

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200669586

Date: 27 May 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of Procurement of medications and supplies for the medical team in Tripoli

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, 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.

Approved by:

Supply Chain Unit

IOM Libya Mission

SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission of Quotation	10 June 2024 17:00 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: RFQ 4200669586 Company name ▪ 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 documents: Pharmaceuticals: Low Risk: Prequalified Lists WHO - Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control)/SRA Certification or Medium Risk: <ol style="list-style-type: none"> A. COO, COA, Batch Release Certificate, Certificate of Good Manufacturing Practice for QA verification or B. FDCC Clearance certificate of each medicine with detailed specifications and batches intended to be supplied and C. FDCC Registration of the local vendors

	<p>Medical supplies: Low Risk: SRA Certificate or Medium Risk: CE Certificate or High-Risk: FDCC certificate of each medical supplies (if applicable) and FDCC Registration of the local vendors.</p>
Currency of Quotation	Quotations shall be quoted in USD
Duties and taxes	<p>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</p>
Language of quotation and documentation including catalogues, instructions and operating manuals	English
Documents to be submitted	<p>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.</p>
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 (<i>per line item</i>)
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 <i>Click or tap here to enter text.</i>
Contact Person for correspondence, notifications and clarifications	<p>Focal Person: Procurement focal point E-mail address: iomlibyaprocurement@iom.int Attention: Quotations shall not be submitted to this address but to the address for quotation submission above.</p>
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 16 May 2024
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other <i>Click or tap here to enter text.</i>
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.	24 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.
Partial Awarding	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted (<i>per line item</i>)

ANNEX 1: SCHEDULE OF REQUIREMENTS

Technical Specifications for Goods

S.N	Item Description	Quantity
1	Albendazole Oral suspension 200 mg/5 ml. 10 ml bottle	20
2	Albendazole Tablet 400 mg. Pack of one Tablet	20
3	Antiseptic Healing skin Cream containing Zinc Oxide (15.25%) such as Sudocrem or equivalent . Jar of 60 gram	50
4	Antihemorrhoidal cream containing Lidocaine/Fluocinolone Acetonide. Tube of 15 gram	20
5	Atropine 1mg/1ml injection. Ampoule	50
6	Amlodipine 5 Mg Tablet. Pack of 28 Tablet	110
7	Amlodipine 10mg Tablet. Pack of 28 Tablet	110
8	Adult Cough syrup contains Ammonium Chloride, Diphenhydramine Hcl, Menthol, and Sodium Citrate. Bottle of 120 ml	200
9	Pediatric cough Syrup contains Diphenhydramine and Sodium Citrate. Bottle of 120 ml	60
10	Antacid sachet contains either aluminum hydroxide or sodium alginate. 10 ml sachet	1,000
11	Atorvastatin 20mg Tablet. Pack of 30 Tablet	50
12	Aspirin 75 Mg Tablet .Pack of 56 Tab	50
13	Azithromycin 500mg Tablet .Pack of 3 Tab	100
14	Azithromycin Syrup 200mg/5ml .Bottle of 15 ml	40
15	Beclomethasone Dipropionate 250mcg inhaler.200 dose Inhaler	10
16	Benzyl Benzoate Lotion 25%.Bottle of 125 ml	300
17	Bisacodyl 5mg Tablet .Pack of 30 Tab	30
18	Bisoprolol Fumarate 5 Mg .Pack of 28 Tab	40
19	Bromhexine syrup 4mg/5ml.Bootle of 100 ml	70
20	Budesonide 0.5mg/2ml Nebulizer Suspension .Pack of 20 Nebules	2
21	Candesartan cilexetil 16 mg/Hydrochlorothiazide 12.5 mg Table. Pack of 28 Tablet	30
22	Calcium and minerals Tablet. Pack of 30 Tablet	75
23	Calamine Lotion. Bottle of 100 ml	100
24	Carbamazepine 400 mg CR Tablet. Pack of 30 Tablet	15
25	Carbimazole 5 Mg Tablet. Pack of 100 Tab	12
26	Cefixime 100 Mg/5 MI Suspension	30
27	Cefixime 400 mg Capsule. Pack 5 Capsule	75
28	Ceftriaxone 1g IM/IV. Single Vial	10
29	Chloramphenicol 1% Eye Ointment. Tube of 5 Gram	100
30	Chlorpheniramine Syrup 2mg/5ml. Bottle of 100 ml	50
31	Ciprofloxacin 500mg Tablet. Pack of 10 Tablet	100
32	Clarithromycin 500 mg tablet. Pack of 14 Tablet	50
33	Clopidogrel 75 Mg Tablet . Pack of 28 Tablet	25
34	Clotrimazole Skin Cream 1%. Tube of 20 gram	100
35	Clotrimazole 1% Spray . Bottle of 40 ml	50
36	Co-amoxiclav 156 Mg/5ml suspension. bottle of 100 ml	80
37	Co-amoxiclav 457 Mg/5ml Suspension. Bottle of 70 ml	100
38	Co-amoxiclav 625 Mg Tablet. Pack of 14 Tablet	350
39	Co-amoxiclav 1g Tablet . Pack of 20 Tablet	350
40	Docosate Sodium 0.5% ear drops . Bottle of 10 ml	30
41	Dexamethasone 4mg/ml injection. Pack of 10 Ampoule	6

