

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200664086

Date: 29 May 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of Procurement of medications and equipment for the medical teams in the east

International Organization for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using **Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer**, by the method and by the date and time indicated. 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.

Thank you and we look forward to receiving your quotations.

Supply Chain Unit

IOM Libya Mission

SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission of Quotation	12 June 2024 If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/ .
Method of Submission	Quotations must be submitted as follows: <input type="checkbox"/> E-tendering <input checked="" type="checkbox"/> Email <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other Click or tap here to enter text. Bid submission address: iomlibyaproposal@iom.int <ul style="list-style-type: none"> ▪ File Format: PDF and Excel ▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. ▪ All files must be free of viruses and not corrupted. ▪ Max. File Size per transmission: 30 MB ▪ Mandatory subject of email: Company name RFQ reference ▪ Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y”. ▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible. ▪ The proposer should receive an email acknowledging email receipt.
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Supplier Code of Conduct	All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: Supplier Code of Conduct (ungm.org) .
Conflict of Interest	UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.
General Conditions of Contract	Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement .
Eligibility	Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative. QA: Pharmaceuticals Low Risk : Prequalified Lists WHO - Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control) and SRA/NRA certification. Or: a. WHO pre-qualification or Stringent Regulatory Authority (SRA) Certification or b. National Regulatory Authority Certification/Registration or c. Other Quality certifications (Certificate of Good Manufacturing practice certification, Certificate of Analysis, ISO, etc.) d. CE certificates- (for medical devices)
Currency of Quotation	Quotations shall be quoted in USD

Duties and taxes	The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below: All prices shall: <input type="checkbox"/> be inclusive of VAT and other applicable indirect taxes <input checked="" type="checkbox"/> be exclusive of VAT and other applicable indirect taxes
Language of quotation and documentation including catalogues, instructions and operating manuals	English
Documents to be submitted	Bidders shall include the following documents in their quotation: <input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed <input checked="" type="checkbox"/> Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input checked="" type="checkbox"/> Other Bidder not already registered with IOM must submit listed documents: Company Profile, Valid Company Registration Certificates, Company Articles of association, Company Organogram, Bank account letter, Audited financial statement for last two years or Bank account statement for one year, Tax Certificate, references.
Quotation validity period	Quotations shall remain valid for 60 days from the deadline for the Submission of Quotation.
Price variation	No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received.
Partial Quotes	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted
Payment Terms	<input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation. <input type="checkbox"/> Other Click or tap here to enter text.
Contact Person for correspondence, notifications and clarifications	Focal Person: IOM libya supply Chain unit E-mail address: iomlibyaproposal@iom.int Attention: Quotations shall not be submitted to this address but to the address for quotation submission above.
Clarifications	Requests for clarification from bidders will not be accepted any later than 3 days before the submission deadline. Responses to request for clarification will be communicated by email by 30 April 2024
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other Click or tap here to enter text.
Evaluation criteria	<input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input checked="" type="checkbox"/> Comprehensiveness of after-sales services <input checked="" type="checkbox"/> Earliest Delivery /shortest lead time <input type="checkbox"/> Others (<i>for ex, environmental criteria/considerations, etc</i>)
Right not to accept any quotation	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
Right to vary requirement at time of award	At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions.
Type of Contract to be awarded	PO for goods

Expected date for contract award.	30 June 2024
Policies and procedures	This RFQ is conducted in accordance with Policies and Procedures of IOM
UNGM registration	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at www.ungm.org . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM.

ANNEX 1: SCHEDULE OF REQUIREMENTS

Technical Specifications for Goods:

