**Section III: Returnable Bidding Forms**

**eSourcing reference**: [Insert UNOPS tender reference number]

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

This Section comprises the following Returnable Bidding Forms:

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form E: Joint Venture Partner Information Form
* Form G: Manufacturer’s authorization 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** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref number], 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 [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] 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 judgment 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 authorized 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

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

\*\*Please fill in all your prices in the attached excel sheet and send it as (excel book) along with the below table\*\*

RFQ reference no: [Insert UNOPS tender reference number]

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

**Bills of quantity Supply ,delivery of Medical Furniture for 2 Hospitals – Two Cities in Yemen as shown below.**

**Table : Delivery of Medical Furniture for 2 Hospitals**

| **No.** | **Item Name** | **Al - Jumhouri Hospital Sana'a** | **Al - Jumhouri Hospital Sa'ada** |
| --- | --- | --- | --- |
| **1** | **Dialysis Chair, Electric** | **27** | **16** |

| **No.** | **Item** | **Unit** | **Qty** | **Unit Price DAP** | **Total Price DAP** |
| --- | --- | --- | --- | --- | --- |
| **7.1** | **Dialysis Chair, Electric** | Each | 43 | insert | insert |
|  | **Total** | | | | insert |

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

**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 quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

| **Item No** | **UNOPS minimum technical requirements** | **Qty.** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| **7.1** | **Dialysis Chair, Electric** | | | |
|  | **Name of Manufacturer** | **43** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment/furniture offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **Valid CE or FDA or (Declaration of conformity- where applicable based on product classification)** |  | ☐ Yes ☐ No |  |
|  | Dialysis chair complete with adjustable backrest, knee rest, and upholstered with water proof material. Mobile on four casters, Electrical type |  | ☐ Yes ☐ No |  |
|  | **Material of main unit:** | ☐ Yes ☐ No |  |
|  | Mild steel epoxy coated or equivalent upholstered with water proof material, easily disinfected and hygienic | ☐ Yes ☐ No |  |
|  | **Arm rest:** | ☐ Yes ☐ No |  |
|  | Upholstered armrest, with adjustable position (Vertical and horizontal) | ☐ Yes ☐ No |  |
|  | **Led rest:** | ☐ Yes ☐ No |  |
|  | Removable foot rest to be provided, with length adjustment | ☐ Yes ☐ No |  |
|  | Back rest: Provided | ☐ Yes ☐ No |  |
|  | Leg section: Provided | ☐ Yes ☐ No |  |
|  | Head rest: Provided | ☐ Yes ☐ No |  |
|  | **Movement:** | ☐ Yes ☐ No |  |
|  | 1. Sitting Position | ☐ Yes ☐ No |  |
|  | 1. Relax position | ☐ Yes ☐ No |  |
|  | 1. Bed position | ☐ Yes ☐ No |  |
|  | All position electrical operated | ☐ Yes ☐ No |  |
|  | **Castors:**  Four antistatic swivel castors Ø 100 mm with central locking position and bidirectional locks | ☐ Yes ☐ No |  |
|  | **Control:** | ☐ Yes ☐ No |  |
|  | 1. Microprocessor based, with patient hand held control. | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source Compliant with IEC 60601 or equivalent |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions . | ☐ Yes ☐ No |  |
| **Safety and standards** | ☐ Yes ☐ No |  |
| ISO 13485 or 9001 certification of the Manufacturer’s QMS, issued by EU Notified Bodies or by an IAF recognized/accredited Conformity Assessment Body | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
| The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  |  |
| The equipment /furniture proposed shall be of highest quality and produced by well known manufacturers. The equipment /furniture shall carry the name and quality label of the manufacturer and fulfill the standards in force. | ☐ Yes ☐ No |  |
| Technical offers must include brochures, data sheets and technical complete technical specifications. | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer |  | ☐ Yes ☐ No |  |
|  | All equipment /furniture to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the end-user should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | The staff training in operation and maintenance shall be provided |  | ☐ Yes ☐ No |  |
|  | Spare parts shall be available at least 7 years after the expiration of the warranty period. |  | ☐ Yes ☐ No |  |
|  | All equipment /furniture to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the end-user should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | The staff training in operation and maintenance shall be provided |  | ☐ Yes ☐ No |  |
|  | Spare parts shall be available at least 7 years after the expiration of the warranty period. |  | ☐ Yes ☐ No |  |

