention or reference to any brand name below is only for example and the below specifications on sizes and different ranges required are only approximate and the bidder can offer a product with some variations as long as the product offering provides the same or superior level of performance on the output.

1. **Technical specifications for good – Comparative Data Table**

| **Lot No.** | **Product Description** | **UNOPS Minimum Technical Requirements** | **Is quotation compliant?** | **Details of goods offered.** |
| --- | --- | --- | --- | --- |
| **Bidder to complete** | **Bidder to complete** |
| 1 | Electro-cauterization Machine | Product Catalogue No. , Brand, Manufacturer Name | ☐ Yes ☐ No | Product Catalogue No. , Brand, Manufacturer Name offered if applicable |
| - Voltage: 220-240V, 50-60 Hz, | ☐ Yes ☐ No | Insert details of goods offered. |
| - Bipolar output | ☐ Yes ☐ No | Insert details of goods offered. |
| - Nominal frequency 500 kHz | ☐ Yes ☐ No | Insert details of goods offered. |
| - Impulse frequency for modulation 60 kHz | ☐ Yes ☐ No | Insert details of goods offered. |
| - A set of standard accessories for operation | ☐ Yes ☐ No | Insert details of goods offered. |
| Foot pedal switch | ☐ Yes ☐ No | Insert details of goods offered. |
| - Warranty 1 year" | ☐ Yes ☐ No | Insert details of goods offered. |
| Product Catalogue including detail information | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | Centrifuge machine | Product Catalogue No, Brand, Manufacturer Name | ☐ Yes ☐ No | Product Catalogue No. , Brand, Manufacturer Name offered if applicable |
| **Specifications:** | | |
| - Centrifuge blood tube . | ☐ Yes ☐ No | Insert details of goods offered. |
| - Temperature control range –10°C ... +25°C | ☐ Yes ☐ No | Insert details of goods offered. |
| - Stable temperature maintenance range 25°C below ambient ... to +25°C | ☐ Yes ☐ No | Insert details of goods offered. |
| - Temperature setting resolution 1°C | ☐ Yes ☐ No | Insert details of goods offered. |
| - Speed regulation range for centrifuge tubes 100–4200 rpm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Speed regulation range for microtitre plates 100-2000 rpm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Speed setting resolution 100 rpm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Digital time setting 1 - 90 min (increment 1 min) | ☐ Yes ☐ No | Insert details of goods offered. |
| - Timer sound signal + | ☐ Yes ☐ No | Insert details of goods offered. |
| - Rotor imbalance diagnostics (automatic stop, “IMBALANCE” warning) + | ☐ Yes ☐ No | Insert details of goods offered. |
| - Tube Volume : 2.6 to 7ml | ☐ Yes ☐ No | Insert details of goods offered. |
| - Max. Tube diameter : 13mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Max. Vessel Height : 108mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Max. Vessel Height for use with cap/lid : 106mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Number of vessels per adapter/rotor : 40-70 tube | ☐ Yes ☐ No | Insert details of goods offered. |
| - Bottom Shape : Flat with rubber mat | ☐ Yes ☐ No | Insert details of goods offered. |
| - Centrifugation radius : 150mm | ☐ Yes ☐ No | Insert details of goods offered. |
| **Features:** | | |
| - Soft start and run-down of the rotor; | ☐ Yes ☐ No | Insert details of goods offered. |
| - Efficient rate of chamber refrigeration: under 10 min; | ☐ Yes ☐ No | Insert details of goods offered. |
| - Maintenance of stable temperature during operation; | ☐ Yes ☐ No | Insert details of goods offered. |
| - User-friendly setting of centrifugation parameters (speed, temperature, time) and simultaneous | ☐ Yes ☐ No | Insert details of goods offered. |
| - display of both set and actual values; | ☐ Yes ☐ No | Insert details of goods offered. |
| - Safe operation is provided by a metal protection chamber and a case cover, automatic stop at imbalance (emergency shutdown, ”IMBALANCE” displayed) and a lock keeping the lid closed while the centrifuge is running. | ☐ Yes ☐ No | Insert details of goods offered. |
| **Rotor selection:** | | |
| **-** Setting rotor speed in RPM or RCF; | ☐ Yes ☐ No | Insert details of goods offered. |
| **-** Multiple acceleration (Slow, Normal, Fast) and deceleration (0, Slow, Normal, Fast) modes and possibility to switch off forced braking; | ☐ Yes ☐ No | Insert details of goods offered. |
| **-** Swing out rotor | ☐ Yes ☐ No | Insert details of goods offered. |
| Product Catalogue including detail information | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | Pharmaceutical refrigerator | Product Catalogue No. , Brand, Manufacturer Name | ☐ Yes ☐ No | Product Catalogue No. , Brand, Manufacturer Name offered if applicable |
| - Resistant to cleaning solutions | ☐ Yes ☐ No | Insert details of goods offered. |