Item No	Minimum technical requirements	Quantity
1	Albendazole Oral suspension 200 mg/5 ml. 10 ml Bottle	20
2	Amlodipine 5 Mg Tablet. Pack of 28 Tab	100
3	Amlodipine 10mg Tablet. Pack of 28 Tab	100
4	Adult Cough syrup contains Ammonium Chloride, Diphenhydramine Hcl, Menthol, and Sodium Citrate. Bottle of 120 ml	100
5	Pediatric cough Syrup contains Diphenhydramine and Sodium Citrate. Bottle of 120 ml	60
6	Aspirin 75 Mg Tablet .Pack of 56 Tab	60
7	Atorvastatin 20mg Tablet. Pack of 30 Tab	50
8	Azithromycin 500mg Tablet .Pack of 3 Tab	100
9	Azithromycin suspension 200mg/5ml .Bottle of 15 ml	40
10	Beclomethasone Dipropionate 250mcg inhaler.200 dose Inhaler	10
11	Bisacodyl 5mg Tablet . Pack of 30 Tablet	30
12	Bisoprolol Fumarate 5 Mg Tablet. Pack of 30 Tablet	40
13	Budesonide 0.5mg/2ml Nebulizer Suspension .Pack of 20 Nebules	3
14	Amoxicillin/clavulanic acid 156 Mg/5ml suspension. Bottle of 100 ml	50
15	Amoxicillin/clavulanic acid 457 Mg/5ml suspension. Bottle of 70 ml	50
16	Amoxicillin/clavulanic acid 625 Mg Tablet. Pack of 20 Tablet	200
17	Amoxicillin/clavulanic acid 1g Tablet. Pack of 14 Tablet	200
18	Candesartan Cilexetil 8 Mg / Hydrochlorothiazide 12.5 Mg Tablet. Pack of 28 Tablet	30
19	Carbamazepine 400 mg CR Tablet. Pack of 30 Tablet	20
20	Carbimazole 5 Mg Tablet. Pack of 100 Tablet	20
21	Cefixime 100 Mg/5 ml Suspension. Bottle 30 ml	30
22	Cefixime 400 mg Capsule. Pack of 5 Capsule	60
23	Ceftriaxone 1g IM/IV. Pack of 1 Vial	100
24	Chloramphenicol 1% Eye Ointment	100
25	Chlorpheniramine Syrup 2mg/5ml. Bottle of 100 ml	75
26	Ciprofloxacin 500mg Tablet .Pack of 10 Tab	200
27	Clopidogrel 75 Mg Tablet .Pack of 28 Tab	25
28	Clotrimazole Skin Cream 1% .20 g Tube	100
29	Chlordiazepoxide 5 mg /2.5 clidinium bromide Tablet. Pack of 30 Tab	75
30	Docusate Sodium 0.5% ear drops. Bottle 10 ml	30
31	Dexamethasone 0.5mg/5ml Elixir. Bottle 100 ml	35
32	Dexamethasone 4mg/ml injection. Pack of 10 Amp	10
33	Dextromethorphan 15mg/5ml syrup .120 ml bottle	100
34	Diclofenac Sodium 1% Gel .30 g Gel Tube	350
35	Diclofenac Sodium 50 Mg Tablet .Pack of 10 Tab	1,300
36	Diclofenac Sodium 75mg/3ml Injection .Pack of 5 Amp	100
37	Domperidone 10mg suppository. Pack of 5 Suppositories	30
38	Dimenhydrinate 50mg Tablet. Pack of 20 Tablet	30
39	Doxycycline 200mg Tablet .Pack of 8 Tablet	50
40	Ferrous Sulphate 200mg Tablet. Pack of 30 Tab	100
41	Fluconazole Tab 150mg. Pack of 1 Tablet	25
42	Folic Acid 5mg Tablet . Pack of 28 Tablet	175
43	Fusidic acid 2% and betamethasone valerate 0.01% cream. Tube of 15 gram	250
44	Gentamicin 0.3% Eye Drops. 5 ml bottle	100
45	Glycerin suppository children. Pack of 5 Suppositories	30

