

## REQUEST FOR QUOTATION

FQ Reference: 4200659316

Date: 17<sup>th</sup> April 2024

Subject of RFQ): IOM Libya Tripoli Office Printer Supplies.

The International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

**Please consider the following:**

- Separate (signed and stamped technical & financial offers) required.
- Company’s valid registration documents are required (license, Chamber of commerce & bank details)
- All companies who submit their offers must have a valid license that is compatible with the scope of work/service required, (vendors with no relevant experience profile will not be considered).
- Signed and stamped code of conduct, page 8,9,10. Required.
- Fill out the attached VIS, Signed and stamped, Attached Pages 5-6. required.
- All payments will be made through bank transfer (Vendors who do not have Bank accounts will not be considered).
- Vendors must provide full information (pictures) of the products in their offers, offers with missing information / technical offer, will not be considered.

**RFQ INFORMATION**

<b>Deadline for the submission of quotation</b>	22 <sup>nd</sup> April 2024 If any doubt exists as to the time zone in which the quotation should be submitted, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a> .
<b>Method of submission</b>	Quotation must be submitted as follows: <input type="checkbox"/> E-tendering ➤ Email <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a>
<b>Cost of preparation of quotation</b>	IOM shall not be responsible for any costs associated with a vendor’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
<b>Contractual Terms</b>	Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at <a href="https://www.iom.int/do-business-us-procurement">https://www.iom.int/do-business-us-procurement</a> or IOM standard contract templates.
<b>Documents to be submitted</b>	Bidders shall submit and sign the-bid submission form below.
<b>Quotation validity period</b>	The quotation shall remain valid for at least 30 days from the deadline for the submission.
<b>Price</b>	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
<b>Partial quotations</b>	➤ Not permitted <input type="checkbox"/> Permitted <a href="#">Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids</a>
<b>Clarifications</b>	Contact person for correspondence, notifications and clarifications Contact person: IOMLIBYAPROPOSAL@IOM.INT E-mail address: IOMLIBYAPROPOSAL@IOM.INT
<b>Evaluation method</b>	➤ The contract will be awarded to the lowest price substantially compliant offer. <input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a>

<b>Right not to accept any quotation</b>	IOM is not bound to accept any quotations, nor award a contract or purchase order
<b>Expected date for contract/PO award.</b>	25 <sup>th</sup> April 2024

Thank you and we look forward to receiving your quotation.

Issued by:

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

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.



**QUOTATION SUBMISSION FORM**

RFQ Reference: 4200659316	Date: 17 <sup>th</sup> April 2024
RFQ ref no: 4200659316	

**Delivery Requirements:** Bidder shall deliver the goods to exact address After PO signature.

<b>Currency of the Quotation: USD.</b>					
<b>INCOTERMS: DAP</b>					
Item No	Description	UOM	Qty	Unit price	Total price
1	Black High-Capacity Print Cartridge for Xerox Versa link C7030	EA	10		
2	Cyan High-Capacity Print Cartridge for Xerox Versa link C7030	EA	10		
3	Yellow High-Capacity Print Cartridge for Xerox Versa link C7030	EA	10		
4	Black Drum Cartridge for Xerox Versa link C7030	EA	3		
5	Magenta Extra Hi Cap Toner Cartridge for Xerox Versa link C7030	EA	10		
<b>Total Final and All-inclusive Price</b>					

**COMPANY PROFILE (Vendor Information Form)<sup>1</sup>**

Item Description	Detail
Legal name of bidder*	
Legal Address (house no, street name, zip code, city*, region*, country*)	

<sup>1</sup> If the company did not register in UNGM or with IOM. If supplied to IOM already, please indicate if there are any changes to be incorporated in the vendor information sheet signed earlier.

Item Description	Detail
Website	
Registration date* and VAT number*	
Legal structure	
Business type/industry category*	<input type="checkbox"/> Direct Producer/Manufacturing <input type="checkbox"/> Reseller/Distributor/Service Provider
Are you a UNGM registered vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, insert UNGM Vendor Number
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which country:
Contact information*	Company Tel/Mobile: Company Email: Company Website: Contact Person 1: Contact Person 2:
Disability inclusive business*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women-owned/controlled*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Information	Bank Name: Bank Address: IBAN: SWIFT/BIC: Account Currency: Bank Account Number: Other relevant information:
Delivery date	

**BIDDER'S DECLARATION OF CONFORMITY<sup>2</sup>**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organization; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor is financially sound and duly licensed.

