**Section II Returnables**

**Table of Contents**

[**Submission of Expression of Interest (EOI)**](#_30j0zll) **[2](#_30j0zll)**

[**Company General Profile**](#_1fob9te) **3**

**N**[**otes to Applicants**](#_3rdcrjn) **5**

[**Qualification Form A:**](#_26in1rg) **Turnover 6**

[**Qualification Form B:**](#_3znysh7) **Experience. Relevant Experience 7**

[**Qualification Form C:**](#_lnxbz9) **Document, Certification, and Standards Requirement 8**

[**Qualification Form D: Additional Information 9**](#_2et92p0)

[**Qualification Form E:**](#_tyjcwt) **Joint Venture 10**

**Submission of Expression of Interest (EOI)**

*Your reference: [insert internal letter ref no.]*

*To: UNOPS*

*We, the undersigned, hereby express interest in bidding for Procurement of Medical Examination Gloves for the NMEP of the Federal Ministry of Health of Nigeria.*

*(a) We have duly completed the forms provided by UNOPS and certify that the information provided within the forms is true to the best of our knowledge at the date of submission.*

*(b) We understand that submission of this document does not place any responsibility on UNOPS to provide our Company with an opportunity to bid for a contract or constitute an offer of any form to our Company.*

*(c) We understand that this invitation for expression of interest does not constitute a pre-qualification to bid for tenders that UNOPS may launch in the future.*

*Signed [insert signature(s) of an authorized representative(s) of the Applicant]*

*Name [insert full name of person signing the application]*

*In the Capacity of [insert capacity of person signing the application]*

*Duly authorized to sign the application for and on behalf of: Applicant’s Name [insert full name of Applicant Company] Address [insert street number/town or city/country address]*

*Dated on [insert day number] day of [insert month], [insert year]*

**Company General Profile**

| **Details** |  |
| --- | --- |
| 1 Name of the Company | ....................................................................... |
| 2 Address of the Company (in Origin) | ....................................................................... |
| 3 Address of the Company in Nigeria | ....................................................................... |
| 4 Primary Business Area (e.g.medical supplies) | ....................................................................... |
| 5 Company Registration No. in Nigeria | ....................................................................... |
| 6 Years in Business | ....................................................................... |
| 7 Contact information ((full name and address, country, telephone, e-mail address, website and contact person) | .......................................................................  ………………………………………………...…  …………………………………………………..  ………………………………………………….. |
| 8 Other | .......................................................................  ………………………………………………...…  ………………………………………………….. |
| ***Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |

Notes to Applicants

| 1. Answer all questions and provide information as requested in each form 2. Supplementary pages may be photocopied or scanned and inserted if required. 3. Number page in the space provided at the top of each page. 4. Retain a copy of your complete Submission. 5. If a joint venture is proposed, each company is to respond to all questions and fill in the forms separately. 6. Financial data should be in US dollars |
| --- |
| **Forms:**   1. Turnover 2. Experience. Relevant Experience 3. Document, Certification, and Standards Requirement 4. Additional Information 5. Joint Venture |

**Qualification Form A: Turnover**

Company..........................................................................

1 Annual value of medical supplies or Gloves for each of the last 3 years and projected for the current year

2021 USD ...................... (Completed)

2022 USD ...................... (Completed, or in process)

2023 USD ...................... (Completed, or in process)

2 Approximate value of goods in hand. USD ...................................................................

**Qualification B: Experience. Relevant Experience**

Company..........................................................................

| **Item** | **UNOPS minimum requirements** | **Is the company compliant?**  Company to Complete | **Remarks** |
| --- | --- | --- | --- |
| 1 | **Experience**  The supplier should be in continuous business of manufacturing or supplying same or similar products for the last 2 years. | ☐ YES ☐ NO |  |

| **Order placed**  **by (Full**  **address of**  **purchaser)** | **Order no**  **& date, Year** | **Description**  **& quantity**  **of ordered**  **items** | **Value of**  **Order** | **Date of Completion of Delivery** | | **Remarks**  **indicating**  **reasons of**  **late**  **delivery,**  **if any** | **Was the**  **supplies of**  **goods**  **satisfactory** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per**  **Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Qualification Form C: Document, Certification, and Standards Requirement**