| **General Requirement** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
|  | The authorization of manufacturer included in your offer | ☐ Yes ☐ No | Insert details |
|  | The model of equipment /furniture that is in the submitted offer , it should be still producing. | ☐ Yes ☐ No | Insert details |
|  | The equipment /furniture shall include a non-removable label that state the country of manufacture (i.e. **Made in**…). | ☐ Yes ☐ No | Insert details |
|  | If the manufacturer plans to stop production of the awarded equipment/furniture referenced herein and/or to produce improved models before the delivery date, the Supplier shall notify UNOPS of this fact and provide the option of upgrading its purchase. It will be UNOPS decision to upgrade the equipment or to keep the originally ordered one. | ☐ Yes ☐ No | Insert details |
|  | **Quality Assurance and Standards conformity** |  |  |
| 6 | Quality assurance tests shall be performed at the manufacturer site, prior to shipment. It shall insure high quality, proper and reliable functionality, and applicable standards conformity.. | ☐ Yes ☐ No | Insert details |
| 7 | Quality assurance test certificates shall indicate the serial number of the medical equipment tested, date of the test, types of tests, and acceptance criteria. | ☐ Yes ☐ No | Insert details |
| 8 | All equipment /furniture shall pass the Quality assurance tests successfully, and the test certificates shall be duly stamped by the manufacturer. Quality assurance test certificates shall be submitted to UNOPS, whenever requested. | ☐ Yes ☐ No | Insert details |
|  | **Full functionality** |  |  |
| 9 | The offered medical equipment /furniture shall include a full set of compatible parts, components, accessories, software, hardware, hardware/software interfaces, start-up consumables and howsoever required to put the medical equipment /furniture into fully operational condition. | ☐ Yes ☐ No | Insert details |
| 10 | Any parts, components, adapters, software, hardware etc, that are not mentioned in the detailed technical offer or purchase order, but required to put the product into fully operational condition shall be deemed part of the awarded medical equipment /furniture and must be provided by the Supplier at no additional cost. | ☐ Yes ☐ No | Insert details |
| 11 | All medical equipment /furniture shall contain the latest software version at the time of shipment, wherever applicable. | ☐ Yes ☐ No | Insert details |
| 12 | All medical equipment/furniture, or its component, that will be permanently built-in or mounted on floor, wall or ceiling shall include all needed fixtures, supports, arms, mounting parts/interfaces, finishing seals, and howsoever required to mount the unit and complete the installation, as per the manufacturer recommendation, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 13 | The Supplier shall be responsible to coordinate and liaise with UNOPS, the Consultant, Contractor, sub-contractors and suppliers of other medical equipment/furniture, to provide complete, integrated and fully functional and coordinated solutions wherever applicable. | ☐ Yes ☐ No | Insert details |
| 14 | The Supplier shall provide fully functional batteries for all equipment with internal batteries to the end-user at the time of taking over. | ☐ Yes ☐ No | Insert details |
| 15 | For equipment /furniture that requires water for its operation, the Supplier must stipulate the minimum and recommended acceptable water quality requirements. Hoses, adapters, filters etc shall be provided (wherever applicable). | ☐ Yes ☐ No | Insert details |
| 16 | All electrically operated equipment /furniture must be designed to run on the Yemeni standard AC power (voltages and frequencies) | ☐ Yes ☐ No | Insert details |
| 17 | Equipment/furniture operated at 110V (with and without transformers) shall NOT be acceptable. | ☐ Yes ☐ No | Insert details |
| 18 | All Electrically operated equipment /furniture should comply with IEC 60601 or equivalent | ☐ Yes ☐ No | Insert details |
|  | **Packaging, Shipping, Storage and Delivery** |  |  |
| 19 | The equipment/furniture package shall be well labeled, with instructions for handling, lifting, etc. | ☐ Yes ☐ No | Insert details |
| 21 | The equipment /furniture package shall be labeled with the Supplier name, Manufacturer, model number, and date of manufacture. | ☐ Yes ☐ No | Insert details |
| 20 | The supplier shall print **a thermal stickers of the logo**  that shall be labelled on all equipment /furniture and the shipping boxes and cartons during delivery processes. | ☐ Yes ☐ No | Insert details |
| 21 | The equipment /furniture shall be packaged in a way to withstand handling, loading, unloading, temperature, humidity and other extremes likely to be encountered during shipping and transport. | ☐ Yes ☐ No | Insert details |
| 22 | The Supplier shall be responsible for shipping and delivery and installing of the equipment /furniture to the specified location as in the tender invitation and within the time frame stipulated in the tender invitation. | ☐ Yes ☐ No | Insert details |
| 23 | The Supplier shall be responsible to provide appropriate store for the medical equipment/furniture until the site is ready for immediate assembling and start up. The equipment/furniture shall be stored in supplier’s stores and delivered on demand to UNOPS projects’ sites. | ☐ Yes ☐ No | Insert details |
| 24 | All equipment /furniture shall be preserved and packaged in accordance with the manufacturer's standard practices, and to avoid damage to the system while in transport and shipment to its final destination. | ☐ Yes ☐ No | Insert details |