| - Forced-air circulation maintains chamber uniformity and provides quick recovery after door openings | ☐ Yes ☐ No | Insert details of goods offered. |
| - Temperature adjustable automatic switch off fan when door opens | ☐ Yes ☐ No | Insert details of goods offered. |
| - Non-CFC Natural Green refrigerant provides high efficiency | ☐ Yes ☐ No | Insert details of goods offered. |
| - Evaporator fan(s) shut off during door openings to maintain stable temperatures | ☐ Yes ☐ No | Insert details of goods offered. |
| - Auto condensate evaporation | ☐ Yes ☐ No | Insert details of goods offered. |
| - Heat treated pair glass is used to prevent condensation and ice forming | ☐ Yes ☐ No | Insert details of goods offered. |
| - Evaporator operates at 2°C, preventing samples from freezing | ☐ Yes ☐ No | Insert details of goods offered. |
| - Heat treated, double-paned glass is used | ☐ Yes ☐ No | Insert details of goods offered. |
| - Full view & non‐condensing glass door | ☐ Yes ☐ No | Insert details of goods offered. |
| - Door lock system | ☐ Yes ☐ No | Insert details of goods offered. |
| - Rechargeable battery‐back‐up system | ☐ Yes ☐ No | Insert details of goods offered. |
| - Interior chamber light with door activated on/off switch | ☐ Yes ☐ No | Insert details of goods offered. |
| - Temperature range control between 0 – 10°C, operating range +2ºC to +8ºC | ☐ Yes ☐ No | Insert details of goods offered. |
| - USB datalogging monitors temperature 24h/7 | ☐ Yes ☐ No | Insert details of goods offered. |
| - LCD digital display for temperature with a resolution of 0.1°C | ☐ Yes ☐ No | Insert details of goods offered. |
| - Audible and visual alarms for high and low temperature values | ☐ Yes ☐ No | Insert details of goods offered. |
| - Dry contacts for remote alarm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Ultra low level noise: 45 db(a) | ☐ Yes ☐ No | Insert details of goods offered. |
| - Heavy‐duty lockable and adjustable casters | ☐ Yes ☐ No | Insert details of goods offered. |
| - Automatic voltage compensator | ☐ Yes ☐ No | Insert details of goods offered. |
| - One access port | ☐ Yes ☐ No | Insert details of goods offered. |
| - CE, CSA, UL and ETL certified | ☐ Yes ☐ No | Insert details of goods offered. |
| - USB port (free software to download) | ☐ Yes ☐ No | Insert details of goods offered. |
| - Volume of refrigerator : 1,050 l (277.4 gal) | ☐ Yes ☐ No | Insert details of goods offered. |
| Product Catalogue including detail information | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | Safety transportation box | Product Catalogue No. , Brand, Manufacturer Name | ☐ Yes ☐ No | Product Catalogue No. , Brand, Manufacturer Name offered if applicable |
| **-** External Cover PE | ☐ Yes ☐ No | Insert details of goods offered. |
| - Insulation inner surface PE, middle insulation layer PU, foam layer thickness ≥30mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - External Dimensions 325\*235\*250mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Internal Dimensions 240\*140\*165mm | ☐ Yes ☐ No | Insert details of goods offered. |
| - Container Capacity 12 L | ☐ Yes ☐ No | Insert details of goods offered. |
| -Cold storage box model/quantity (standard configuration) 0. 4L cold storage agent/6 pcs | ☐ Yes ☐ No | Insert details of goods offered. |
| - Cold life Refrigerate 2ºC~8ºC for more than 36 hours | ☐ Yes ☐ No | Insert details of goods offered. |
| - Freezing -22ºC~-10ºC for more than 12 hours | ☐ Yes ☐ No | Insert details of goods offered. |
| **Transport sample container’s features:** | | |
| -Hardside coolers are perfect for transporting specimens to the lab and maintaining temperatures. | ☐ Yes ☐ No | Insert details of goods offered. |
| -Great option for Blood Banks to send units to the ER or Surgery to help prevent units from returning over temperature | ☐ Yes ☐ No | Insert details of goods offered. |
| -Hardside coolers have feet and can be stacked for storage  Stainless Steel hardware will provide many years of durable service | ☐ Yes ☐ No | Insert details of goods offered. |
| -Convenient handle on top and heavy duty strap can be used to secure lid during transport or be  used as a shoulder strap | ☐ Yes ☐ No | Insert details of goods offered. |
| -Constructed of high straight plastic material for all types of specimen transport needs | ☐ Yes ☐ No | Insert details of goods offered. |
| -Insulated with High-Grade Molded Polystyrene Foam | ☐ Yes ☐ No | Insert details of goods offered. |
| -Non-Absorbent Surface Easy to Clean and Disinfect | ☐ Yes ☐ No | Insert details of goods offered. |
| -Offers superior protection for your specimens or blood products | ☐ Yes ☐ No | Insert details of goods offered. |
| -Airtight closure seal is provided by an EVA Gasket Seal recessed into the lid | ☐ Yes ☐ No | Insert details of goods offered. |
| Product Catalogue including detail information | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |

