

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200750037

Date: 17 September 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the procurement of medical supplies and medications to the medical teams in Alkufra under PX.0544

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods 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	<p>24th Sept 2024 17:00</p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/.</p>
Method of Submission	<p>Quotations must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering</p> <p><input checked="" type="checkbox"/> Email</p> <p><input type="checkbox"/> Courier / Hand delivery</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p> <p>Bid submission address: iomlibyaproposal@iom.int</p> <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 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 (Upon conditional awarding)	<p>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.</p> <p>QA documents required before engaging in any contract:</p> <p>Pharmaceuticals:</p> <p>Low Risk: Prequalified Lists WHO - Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control)/SRA Certification or</p> <p>Medium Risk:</p> <ul 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

	Medical supplies and equipment: 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.
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:</p> <p>All prices shall:</p> <p><input type="checkbox"/> be inclusive of VAT and other applicable indirect taxes</p> <p><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:</p> <p><input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed</p> <p><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</p> <p><input checked="" type="checkbox"/> Other Bidder not already registered with IOM must submit the following 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	<p><input type="checkbox"/> Not permitted</p> <p><input checked="" type="checkbox"/> Permitted (<i>per line item</i>)</p>
Payment Terms	<p><input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation.</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p>
Contact Person for correspondence, notifications and clarifications	<p>Focal Person: Procurement focal point</p> <p>E-mail address: iomlibyaproposal@iom.int</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 01 July 2024
Evaluation method	<p><input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer with required QA Documents.</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p>
Evaluation criteria	<p><input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 (dosage form, concentration, active ingredients. Etc)</p> <p><input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract</p> <p><input checked="" type="checkbox"/> Comprehensiveness of after-sales services</p> <p><input checked="" type="checkbox"/> Earliest Delivery /shortest lead time</p> <p><input checked="" type="checkbox"/> Expiry date no less than 18 months</p> <p><input type="checkbox"/> Others (<i>for ex, environmental criteria/considerations, etc</i>)</p>

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.	29 September 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

Delivery Requirements

Delivery Requirements	
Delivery date and time	Bidder shall deliver the goods Alkufra 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)	Alkufra
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

Technical Specifications:

No	Description	Unit	Total Qty
1	Aciclovir 800 mg tablet	Pack of 35 tablets	20
2	Albendazole Oral suspension 200 mg/5 ml	10 ml Bottle	30
3	Albendazole Tablet 400 mg.	Pack of one Tablet	30
4	Antihemorroidal cream containing Lidocaine/Fluocinolone Acetonide	15 g Tube	50
5	Amlodipine 5 Mg Tablet	Pack of 28 Tab	250
6	Amlodipine 10mg Tablet	Pack of 28 Tab	150

7	Adult Cough syrup contains Ammonium Chloride, Diphenhydramine Hcl, Menthol, and Sodium Citrate	Bottle 120 ml	200
8	Pediatric cough Syrup contains Diphenhydramine and Sodium Citrate	Bottle 120 ml	150
9	Atorvastatin 20mg Tablet	Pack of 30 Tab	100
10	Aspirin 75 Mg Tablet	Pack of 56 Tab	100
11	Azithromycin 500mg Tablet	Pack of 3 Tab	250
12	Azithromycin Syrup 200mg/5ml	Bottle of 15 ml	100
13	Amoxicillin + clavulanic acid 156 Mg/5ml suspension.	Bottle 100 ml	120
14	Amoxicillin + clavulanic acid suspension. 457 Mg/5ml	Bottle 70 ml	100
15	Amoxicillin + clavulanic acid 625 Mg Tablet	Pack of 20 Tab	200
16	Amoxicillin + clavulanic acid 1g Tablet	Pack of 14 Tab	350
17	Beclomethasone Dipropionate 250mcg inhaler	Inhaler 200 dose	30
18	Benzyl Benzoate Lotion 25%	Bottle of 125 ml	400
19	Bisacodyl 5mg Tablet	Pack of 30 Tab	50
20	Bisoprolol Fumarate 5 Mg Tablet	Pack of 28 Tab	100
21	Budesonide 0.5mg/2ml Nebulizer Suspension	Pack of 20 Nebules	2
22	Candesartan cilexetil 8 mg Tablet	Pack of 28 Tab	100
23	Candesartan cilexetil 16 mg Tablet	Pack of 28 tab	75
24	Calcium and minerals Tablet.	Pack of 30 Table	75
25	Calamine Lotion	Bottle of 100 ml	300
26	Carbimazole 5 Mg Tablet	Pack of 100 Tab	30
27	Cefixime 100 Mg/5 MI Suspension	Bottle 30 ml	60

28	Cefixime 400 mg Capsule	Pack of 5 Cap	120
29	Ceftriaxone 1g IM/IV	Pack of 1 Vial	100
30	Chloramphenicol 1% Eye Ointment	5g Tube	100
31	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	100
32	Chlordiazepoxide 5mg /2.5 clidinium bromide Tablet	Pack of 30 Tab	110
33	Ciprofloxacin 500mg Tablet	Pack of 10 Tab	250
34	Clobetasol propionate 0.05% ointment	Tube of 25 gram	150
35	Clopidogrel 75 Mg Tablet	Pack of 28 Tab	30
36	Clotrimazole Skin Cream 1%	20 g Tube	250
37	Docusate Sodium 0.5% ear drops	Bottle 10 ml	30
38	Dexamethasone 4mg/ml injection	Pack of 10 Amp	6
39	Diclofenac Sodium 1% Gel	30 g Gel Tube	400
40	Diclofenac Sodium 50 Mg Tablet	Pack of 20 Tablet	1000
41	Diclofenac Sodium 75mg/3ml Injection	Pack of 5 Amp	50
42	Dimeticone 50% anti-lice Spray	50 ml spray	66
43	Doxycycline 200mg Tablet.	Pack of 8 Tablet	100
44	Ferrous Sulphate 200mg Tablet	Pack of 30 Tab	150
45	Fluconazole 150mg Tablet	Pack of 1 Tab	30