46	Glibenclamide 5mg Tablet. Pack of 60 Tablet	75
47	Ipratropium bromide 500 mcg/2 ml. Pack of 20 Nebules	3
48	Ibuprofen 100mg/5ml suspension. Bottle of 100 ml	100
49	Ibuprofen 400mg Film Coated . Pack of 24 Tablet	500
50	Insulin glargine 100 IU/ml, Solution for Injection	40
51	Insulin aspart 100IU/ml solution for injection.	40
52	Soluble insulin 30% and isophane insulin 70% Mix injection 100IU/ml .	100
53	Hydrocortisone 100mg Vial. single Vial	30
54	Hydrocortisone Acetate Ointment 1%. Tube of 15 gram	200
55	Hydrochlorothiazide 25 mg Tablet. Pack of 20 Tablet	20
56	Hyoscine Butylbromide 10 mg Tablet. Pack of 20 Tablet	100
57	Hyoscine Butylbromide 20 mg/ml injection. Pack of 6 Ampoule	10
58	Lactobacillus LB (10billion) Sachet .Pack of 6 Sachet	25
59	Lactulose Syrup. Bottle of 200 ml	50
60	Levothyroxine 100 mcg Tablet. Pack of 50 Tablet	25
61	Lisinopril 10mg Tablet. Pack of 28 Tablet	100
62	Loperamide 2mg Capsule .Pack of 10 Cap	50
63	Loratadine 10mg Tablet . Pack of 10 Tablet	500
64	Metformin 500 Mg Tablet . Pack of 30 Tablet	150
65	Metronidazole 125 Mg/5ml Suspension. Bottle of 100 ml	40
66	Metformin 850 Mg Tablet . Pack of 56 Tablet	150
67	Metformin 1000 Mg Tablet . Pack of 30 Tablet	100
68	Metoclopramide 10mg Injection. Pack of 10 Ampoule	5
69	Metronidazole 500mg Tablet. Pack of 30 Tablet	50
70	Miconazole Vaginal Cream 2% .50 g Tube	90
71	Mometasone Furoate 50mcg spray.120 Nasal Spray	30
72	Multivitamins Tablet .Pack of 50 Tab	250
73	Paracetamol 450 mg & Orphenadrine Citrate 35 mg/Tablet. Pack of 20 Tablet	200
74	Calcium and minerals Tablet. Pack of 30 Tablet	50
75	Naphazoline hydrochloride + Chlorpheniramine maleate Nasal/eye drops.15 ml bottle	100
76	Normal Saline 0.9% IV Solution. Bag of 500 ml	100
77	Omeprazole 40 mg Vial. Pack of 1 vial	50
78	Omeprazole 40 mg Tablet. Pack of 28 Capsule	200
79	ORS (oral rehydration salt) .Pack of 10 sachet	30
80	Paracetamol 1000mg /100ml Infusion. 100 ml Pack	50
81	Paracetamol 125mg Suppository .Pack of 10 Suppositories	100
82	Paracetamol 250 mg/5 ml Suspension. Bottle of 100 ml	300
83	Paracetamol 500 Mg Tablet. Pack of 100 Tab	300
84	Phenazone and Lidocaine hydrochloride ear drops. 15 ml dropper	50
85	Prednisolone 5 Mg Tablet. Pack of 20 Tablet	25
86	Antihemorrhoidal cream containing (Lidocaine/Fluocinolone Acetonide, 20mg/0.1mg)	30
87	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	250
88	Salbutamol 0.1 Mg/Dose Inhaler.200 Doses Inhaler	40
89	Thiocolchicoside 4mg/2ml injection. Pack of 6 Ampoule	30
90	Sodium Valproate 500mg Tablet. Pack of 40 Tablet	20
91	Sodium Valproate 57.64 mg/ml Syrup.150 ml bottle	15
92	Tamsulosin 0.4mg Tablet. Pack of 30 Tablet	20
93	Vitamin B Complex IM Injection. Pack of 5 Ampoule	35
94	Vitamin C (Ascorbic Acid) 500mg Tablet. Pack of 20 Tablet	250
95	Vitamin D 200,000 IU injection. Single Ampoule	50
96	Xylometazoline 0.1% Nasal Drops. Single Pack	100

97	Water For Injection 10ml. Pack of 50 Ampoule	4
98	Glucometer with glucose test strips-Digital device with battery , lancets , lancet pin . EA	2
99	Glucometer test strips . Pack of 50 strips	6
100	high quality Sterile single use lancing device 28G. Pack of 100	4
101	Clinically Validated digital Sphygmomanometer replaceable battery powered device with digital screen and suitable for arm blood pressure measurement . EA	2
102	Finger Pulse oximeter Portable Digital Reading LED Display. Blood Oxygen Saturation Monitor (SpO2) with Pulse Rate Measurements. EA	2
103	High quality Dual Head Stethoscope . Acoustic Chrome-plated binaural metal with diaphragm & cone and non-chill large bell. EA	2
104	Absorbent Cotton Wool. Roll of 500 gram	12
105	Digital thermometer, Oral Thermometer reading within 30 second. Measurement range 32 °C - 42 °C. EA	2
106	Professional Diagnostic Led, Medical Penlight. EA	2
107	IV infusion set. EA	200
108	Adhesive non woven wound dressing 10 m x 15 cm Roll	30
109	Alcohol Swabs (70 %isopropyl Alcohol). Pack of 100 Swab	10
110	Syringes Insulin U-100 1ml	500
111	Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm), disposable	100
112	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	200
113	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable. EA	100
114	Sterile Gauze swabs 12 ply 10cm x10 cm. Pack of 100	24
115	Nitrile Medical examination Gloves .Pack of 100	20
116	Portable cool Box 35 Liter with 4 Ice Pack 500 ml. EA	2
117	Otoscope. 2.7V vacuum lamp. Removable magnifying lens with 2.5x magnification, Simple bulb replacement at the base of the instrument head, Screw fitting for secure attachment to the handle Supplied in a sturdy nylon pouch. EA	1
118	Disposable Otoscope Specula 4mm. EA	200
119	Transportation to Benghazi. EA	1