42	Dextromethorphan 15mg/5ml syrup . Bottle of 120 ml	150
43	Gliclazide 60mg MR Tablet. Pack of 30 Tablet	30
44	Diclofenac Sodium 1% Gel. Tube of 30 Gram	350
45	Diclofenac Sodium 50 Mg Tablet. Pack of 20 Tablet	1,000
46	Diclofenac Sodium 75mg/3ml Injection . Pack of 5 Ampoule	50
47	Dimeticone 50% anti-lice Spray.	20
48	Domperidone 10mg suppository. Pack of 5 suppositories'	20
49	Doxycycline 200mg Tablet. Pack of 8 Tablet	50
50	Ferrous Sulphate 200mg Tablet. Pack of 30 Tablet	75
51	Fluconazole Tab 150mg. Pack of 1 Tablet	25
52	Folic Acid 5mg Tablet . Pack of 28 Tablet	100
53	Fusidic acid 2% and betamethasone valerate 0.1% ointment. Tube of 15 gram	250
54	Furosemide 20mg/2ml Ampule. Pack of 10 Ampoule	1
55	Gentamicin 0.3% Eye Drops.5 ml bottle	100
56	Glibenclamide 5mg Tablet. Pack of 60 Tablet	70
57	Glimepiride 3mg tablet. Pack of 30 Tablet	50
58	Glimepiride 4 mg table. Pack of 30 Tablet	50
59	Glycerin suppository children. Pack of 5 suppositories	20
60	Ibuprofen 100mg/5ml . Bottle of 100	150
61	Ibuprofen 400mg Film Coated . Pack of 24 Tablet	300
62	Ipratropium bromide 500 mcg/2 ml. Pack of 20 Nebules	2
63	Ispaghula husk fiber sachet. Pack of 10 Sachet	50
64	hexamine 500.00 mg . Piperazine citrate 190.00 mg . Khellin 1.83 mg Combination sachet such as uricol or equivalent . Pack of 12 sachet	200
65	Hydrochlorothiazide 25 mg Tablet. Pack of 20 Tablet	10
66	Hydrocortisone 100mg Vial. Single vial	20
67	Hydrocortisone Acetate Ointment 1%. Tube of 15 gram	200
68	Hyoscine Butylbromide 10 mg Tablet. Pack of 20 Tablet	50
69	Hyoscine Butylbromide 20 mg/ml. Pack of 6 Ampoule	5
70	Lactobacillus LB (10billion) Probiotics Sachet. Pack of 6 Sachet	10
71	Lactulose Syrup. Bottle 200 ml	50
72	Levothyroxine 100 mcg Tablet. Pack of 50 Tablet	50
73	Chlordiazepoxide 5mg /2.5 clidinium bromide. Pack of 30 Tablet	40
74	Loperamide 2mg Capsule. Pack of 10 capsule	30
75	Loratadine 10mg Tablet. Pack of 10 Tablet	500
76	Metformin 500 Mg Tablet . Pack of 30 Tablet	150
77	Metformin 850 Mg Tablet . Pack of 56 Tablet	150
78	Metformin 1000 Mg Tablet . Pack of 30 Tablet	100
79	Metoclopramide 10mg Injection. Pack of 10 Ampoule	5
80	Metronidazole 125 Mg/5ml Suspension. Bottle of 100 ml.	30
81	Metronidazole 500mg Tablet. Pack of 30 Tablet	50
82	Miconazole Vaginal Cream 2% . Tube of 50 Gram	50
83	Mometasone Furoate 50mcg spray. 120 Nasal Spray	30
84	Insulin Isophane (70%) + Human insulin (30%) . Vial 10 ml	60
85	Multivitamins Children Syrup. Bottle 100 ml	100
86	Multivitamins Tablet . Pack of 50 Tab	300
87	Naphazoline hydrochloride+ Chlorpheniramine maleate eye/Nasal drops. 15 ml Dropper Bottle	100