<sup>2</sup> This form is mandatory to fill in and sign by every vendor who submits quotation.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has adequate human resources, equipment, competence, expertise, and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules, and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the vendor any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges, and immunities of IOM as an intergovernmental organization.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that, the vendor will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition, and transparency, and will avoid any conflict of interest.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at <a href="https://www.unhcr.org/Public/CodeOfConduct">https://www.unhcr.org/Public/CodeOfConduct</a> .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

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

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

### VENDOR INFORMATION SHEET

Vendor No. \_\_\_\_\_  
Internal to IOM

Registered Vendor Name\*: \_\_\_\_\_

Other Names/Acronyms \_\_\_\_\_

Address\*

House No \_\_\_\_\_

Street Name \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* \_\_\_\_\_

Contact Information

Company Tel/Mobile: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Email: \_\_\_\_\_ Contact Person Position: \_\_\_\_\_

Company Website: \_\_\_\_\_

Industry Category\*:

<input type="checkbox"/> 0100 - Commercial Vendors	<input type="checkbox"/> 0500 - International Organizations - Non-UN
<input type="checkbox"/> 0200 - National CSOs	<input type="checkbox"/> 0600 - UN entities
<input type="checkbox"/> 0300 - National Government Entities	<input type="checkbox"/> 0005 - Individual Consultant/Non-Staff
<input type="checkbox"/> 0400 - International CSOs	

Business Type\*:

Direct Producer/Manufacturing

Reseller/Distributor/Service Provider

Provide Services/Goods Internationally\*  Yes  No

Disability-inclusive\*  Yes  Not applicable

Women-owned/controlled\*  At least 51% women-owned/controlled

Less than 51% women-owned/controlled

Not applicable

**Notes**

All fields marked with \* are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (exp. Zipcode).

Vendor Name - should match IDe or registration documents.

If there is insufficient space, please use the Other Information section

**Product Categories (check all applicable)\***

<input type="checkbox"/> Agriculture, Livestock and Fisheries	<input type="checkbox"/> Fuels and Derivatives	<input type="checkbox"/> Legal and Investigation	<input type="checkbox"/> Power Supply and Electric
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Furniture	<input type="checkbox"/> Logistics and Warehousing	<input type="checkbox"/> Quality Control and Environment
<input type="checkbox"/> Clothing and Luggage	<input type="checkbox"/> Hospitality, Events	<input type="checkbox"/> Media and Printing	<input type="checkbox"/> Security
<input type="checkbox"/> Construction	<input type="checkbox"/> Insurances	<input type="checkbox"/> Medical, Drugs and Pharma	<input type="checkbox"/> Social and Humanitarian Services
<input type="checkbox"/> Consultancy and Contracted Services	<input type="checkbox"/> IT and Communications	<input type="checkbox"/> NFIs - Household and Camps	<input type="checkbox"/> Tickets
<input type="checkbox"/> Finance and Administration	<input type="checkbox"/> Land and Buildings	<input type="checkbox"/> Office Equipment and Supply	<input type="checkbox"/> Tools and Machinery
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Learning, Training and Recreation	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Vehicles and Accessories

UNGM No. \_\_\_\_\_ <https://www.unom.org/UNUser/Home>

UN Partner Portal Reference \_\_\_\_\_ <https://www.unpartnerportal.org>

Registration Date \_\_\_\_\_ Main Country of Operations (dd-mmm-yyyy)

Licensing Auth./Type \_\_\_\_\_ License No.: \_\_\_\_\_ Reg. Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

For additional licenses, please use the Other Information Section dd-mmm-yyyy dd-mmm-yyyy

**Partner Entities (indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name)**

Same entity registered in another office \_\_\_\_\_

Parent company \_\_\_\_\_

Subsidiaries/Branches \_\_\_\_\_

Other Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VENDOR INFORMATION SHEET

### Section II: Payment and Banking Information

#### Payment Details

Payment Method\*  Bank Transfer  Check\*\*  Cash\*\*  Others\*\* \_\_\_\_\_

Justification for Non-Bank Payment Method\*\* \_\_\_\_\_  
 \_\_\_\_\_

#### Notes

Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.  
 Non-bank payment methods require justification.

#### Bank Details (mandatory if Payment Method is via Bank Transfer):

Bank Name \_\_\_\_\_  
 Bldg and Street \_\_\_\_\_  
 City \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Bank Account Name \_\_\_\_\_  
 Bank Keys \_\_\_\_\_  
 Account Currency \_\_\_\_\_  
 Bank Account No. \_\_\_\_\_

#### \*Depending on the country

Swift Code/BIC (accounts outside U.S.A.) \_\_\_\_\_  
 IBAN Number (mandatory for banks in Europe) \_\_\_\_\_  
 Clearing No. (CHF accounts in Switzerland) \_\_\_\_\_  
 ABA No. for ACH (USD accounts in U.S.A.) \_\_\_\_\_  
 Bank Branch Code \_\_\_\_\_

#### Notes

If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

***If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM***

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Position/Title

\_\_\_\_\_

Date



## **Code of Conduct for Suppliers**

**Global Procurement and Supply Unit**  
Manila Administrative Centre, Manila Philippines

IOM is strongly committed in observing the highest ethical standards in all its procurement activities. As such, this Code of Conduct for Suppliers has been prepared to provide clear summary of IOM's expectation from the suppliers in all procurement dealings, ensuring that internationally recognized procurement ethics are followed. Transparency and accountability should be strictly adhered to in all procurement activities.