Company........................................................................

| **Item** | **UNOPS minimum requirements** | **Is the company compliant?**  Company to Complete | **Remarks** |
| --- | --- | --- | --- |
| 1 | **NAFDAC Product Certificate**  A valid copy of NAFDAC Certificate. The product must be certified/ licensed by NAFDAC. | ☐ YES ☐ NO  Please provide the supporting document |  |
| 2 | The Product must have the EU (CE marking) or US (FDA PMA or 501k) regulatory approval | ☐ YES ☐ NO  Please provide the supporting document |  |
| 3 | The Product must have EN 455 certification which are a set of standards used for medical single-use gloves | ☐ YES ☐ NO  Please provide the supporting document |  |
| 4 | The Product must have certification for the ASTM D6319 for nitrile rubber gloves. or the ASTM D3578 for natural rubber gloves | ☐ YES ☐ NO  Please provide the supporting document |  |
| 5 | The Product must have certification for the ISO 11193 for single-use rubber examination gloves. (Vendors to submit valid ISO Certificate of the manufacturer) | ☐ YES ☐ NO  Please provide the supporting document |  |
| 6 | The Product must meet any of the following set of performance standards or their equivalent; EN 455, Or ASTM D6319, D3578, D5250, or D6977, Or EN 374.  Alternatively**,**  Offered gloves shall be compliant with the regulatory requirements and standards of one of the Founding Members of GlobaHarmonisation Task Force (GHTF) (namely, EU, USA, Canada, Australia, and Japan),  (e.g. Europe: the product MUST bear the CE mark on its packaging i.e have the Conformité Européenne [CE] certification;  **or** for USA: FDA approval certificate, etc).  (Vendors should submit the manufacturer's documentary evidence of these certifications in English language proving compliance)l | ☐ YES ☐ NO  Please provide the supporting document |  |
| 7 | Manufacturer’s Authorization. (If a vendor does not manufacture or produce the gloves it is offering, they shall submit the Manufacturer’s Authorization). | ☐ YES ☐ NO  Please provide the supporting document |  |

**Qualification Form D: Additional Information**

Company........................................................................

1 Please add further information which you consider to be relevant to the evaluation of your application for Qualification.

………………………………………………………………………………………………………………

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………………………………………………………………………………………………………………

2 If you wish to attach other documents, please list below the type of documents and number of pages:

1. …………………………………………. Total Pages: …………………….
2. …………………………………………. Total Pages: …………………….
3. …………………………………………. Total Pages: …………………….
4. …………………………………………. Total Pages: …………………….
5. …………………………………………. Total Pages: …………………….
6. …………………………………………. Total Pages: …………………….
7. …………………………………………. Total Pages: …………………….
8. …………………………………………. Total Pages: …………………….
9. …………………………………………. Total Pages: …………………….

**Qualification Form E: Joint Venture[[1]](#footnote-0)**

Company..........................................................................

| If the company intends to enter into a joint venture for a submission, please give the following information, if not, state “not applicable”. | | |
| --- | --- | --- |
| 1 | Names and addresses of joint venture partners | .......................................................................... |
| 2 | Name of company leading the joint venture | .......................................................................... |
| 3 | Name and address of bankers to the joint venture | .......................................................................... |
| 4 | Provide an Organogram with details of Management structure of JV | .......................................................................... |
| 4 | Has separate applications completed by the firms proposed as a JV Partners have been attached | .......................................................................... |
| 5 | Is there a legal agreement in place defining rights and liabilities or each member of JV? (If yes, attach copy) | .......................................................................... |
| 6 | How will the JV be financed (provide details) | .......................................................................... |
| 7 | For How many years the JV has been in place? ( If it is formed specifically for this engagement, specify) | .......................................................................... |
| 8 | Has every member of JV completed a copy of this questionnaire and submitted it as required? | .......................................................................... |

1. Applicable only for Joint Venture Consortiums [↑](#footnote-ref-0)