88	Nifedipine 60 mg tablet. Pack of 30 Tablet	50
89	Nystatin Suspension 100 000 IU/ ml .Bottle of 30 ml	40
90	Normal saline 0.9% infusion. Bag of 500 ml	100
91	Omeprazole 40 mg Vial. Pack of 1 vial	20
92	Omeprazole 40 mg Tablet. Pack of 28 Tablet	350
93	ORS (oral rehydration salt) .Pack of 10 sachet	50
94	Paracetamol 1000mg /100ml Infusion.100 ml Pack	20
95	Paracetamol 125mg Suppository .Pack of 10 Suppositories	100
96	Paracetamol 250mg/5 ml Suspension. 100ml suspension	275
97	Paracetamol 500 Mg Tablet. Pack of 100 Tablet	350
98	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	300
99	Paracetamol 450 mg & Orphenadrine Citrate 35 mg/Tab. Pack of 20 Tablet	200
100	Prednisolone 5 Mg Tablet. Pack of 20 Tablet	20
101	Neomycin sulfate, Dexamethasone sodium Polymyxin B sulphate) Ear Drops. Single Pack	15
102	Rhubarb root extract and vegetable charcoal tablet Combination. Pack of 20 Tablet	50
103	Sodium Valproate 500 mg Tablet. Pack of 40 Tablet	20
104	Salbutamol 0.1 Mg/Dose Inhaler. 200 Doses Inhaler	20
105	Simethicone Oral Drops . Bottle 15 ml	20
106	Sitagliptin and Metformin 50/500mg . Pack of 50 Tab	30
107	Sulphur Soap. Single Pack	200
108	Sterile Water For Injection 10ml ampoule. Pack of 50 Ampoule	6
109	Tamsulosin 0.4mg Tablet. Pack of 30 Tablet	20
110	Tetanus antitoxin injection. Single Ampule	10
111	Thiocolchicoside 4mg/2ml.Pack of 6 Ampoule	12
112	Vitamin B Complex Tablet. Pack of 30 Tablet	100
113	Vitamin B Complex IM Injection. Pack of 5 Ampoules	40
114	Vitamin C (Ascorbic Acid) 500mg. Pack of 20 Tablet	320
115	Xylometazoline 0.05% Nasal Drops. Single Pack	100
116	Xylometazoline 0.1% Nasal Drops .Single Pack	100
117	Alcohol solution 75%. 1000 ml Bottle	15
118	Alcohol medical swabs. Pack of 100	10
119	Adhesive non woven wound dressing 10 m x 15 cm Roll. EA	25
120	Absorbent Cotton Wool .500 g Roll. EA	12
121	Biohazard Bags 10 L. Roll of 10	12
122	Blood Lancet for Glucometer 28G.Pack of 100	4
123	Disposable non -woven Bed sheets-30-35 gram	100
124	Elastic Crepe Bandages 10 cm X 4m. EA	500
125	Gauze bandage roll 10 cm cmx 4.5 m. EA	200
126	Infusion giving set, sterile. EA	100
127	Cannula IV short 22G, sterile. EA	50
128	Cannula IV short 20G, sterile. EA	50
129	Nebulizer Masks (Adult size). EA	15
130	Nebulizer Masks (Pediatric size). EA	15
131	Medical Nitrile examination Gloves, Powder free, disposable. Pack of 100	60
132	Non Sterile Gauze Pads 7.5cm X 7.5cm. Pack of 100	100

133	Paraffin Dressing Gauze 10cm X10 Cm. Pack of 10	10
134	Povidone Iodine 10% solution . Bottle of 1000 ml	6
135	Pregnancy Rapid Test Kit. EA	30
136	Surgical Mask type IIR. Pack of 50	25
137	Sterile Gauze 12 ply 10cm x10 cm. Pack of 100	75
138	Sterile Surgical Blades no 22. Pack of 100	4
139	Surgical gown Reinforced sterile size L. EA	20
140	Sterile surgical gloves size 7.5. Pack of 50 Pair	1
141	Suture vicryl 2-0, reverse cutting	2
142	Syringes Insulin U-100 1ml. EA	300
143	Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm), disposable. EA	100
144	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable. EA	100
145	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable.EA	100
146	Wooden Tongue depressor (Sterile). Pack of 100	5
147	Portable cool Box 35 Liter with four 500ml Ice Pack. EA	2
148	Portable cool Box 5 Liter with one 500ml Ice Pack. EA	2

Delivery Requirements

Delivery Requirements	
Delivery date and time	Bidder shall deliver the goods to Tripoli 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)	Click or tap here to enter text.
Distribution of shipping documents (if using freight forwarder)	N/A
Packing Requirements	N/A
After-sales service and local service support requirements	At least 1 year warranty
Preferred Mode of Transport	Land
Other information	N/A

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:	Click or tap here to enter text.	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

VENDOR INFORMATION SHEET¹

Please attach the latest vendor information sheet to be filled in and signed by the vendor

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.

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:	Click or tap here to enter text.	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

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

Please use the excel sheet with your company letter head signed and stamped [RFQ 4200669586 Items list.xlsx](#)

Currency of the Quotation: USD					
INCOTERMS: DAP					
Item No	Description	UOM	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					
Transportation Price					
Insurance Price					
Installation Price					
Training Price					
Other Charges (specify)					
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.</p> <p>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>
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