**Section IV: Returnable Bidding Forms**

Note to Bidders: The following returnable forms are part of this ITB and must be completed and returned by bidders as part of their Bid. 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 your bid by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

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 E: Performance Statement Form
* Form F: Manufacturer’s authorization 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: ITB/2023/49570

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: 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** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** ITB Case No. ITB/2023/49570, 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 is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. Our bid shall be valid for the period of time of **60 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;
  5. If our bid is accepted, and if so requested in the Tender Particulars section, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of Contract;
  6. 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;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. 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;
  9. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  10. 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;
  11. 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;
  12. 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

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

ITB reference no: ITB/2023/49570

| **Currency** | USD |
| --- | --- |

**Lot 01:**

| **Item No** | **Description** | **Qty** | **Unit price**  **(USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- |
|
| 01 | Supply & delivery of of X-Ray Film Size 14″ x 17″ | 1,600 |  |  |
| 02 | Supply & delivery of of X-Ray Film Size 10″ x 14 ″ | 28,350 |  |  |
| 03 | Supply & delivery of of X-Ray Film Size 8″ x 10″ | 1,550 |  |  |
| **Sub Total (USD)** | | | |  |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

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

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

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

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

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

# Form D: Technical Quotation Form

ITB reference no: ITB/2023/49570

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section III: 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.

**Technical specifications for Goods and Comparative Data Table:**

**Lot 01:**

**Item 01: Supply & delivery of 1,600 Nos of X-Ray Film Size 14″ x 17″**

| **Item No** | **Minimum Requirement** | **Bidders Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
|
| Yes | No |
| 1 | Manufacturer Name | Provide Details | |  |
| 2 | Model No | Provide Details | |  |
| 3 | Country of Origin | Provide Details | |  |
| **4** | **Operational Requirements** | ☐ Yes | ☐ No |  |
| 4.1 | Size **14″ x 17″** | ☐ Yes | ☐ No |  |
| 4.2 | Medical Dry Laser Imaging Film, | ☐ Yes | ☐ No |  |
| 4.3 | Maximum Density: up to 3.6 | ☐ Yes | ☐ No |  |
| 4.4 | Light-sensitive protective Layer | ☐ Yes | ☐ No |  |
| 4.5 | Use: Specially in CR, CT, MRI, DSA, Mammography, OPG & others Medical Imaging modalities | ☐ Yes | ☐ No |  |
| **5** | **Warranty and maintenance** | ☐ Yes | ☐ No |  |
| 5.1 | Warranty period of minimum 12 months should be given starting from the date of delivery | ☐ Yes | ☐ No |  |
| **6** | **Documentation** | ☐ Yes | ☐ No |  |
| 6.1 | User, technical and maintenance manuals must be supplied in English language | ☐ Yes | ☐ No |  |
| **7** | **Quality Requirements** | ☐ Yes | ☐ No |  |
| 7.1 | **If required**, the Supplier has to arrange the Marketing Authorization/NOC/Registration from the Directorate General of Drug Administration (DGDA) Bangladesh after the issuance of the PO. | ☐ Yes | ☐ No |  |
| 7.2 | Have regulatory approval and marketing authorization issued by one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) or be prequalified by the WHO (Ex; CE, FDA…) | ☐ Yes | ☐ No |  |
| 7.3 | Manufacturer’s QMS ISO13485 or ISO9001, QMS shall be issued by CABs, Notified or Accredited bodies recognized by the Regulatory Authority of one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) and shall be recognized by such Authorities. | ☐ Yes | ☐ No |  |
| **8** | **Delivery and storage** | ☐ Yes | ☐ No |  |
| 8.1 | Delivery within 4 weeks of the issuance of the PO | ☐ Yes | ☐ No |  |
| 8.2 | Delivery to NTP Central Warehouse, 250 Bedded TB Hospital, Shyamoli, Dhaka | ☐ Yes | ☐ No |  |
| 8.3 | Incoterm: DAP | ☐ Yes | ☐ No |  |
| **9** | **Contact details of Local service agent should be submitted** | ☐ Yes | ☐ No |  |
| 9.1 | *Name* | ☐ Yes | ☐ No |  |
| 9.2 | *Address* | ☐ Yes | ☐ No |  |
| 9.3 | *Contact number* | ☐ Yes | ☐ No |  |