Delivery Requirements

Delivery Requirements	
Delivery date and time	Bidder shall deliver the goods to Benghazi After Contract signature.
Delivery Terms (INCOTERMS 2020)	DAP
Customs clearance (must be linked to INCOTERM)	<input checked="" type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input type="checkbox"/> Supplier/bidder <input type="checkbox"/> Freight Forwarder
Exact Address(es) of Delivery Location(s)	to Benghazi
Distribution of shipping documents (if using freight forwarder)	n/a
Packing Requirements	n/a

Training on Operations and Maintenance	n/a
Warranty Period	1 year for all equipment
After-sales service and local service support requirements	n/a
Preferred Mode of Transport	Land
Other information	

ANNEX 2: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. 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.

Name of Bidder:	4200664086	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

VENDOR INFORMATION SHEET¹

Please fill sign and stamp the below forms

BIDDER'S DECLARATION OF CONFORMITY²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, 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 organisation; 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 Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier 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 Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, 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 Supplier any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.

¹ [Vendor Information Sheet.xlsx](#)

² 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 Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier 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 Supplier 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 Supplier, I further represent and warrant that the Supplier 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 Supplier, I further represent and warrant that, the Supplier 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 Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at https://www.unhcr.org/Public/CodeOfConduct .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier 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*:**
- 0100 - Commercial Vendors
 - 0200 - National CSOs
 - 0300 - National Government Entities
 - 0400 - International CSOs

- 0500 - International Organizations - Non-UN
- 0600 - UN entities
- 0005 - Individual Consultant/Non-Staff

- Business Type*:**
- Direct Producer/Manufacturing
 - Reseller/Distributor/Service Provider

- | | | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Provide Services/Goods Internationally* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability-inclusive* | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Women-owned/controlled* | <input type="checkbox"/> At least 51% women-owned/controlled
<input type="checkbox"/> Less than 51% women-owned/controlled
<input type="checkbox"/> Not applicable | |
| Environmental Statement* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Environmental or Energy Management System* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Notes

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

Vendor Name - should match IDs 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. _____

UN Partner Portal Reference _____

Registration Date* _____

VAT Number* _____

<https://www.unqm.org/UNUser/Home>

<https://www.unpartnerportal.org>

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 Number _____

Notes

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

If awarded, please submit ID/Registration and Proof of Banking Details to IOM. Vendors are also required to comply with the UN Supplier Code of Conduct.

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;



IOM • OIM

Code of Conduct for Suppliers

Global Procurement and Supply Unit
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 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



IOM • OIM

Code of Conduct for Suppliers

Global Procurement and Supply Unit
Manila Administrative Centre, Manila Philippines

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: _____

ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS

Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. 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.

Name of Bidder:	4200664086	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

Please provide sample pictures country of origin of all medicines and equipment and expiry dates.

Please use the excel sheet with your company letter head signed and stamped [Items list.XLSX](#)

Currency of the Quotation: USD					
INCOTERMS: DAP					
Item No	Description	Country of origin	Qty	Unit price	Total price
1.	Click or tap here to enter text.				
2.	Click or tap here to enter text.				
3.	Click or tap here to enter text.				
4.	Click or tap here to enter text.				
5.	Click or tap here to enter text.				
Total Price					
Total Final and All-inclusive Price					

Compliance with Requirements

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Minimum Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Warranty and After-Sales Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other requirements <i>[pls. specify]</i>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

Other Information:

Estimated weight/volume/dimension of the Consignment:	Click or tap here to enter text.
Country/ies of Origin: <i>(if export licence required this must be submitted if awarded the contract)</i>	Click or tap here to enter text.

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.	
<p><i>Exact name and address of the company</i></p> <p>Company Name: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text. Click or tap here to enter text.</p> <p>Phone No.: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>	<p>Authorized Signature:</p> <p>Date: Click or tap here to enter text.</p> <p>Name: Click or tap here to enter text.</p> <p>Functional Title of Authorised Signatory: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>