| 25 | The Supplier is responsible for loading, unloading, rigging and inside delivery of the medical equipment/furniture to its final destination room inside the building. | ☐ Yes ☐ No | Insert details |
| 26 | The Supplier shall be responsible for taking all appropriate actions to ensure that equipment/furniture can be brought safely into the facility and to the allocated locations. It shall be the responsibility of the Supplier to deliver all equipment /furniture in good condition. Any equipment /furniture damaged in shipping, transportation, or rigging shall be promptly replaced regardless of the status of any claims filed against the carrier. | ☐ Yes ☐ No | Insert details |
| 27 | During the warranty period, and if deemed necessary, the Supplier shall relocate the equipment/furniture to other locations at no additional cost. | ☐ Yes ☐ No | Insert details |
|  | **Assembling** |  |  |
| 28 | The Supplier shall assemble, mount, configure, calibrate, test and commission the medical equipment /furniture as per the published manufacturer’s instructions, applicable international & local standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 29 | Only experienced and qualified engineers shall assemble the medical systems and equipment. Competency and Training certificates for the installer, issued and letter headed by the manufacturer, shall be submitted whenever requested by UNOPS. | ☐ Yes ☐ No | Insert details |
| 30 | The Supplier’s work-in-progress activities (delivery, storage, rigging, assemble, inspection, etc) shall be subjected to verification, at any time by UNOPS. UNOPS will notify the Supplier of any observed deficiencies or non-conformity, which could cause suspension of acceptance of the proposed system until corrective action has been demonstrated | ☐ Yes ☐ No | Insert details |
|  | **Assembling, Testing & Commissioning inspection (ATCI)** |  |  |
| 31 | After assembling and prior to conducting the ‘Assembling, Testing & Commissioning Inspection (ATCI)’, the Supplier shall undertake its own pre-checks to verify that the equipment/furniture, its assembling and its performance conform to the published manufacturer’s specifications. All required parts, accessories and start-up consumables shall be included. | ☐ Yes ☐ No | Insert details |
| 32 | Only experienced and qualified engineers shall conduct the Assembling, Testing & Commissioning. Competency certificate, issued by the manufacturer, shall be submitted during the inspection, whenever requested. | ☐ Yes ☐ No | Insert details |
| 33 | Assembling, Testing & Commissioning Inspection shall demonstrate proper and safe Assembling and operation of the medical equipment /furniture as per the published manufacturer’s specifications and protocols, applicable standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 34 | Whenever deemed necessary by UNOPS, the Supplier shall provide testing equipment, analyzers etc to verify proper function/performance of the equipment as per the published manufacturer’s specifications. All testing equipment, tools, analyzers, etc used for testing of medical equipment and systems shall be calibrated as per its manufacturer recommendation. Certificate of valid calibration shall be provided upon request. | ☐ Yes ☐ No | Insert details |
| 35 | The Supplier shall submit a printed list of Serial Numbers of all equipment/furniture assembled, and its location (room number). | ☐ Yes ☐ No | Insert details |
| 36 | Assembling, Testing & Commissioning Inspection forms/checklists shall be filled by the Supplier, and submitted to UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Training** |  |  |
| 37 | Following a successful Assembling, Testing & Commissioning inspection, the Supplier shall conduct training sessions for the clinical staff onsite. This training shall be scheduled at the convenience of the clinical staff. Training shall be for an appropriate period for the medical system. Training shall include, but not be limited to, training for( One BioMedical Engineer and Two users ) Following the completion of training, the Supplier shall, if requested, certify that trained personnel have completed the training program. | ☐ Yes ☐ No | Insert details |
| 38 | The Supplier shall submit a detailed description of the scheduled training for the clinical personnel and the technical training for biomedical engineers for all supplied equipment /furniture ( One BioMedical Engineer and Two users ) . This should include, but not limited to, detailed description of the training, location, scheduled time, duration, content, qualifications of instructor, and a list of who should attend the training. | ☐ Yes ☐ No | Insert details |
| 39 | The Supplier shall provide local service training for 2 biomedical engineers, unless otherwise instructed by UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Manuals** |  |  |
| 40 | The Supplier shall provide 1 original user manuals and 1 original technical service manuals. | ☐ Yes ☐ No | Insert details |
| 41 | Soft copy of user and service manuals (on CD) shall be also provided. | ☐ Yes ☐ No | Insert details |
| 42 | Technical service manuals shall include spare parts lists, electronic circuits schematic diagrams, and detailed troubleshooting guides (where applicable). | ☐ Yes ☐ No | Insert details |
|  | **Infection control** |  |  |
| 43 | Cleaning, disinfecting and/or sterilization of all medical equipment /furniture must comply with the Disease Control (CDC) guidelines or equivalent international standards. | ☐ Yes ☐ No | Insert details |
| 44 | The Supplier must provide the published manufacturer’s method statement for cleaning for all medical equipment/furniture. | ☐ Yes ☐ No | Insert details |