**Item 02: Supply & delivery of 28,350 Nos of X-Ray Film Size 10″ x 14 ″**

| **Item No** | **Minimum Requirement** | **Bidders Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
|
| Yes | No |
| 1 | Manufacturer Name | Provide Details | |  |
| 2 | Model No | Provide Details | |  |
| 3 | Country of Origin | Provide Details | |  |
| **4** | **Operational Requirements** | ☐ Yes | ☐ No |  |
| 4.1 | Size 10″ x 14″ | ☐ Yes | ☐ No |  |
| 4.2 | Medical Dry Laser Imaging Film, | ☐ Yes | ☐ No |  |
| 4.3 | Maximum Density: up to 3.6 | ☐ Yes | ☐ No |  |
| 4.4 | Light-sensitive protective Layer | ☐ Yes | ☐ No |  |
| 4.5 | Use: Specially in CR, CT, MRI, DSA, Mammography, OPG & others Medical Imaging modalities | ☐ Yes | ☐ No |  |
| **5** | **Warranty and maintenance** | ☐ Yes | ☐ No |  |
| 5.1 | Warranty period of minimum 12 months should be given starting from the date of delivery | ☐ Yes | ☐ No |  |
| **6** | **Documentation** | ☐ Yes | ☐ No |  |
| 6.1 | User, technical and maintenance manuals must be supplied in English language | ☐ Yes | ☐ No |  |
| **7** | **Quality Requirements** | ☐ Yes | ☐ No |  |
| 7.1 | **If required**, the Supplier has to arrange the Marketing Authorization/NOC/Registration from the Directorate General of Drug Administration (DGDA) Bangladesh after the issuance of the PO. | ☐ Yes | ☐ No |  |
| 7.2 | Have regulatory approval and marketing authorization issued by one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) or be prequalified by the WHO (Ex; CE, FDA…) | ☐ Yes | ☐ No |  |
| 7.3 | Manufacturer’s QMS ISO13485 or ISO9001, QMS shall be issued by CABs, Notified or Accredited bodies recognized by the Regulatory Authority of one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) and shall be recognized by such Authorities. | ☐ Yes | ☐ No |  |
| **8** | **Delivery and storage** | ☐ Yes | ☐ No |  |
| 8.1 | Delivery within 4 weeks of the issuance of the PO | ☐ Yes | ☐ No |  |
| 8.2 | Delivery to NTP Central Warehouse, 250 Bedded TB Hospital, Shyamoli, Dhaka | ☐ Yes | ☐ No |  |
| 8.3 | Incoterm: DAP | ☐ Yes | ☐ No |  |
| **9** | **Contact details of Local service agent should be submitted** | ☐ Yes | ☐ No |  |
| 9.1 | *Name* | ☐ Yes | ☐ No |  |
| 9.2 | *Address* | ☐ Yes | ☐ No |  |
| 9.3 | *Contact number* | ☐ Yes | ☐ No |  |

**Item 03: Supply & delivery of 1,550 Nos of X-Ray Film Size 8″ x 10″**

| **Item No** | **Minimum Requirement** | **Bidders Offer** | | **Remarks** |
| --- | --- | --- | --- | --- |
|
| Yes | No |
| 1 | Manufacturer Name | Provide Details | |  |
| 2 | Model No | Provide Details | |  |
| 3 | Country of Origin | Provide Details | |  |
| **4** | **Operational Requirements** | ☐ Yes | ☐ No |  |
| 4.1 | Size 8″ x 10″ | ☐ Yes | ☐ No |  |
| 4.2 | Medical Dry Laser Imaging Film, | ☐ Yes | ☐ No |  |
| 4.3 | Maximum Density: up to 3.6 | ☐ Yes | ☐ No |  |
| 4.4 | Light-sensitive protective Layer | ☐ Yes | ☐ No |  |
| 4.5 | Use: Specially in CR, CT, MRI, DSA, Mammography, OPG & others Medical Imaging modalities | ☐ Yes | ☐ No |  |
| **5** | **Warranty and maintenance** | ☐ Yes | ☐ No |  |
| 5.1 | Warranty period of minimum 12 months should be given starting from the date of delivery | ☐ Yes | ☐ No |  |
| **6** | **Documentation** | ☐ Yes | ☐ No |  |
| 6.1 | User, technical and maintenance manuals must be supplied in English language | ☐ Yes | ☐ No |  |
| **7** | **Quality Requirements** | ☐ Yes | ☐ No |  |
| 7.1 | **If required**, the Supplier has to arrange the Marketing Authorization/NOC/Registration from the Directorate General of Drug Administration (DGDA) Bangladesh after the issuance of the PO. | ☐ Yes | ☐ No |  |
| 7.2 | Have regulatory approval and marketing authorization issued by one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) or be prequalified by the WHO (Ex; CE, FDA…) | ☐ Yes | ☐ No |  |
| 7.3 | Manufacturer’s QMS ISO13485 or ISO9001, QMS shall be issued by CABs, Notified or Accredited bodies recognized by the Regulatory Authority of one of the GHTF Founding Member countries (the European Union, the United States, Canada, Japan and Australia) and shall be recognized by such Authorities. | ☐ Yes | ☐ No |  |
| **8** | **Delivery and storage** | ☐ Yes | ☐ No |  |
| 8.1 | Delivery within 4 weeks of the issuance of the PO | ☐ Yes | ☐ No |  |
| 8.2 | Delivery to NTP Central Warehouse, 250 Bedded TB Hospital, Shyamoli, Dhaka | ☐ Yes | ☐ No |  |
| 8.3 | Incoterm: DAP | ☐ Yes | ☐ No |  |
| **9** | **Contact details of Local service agent should be submitted** | ☐ Yes | ☐ No |  |
| 9.1 | *Name* | ☐ Yes | ☐ No |  |
| 9.2 | *Address* | ☐ Yes | ☐ No |  |
| 9.3 | *Contact number* | ☐ Yes | ☐ No |  |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Bidder's Offer** | | **Remark** |
| --- | --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods within 06 weeks after Purchase Order / Contract signature. | ☐ Yes | ☐ No |  |
| **Delivery place and Incoterms rules** | Delivery place:  NTP Central Warehouse, 250 Bedded TB Hospital, Shyamoli, Dhaka  **Incoterm: DAP**  (Director General of Health Services of the Ministry of Health and Family Welfare, Government of Bangladesh will facilitate custom clearance support including waivers for VAT, Duty and Custom Clearance charges) | ☐ Yes | ☐ No |  |
| **Consignee details** | D.G. Central Medical Stores Dept  30, Shahid Tajuddin Ahmed Sarani, Tejgaon, Dhaka 1208, Bangladesh  BIN: 002702482-0203 | ☐ Yes | ☐ No |  |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section III: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

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

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

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

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

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

# Form E: Performance Statement Form

ITB reference no: ITB/2023/49570

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** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NOTE: Please list 2 - 3 completed order details in supplying of Similar equipment during the last 3 Years (UN/ Government / Non Government/ Private Sector, 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 RFQ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 quotation for 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]***

**75 00ax: +45 45 33 75 01**