IOM procurement ethics focuses on **zero tolerance on corruption, avoiding any form conflict of interest and honest representation of supplier's capabilities.**

Suppliers are strongly urged to familiarize themselves with this Code of Conduct to ensure successful working relations with IOM.

### **Policy on Corruption and Position on Conflict of Interest**

IOM expects all contracted suppliers and companies seeking to sell goods or services to conduct their business in accordance with the highest ethical standards. Suppliers or potential suppliers must strictly comply with all rules and regulations on bribery, corruption and avoid unacceptable business practices. Hence suppliers are expected to observe the following:

- Shall not, directly or indirectly, offer to any IOM Staff money, goods or a service as a consideration or in expectation of a favorable decision, information, opinion, recommendation, vote or any other form of favoritism which qualifies as a corruption;
- Shall not directly or indirectly, offer, give or agree or promise to give to any IOM staff any gratuity for the benefit of/or at the direction or request of any Staff of IOM;
- To immediately inform the IOM Head of Office in the event that any Staff of IOM solicits or obtained or has made an attempt to obtain gratification for himself/herself or for any other persons.
- To immediately declare if any of the Company's staff and/or officers had or have any relative employed with IOM. Failure to make such declaration shall be construed as a conflict of interest and might result in the exclusion of the supplier from present and future procurement activities and/or other legal action as deemed fit by the Organization.

### **Representation from Suppliers**

IOM expects all its suppliers to honestly declare and warrant that:

- It will comply with all rules, regulations and statutory requirements relating to the provision of the products/ services to IOM;
- It will not act in concert with other suppliers or agents when participating in a bid;





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**Manila Administrative Centre, Manila Philippines**

- It is a duly authorized/certified provider of the supplied products/services and shall not, expressly or impliedly hold itself out to be an agent/representative of a third party provider of the same products/services;
- It will only supply products that are certified to be of merchantable and satisfactory quality;
- The supplier possesses the necessary capabilities, equipment and suitable place of business to perform its obligations;
- It shall not contract out or subcontract or outsource any portion of the products/services unless prior written consent from IOM has been obtained; and
- It shall maintain the highest standards of integrity and quality of work at all times.

#### **Applicability of the Code of Conduct**

This Code of Conduct shall apply to all Suppliers, sub-contractors and to other entities acting on behalf of them (with approval of IOM).

#### **Monitoring compliance to the Code of Conduct**

To facilitate the monitoring of suppliers' compliance with this Code of Conduct, IOM expects suppliers to:

- Develop and maintain all necessary documentation to support compliance with the described standards; such documentation must be accurate and complete;
- Provide IOM's representatives with access to relevant records, upon IOM's request;
- Allow IOM's representatives to conduct interviews with the supplier's employees and with management separately;
- Allow IOM's representatives to conduct announced and unannounced site visits of supplier locations; and
- Respond promptly to reasonable inquiries from IOM's representatives in relation to the implementation of the Code of Conduct.

#### **Secure Communication Channels**

IOM has established a secure communication channel to enable the suppliers to raise their concerns confidentially and responsibly. If the supplier has questions about the Code of Conduct or wishes to report a questionable behavior or possible violation of the Code of Conduct, the Supplier is encouraged and should contact IOM Global Procurement and Supply Unit at email address

[gpsu@iom.int](mailto:gpsu@iom.int) or at: IOM Manila Administrative Centre  
Global Procurement and  
Supply Unit (formerly  
Field Procurement Unit)  
28th Floor Citibank Tower  
8741 Paseo de Roxas, Makati City 1226, Philippines

Suppliers Code of Conduct

2

 <p>IOM • OIM</p>	<h2>Code of Conduct for Suppliers</h2> <p><b>Global Procurement and Supply Unit</b> Manila Administrative Centre, Manila Philippines</p>
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IOM will not tolerate any retribution or retaliation by anyone against a concerned Supplier who has, in good faith, sought out advice or has reported questionable behavior and/or a possible violation. IOM will take disciplinary action up to and including termination of contract for anyone who threatens or engages in retaliation, retribution or harassment of the concerned individual. Identities and contents of all information or complaints will be treated strictly confidential.

### **SANCTIONS**

Breach of the Code of Conduct may result in actions being invoked against that supplier, in addition to any contractual or legal remedies. The actions applied will depend on the nature and seriousness of the breach and on the degree of commitment shown by the supplier in breach to its obligations under the Code of Conduct. The range of actions available to be imposed on the supplier includes but is not restricted to the following:

- Formal warnings – that the continued non-compliance will lead to more severe actions;
- Disclosure of nature of breach to all IOM subsidiaries and associate companies;
- Immediate termination of contract, without recourse;

### **Acknowledgment and Acceptance, to be submitted together with VIS( Vendor Information Sheet)**

This is to certify that I have fully read the Supplier's Code of Conduct attached. Having fully read and understood the completed requirement of this Supplier's Code of Conduct, I hereby commit myself and my company to serve this Code of Conduct and to fully comply with all of its principles. I also certify that I am authorized by my company to sign and accept this document in its behalf.

Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Signature: \_\_\_\_\_