1. **Quality Assurance Requirement**

| **Sr. No** | **UNOPS Minimum Requirements** | **Is quotation compliant? Bidder to complete** | **If No, Provide comments** |
| --- | --- | --- | --- |
| 1 | The offer products shall comply with QA Requirement as follows:   1. ISO 13485/ISO9001/ CE / or equivalent Quality management system from founding members of the GHTF. 2. Bidders shall enclose the copies of such certification for the offered product along with the submission. | ☐ Yes ☐ No  Please provide the Valid and  relevant document |  |
| 2 | Product Specification:  Bidder shall indicate the offer product name, catalogue number, product photos and related product information. | ☐ Yes ☐ No  Please provide the Valid and  relevant document |  |

1. **Other Requirement**

| **No.** | **UNOPS Minimum Requirements** | **Is quotation compliant? Bidder to complete** | **If No, please complete the reasons and details** |
| --- | --- | --- | --- |
| 1 | **Packaging and Labelling Specifications**  a) Should be standard as per the regulations applicable.  b) Special packaging and notification is required for easily breakable material.  c) All labelling and packaging inserts shall be in English.  d) Should be strong enough for transport and to resist any mishandling.  (e) The final cartons should be shrink-wrapped in a clear plastic which prevents the product during transportation, storage and rough handling keeping in view the heavy rains in Cambodia.  (f) The outer case or carton should also display the following information:  ➢ Carton numbering e.g. carton 1/40  ➢ UNOPS Logo  ➢ Shipping Marks  ➢ Date of manufacture and expiry (for the applicable products)  ➢ Batch number  ➢ Special instructions for storage | ☐ Yes ☐ No |  |
| 2 | **Shelf life**  If any product has a shelf life, the offered product shall also have a minimum 80% of the remaining shelf life on arrival at Phnom Penh International Airport/Seaport, Cambodia.  The supplier shall indicate the manufacturing and expiry date on outer packaging. | ☐ Yes ☐ No |  |
| 3 | **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. | ☐ Yes ☐ No |  |
| 4 | **Complaints**  Any complaint from UNOPS or its end user 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. | ☐ Yes ☐ No |  |
| 5 | **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. | ☐ Yes ☐ No |  |

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

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

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

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

**Form D: Delivery Requirement Form**

**Delivery requirements –– Comparative Data Table**

**E sourcing Ref: Supply of Lab and Medical Equipment to Cambodia – RFQ/2023/49513**

| **UNOPS Requirements** | | **Is a quotation compliant?**  **Bidder to complete** | **If No, Provide comments** |
| --- | --- | --- | --- |
| **Delivery Schedule** | For all lots: 100% qty within 60 days from the date of signed PO. Product readiness and shipping docs to be provided.Delivery to freight forwarder/ carrier at port of origin: Within 10 calendar days of issue of dispatch  clearance. | ☐ Yes ☐ No |  |
| **Delivery place and Incoterms rules** | **CPT – Phnom Penh International Airport/Seaport, Cambodia ( INCOTERM - 2020) Custom clearance to be done by UNOPS - Cambodia** | ☐ Yes ☐ No  (Please specify) |  |
| **Mode of Transport** | Air/Sea | ☐ Yes ☐ No  (Please specify) |  |
| **Submission of Shipping**  **Documents** | In case of Air shipment, the supplier shall provide AWB and other shipping documents to UNOPS as mentioned in the above timeline . UNOPS will apply  for a Tax exemption certificate (TEC) .Once the TEC is received, UNOPS will provide the dispatch clearance for the shipment.  In case of Sea shipment, the supplier shall provide draft BL and other shipping documents as per the above timeline to UNOPS for prior checking. Then the supplier shall provide final BL and other  shipping documents as soon as the Goods are delivered to the shipping line.  The shipment shall be made within 10 working days only after the dispatch clearance is issued by UNOPS. | ☐ Yes ☐ No |  |
| **Consignee Details** | National Center for HIV/AIDS,Dermatology And STDs, Ministry of Health,  #245 H, Phum Kean Klang, Khan Chrouy,  Changva, Phnom Penh Cambodia | ☐ Yes ☐ No |  |
| **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 |  |

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

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

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

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

# Form E: Previous experience form

RFQ reference no: Supply of Lab and Medical Equipment to Cambodia – RFQ/2023/49513

Name of Bidder: [insert name of Bidder]

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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/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** | | |