| 45 | The Supplier shall specify appropriate cleaning methods, procedures, and agents. | ☐ Yes ☐ No | Insert details |
|  | **Warranty and Maintenance:** |  |  |
| 46 | The Supplier shall provide full warranty for 2 year, as stipulated in the Invitation to Bid. The warranty shall cover free maintenance/labor and free spare parts throughout the warranty period. The warranty period shall include manufacturer defects. | ☐ Yes ☐ No | Insert details |
| 47 | The Supplier shall provide stickers/labels on each equipment/furniture, stating the name of local agent, email, phone and fax numbers, as well as the dates for scheduled preventive maintenance during the free warranty period, as well as the expiration date of the warranty period. | ☐ Yes ☐ No | Insert details |
| 48 | The Supplier shall conduct scheduled Preventive Maintenance (PM) according to the manufacturer recommendations, applicable standards, and accrediting agencies. | ☐ Yes ☐ No | Insert details |
| 49 | Documented PM reports shall be submitted, and signed by the biomedical engineers/technicians onsite. | ☐ Yes ☐ No | Insert details |
| 50 | Response to service calls by factory-trained service engineers shall be within 1 day. If the Supplier fails to adhere to this requirement, then the free warranty period for the affected equipment /furniture shall be extended 1 week per each incident. | ☐ Yes ☐ No | Insert details |
| 51 | The Supplier shall fix malfunctioning equipment/furniture within a maximum of 1 week from the date of notification. | ☐ Yes ☐ No | Insert details |
| 52 | The Supplier shall replace or repair all defective equipment/furniture and software, and shall correct any defects -without charges for parts or labor- both during and after regular working hours, during the warranty period. | ☐ Yes ☐ No | Insert details |
| 53 | The following effectiveness level provisions shall apply to the medical equipment /furniture during the warranty and subsequent support periods. Uptime is defined as the state when the system is working and/or available for use, to UNOPS/MOH satisfaction. Downtime is defined as the state when the system is NOT operable due to breakdown, performance of repairs, or failure to perform according to specifications. The period of downtime shall be from notification of the manufacturer's service representative until the equipment /furniture is returned/presented to the designated UNOPS/MOH representative properly functioning and ready for use. | ☐ Yes ☐ No | Insert details |
| 54 | Scheduled routine preventive maintenance, scheduled upgrades of equipment or software, and external failures (i.e., due to power loss etc) shall not be considered downtime. | ☐ Yes ☐ No | Insert details |
| 55 | Preventive maintenance work, software upgrades and other non-urgent services shall be performed at predetermined times convenient to UNOPS/MOH. These times may include off-hours. | ☐ Yes ☐ No | Insert details |
| 56 | Supplier shall provide a replacement of any defective equipment /furniture or components that cannot be repaired or corrected to the satisfaction of UNOPS/MOH during the warranty or service contract period. The replacement/substituted equipment /furniture shall be technically equivalent and with similar quality of the defective equipment/furniture. Replacement shall be limited to 3 months, as the original defective equipment/furniture must be fixed within this period. | ☐ Yes ☐ No | Insert details |
| 57 | All warranties and rights shall be transferable from UNOPS to the Ministry Of Health (MOH) upon transfer of ownership, the date of which shall be agreed between UNOPS and the MOH. | ☐ Yes ☐ No | Insert details |
| 58 | The Supplier should submit a confirmation letter that spare parts are available at least 7 years after the expiration of the warranty period. | ☐ Yes ☐ No | Insert details |
| 59 | The Supplier shall submit a complete priced spare parts list, and priced consumables/reagents list where applicable, (prices in USD and include customs fees, sales tax and any other fees, taxes or governmental or non-governmental charges). In case any spare part is needed during this period and is not included in the list submitted in the tender, it will be supplied to MOH free of charge.. | ☐ Yes ☐ No | Insert details |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **120 Days** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Delivery at Place **DAP** to **2 Hospitals – Two Cities in Yemen**.  **Unloaded, customs cleared**  Incoterms rules as per Incoterms 2020. | ☐ Yes ☐ No | Insert details |
| **Consignee 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 RFQ. | ☐ Yes ☐ No | Insert details |

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

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:

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

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

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

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

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

**Form E: Joint Venture Partner Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below.

RFQ reference no: [Insert UNOPS tender reference number]

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) |  |
| **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 G: 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.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: **[bidder to insert]**

**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 13 of the General Conditions for 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]***