**Annex A – Vendor Information Form**

*To be returned by* ***15.07.2019 23h59 GMT+2*** *to* **LTAProcurement@who.int**

*NOTICE:*

*• Companies can only participate in solicitations of WHO after completing their basic registration (free of charge) at the United Nations Global Marketplace (www.ungm.org).*

*• As you express interest in the planned solicitation by submitting this response form, please verify that your company is registered under its full legal name on the United Nations Global Marketplace (www.ungm.org) and that your application has been submitted to WHO.*

|  | **Company Information** to be provided by the Vendor expressing interest | | | |
| --- | --- | --- | --- | --- |
|  | **UNGM Vendor ID Number:** |  | | |
|  | **Legal Company Name:**  *(Not trade name or DBA name)* |  | | |
|  | **Company Contact:** |  | | |
|  | **Address:** |  | | |
|  | **City:** |  | State: |  |
|  | Zip: |  | **Country:** |  |
|  | **Telephone Number:** |  | Fax Number: |  |
|  | **Email Address:** |  | **Company Website:** |  |
|  | **Corporate information** | | | |
|  | Company **mission statement** |  | | |
|  | **Service commitment** to customers and measurements used |  | | |
|  | Ability to supply **worldwide** (If not, indicate geographical coverage) |  | | |
|  | Last three years **Turnover** (USD) |  | | |
|  | Last three years **Export Turnover** (USD) |  | | |
|  | **Organization** **structure** (include description of those parts of your organization that would be involved in the performance of the work) |  | | |
|  | **Experience and References** |  | | |
|  | **Relevant experience** (how could your expertise contribute to WHO’s needs for this EOI) – *Please attach reference and contact details* |  | | |
|  | Number and value of contracts/LTA signed with **UN organizations** in the past 3 years |  | | |
|  | Number and value of contracts signed with **other organizations** in the past 3 years |  | | |
|  | **Staffing information** |  | | |
|  | Total |  | | |
|  | Export |  | | |
|  | Dedicated to WHO service |  | | |
|  | **Marketing information** |  | | |
|  | Website (*provide link*) |  | | |
|  | Online catalogue (*provide link*) |  | | |
|  | Online ordering tool (*provide link*) |  | | |
|  | EDI with customers (*describe*) |  | | |
|  | **Logistic Information** |  | | |
|  | Storage Capacity |  | | |
|  | Location of your warehouse(s) |  | | |
|  | Staffing of warehouse(s) |  | | |
|  | Average Lead Time to Goods ready for Pick up |  | | |
|  | Emergency Lead Time to Goods ready for Pick up |  | | |
|  | **Quality and Sourcing** |  | | |
|  | Categories of medical devices that can be offered |  | | |
|  |  |  | | |
|  | Certified Quality Management System (e.g. ISO 9001 and/or ISO 13485) |  | | |
|  | Certified Risk Management System (e.g. ISO 31000) |  | | |
|  | Certified Quality Management System for manufacturers of medical devices proposed (e.g. ISO 13485) |  | | |
|  | Certified Risk Management System for manufacturers of medical devices proposed (e.g. ISO 14971) |  | | |
|  | Existence of Social and Environmental responsibility systems are available from manufacturers your company works with *(Yes/No)* |  | | |
|  | FDA and/or CE certificate for medical devices proposed *(Yes/No)* |  | | |
|  | Certificate of Analysis and/or other Technical Tests are available from manufacturers your company works with *(Yes/No)* |  | | |

|  |  |
| --- | --- |
| **Entity Name:** | ………………………………………………………………………………………………… |
| **Mailing Address:** | …………………………………………………………………………………………………  …………………………………………………………………………………………………  ………………………………………………………………………………………………… |
| **Name and Title of duly authorized representative:** | ………………………………………………………………………………………………… |
| **Date:** | ………………………………………………………………………………………………… |
| **Signature:** |  |