46	Folic Acid 5mg Tablet	Pack of 28 Tab	150
47	Fusidic acid 2% ointment	15 g Tube	300
48	Furosemide 20mg/2ml Ampule.	Pack of 10 Amp	2
49	Gentamicin 0.3% Eye Drops	5 ml bottle	150
50	Glibenclamide 5mg Tablet	Pack of 60 Tab	200
51	Glimepiride 2 mg tablet	Pack of 30 Tab	75
52	Glimepiride 4 mg tablet	Pack of 30 Tab	75
53	Glycerin suppository children	Pack of 5 Suppositories	20
54	Griseofulvin 125mg/5ml suspension	Bottle of 120	50
55	Ibuprofen 100mg/5ml	Bottle 100 ml	200
56	Ibuprofen 400mg Film Coated	Pack of 24 Tab	500
57	Iron syrup with elemental iron of 10mg/5ml	150 ml bottle	50
58	Hexamine 500.00 mg . Piperazine citrate 190.00 mg . Khellin 1.83 mg Combination	Pack of 12 sach	300
59	Hydrochlorothiazide 25 mg Tablet	Pack of 20 Tablet	10
60	Hydrocortisone 100mg Vial	Vial	20
61	Hydrocortisone Acetate Ointment 1%	15 g Tube	250
62	Hyoscine Butylbromide 10 mg Tablet	Pack of 20 Tab	250
63	Hyoscine Butylbromide 20 mg/ml	Pack of 6 Amp	15
64	Lactulose syrup	Bottle of 200 ml	100
65	Levothyroxine 100 mcg Tablet	Pack of 50 Tab	70

66	Lidocain 2% Injection	Single Vial	10
67	Losartan Potassium 50 mg tablet	Pack of 28 Tablet	50
68	Loperamide 2mg Capsule	Pack of 10 Capsule	100
69	Loratadine 10mg Tablet	Pack of 10 Tab	800
70	Metformin 500 Mg Tablet	Pack of 30 Tab	300
71	Metformin 850 Mg Tablet	Pack of 56 Tab	300
72	Metoclopramide 10mg Injection	Pack of 10 Amp	4
73	Metoclopramide 10mg Tablet	Pack of 28 Tablet	30
74	Metronidazole 125 Mg/5ml Suspension	Bottle 100 ml	120
75	Metronidazole 500mg Tablet	Pack of 30 Tab	200
76	Miconazole Vaginal Cream 2%	50 g Tube	150
77	Multivitamins Children Syrup	Bottle 120 ml	120
78	Multivitamins Tablet	Pack of 50 Tab	400
79	Naphazoline hydrochloride+ Chlorpheniramine maleate eye/Nasal drops	15 ml Dropper Bottle	100
80	Nystatin Suspension 100 000 IU/ ml	Bottle of 30 ml	50
81	Normal saline 0.9% infusion.	Bag of 500 ml	120
82	Omeprazole 40 mg Vial	Pack of 1 vial	50
83	Omeprazole 40 mg Capsule	Pack of 14 Capsule	700
84	ORS (oral rehydration salt)	Pack of 10 sach	120
85	Paracetamol 1000mg /100ml Infusion	100 ml Pack	50
86	Paracetamol 125mg Suppository	Pack of 10 Supp	150
87	Paracetamol 250mg/5 ml Suspension	Bottle 100 ml	350

88	Paracetamol 500 Mg Tablet	Pack of 100 Tab	350
89	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	Pack of 20 Tab	250
90	Paracetamol 450 mg & Orphenadrine Citrate 35 mg/Tab	Pack of 20 Tablet	200
91	Permethrin 5 % lotion	50 ml bottle	50
92	Prednisolone 5 Mg Tablet	Pack of 20 Tablet	30
93	Salbutamol 0.1 Mg/Dose Inhaler	200 Doses Inhaler	50
94	Simethicone 42 mg Tablet	Pack of 30 Tablet	150
95	Simethicone Oral Drops	Bottle 15 ml	50
96	Silver Sulfadiazine Cream 1%	50 g Tube	50
97	Sodium Valproate 500 mg Tablet	Pack of 40 Tablet	12
98	Sulphur Soap	Singel Pack	400
99	Sterile Water For Injection 10ml ampoule	Pack of 50 Ampoule	6
100	Tamsulosin 0.4mg Tablet	Pack of 30 Tab	20
101	Thiocolchicoside 4mg/2ml	Pack of 6 Amp	20
102	Vitamin B Complex Tablet	Pack of 30 Tab	120
103	Vitamin B Complex IM Injection	Pack of 5 Amp	30
104	Vitamin C (Ascorbic Acid) 500mg	Pack of 20 Tab	250
105	Vitamin D 50000 IU Capsule	Pack of 15 Tab	100
106	Vitamin 400 IU drops	Bottle of 30 ml	60
107	Xylometazoline 0.05% Nasal Drops	Singel Pack	150
108	Xylometazoline 0.1% Nasal Drops	Singel Pack	150
109	Alcohol solution 75%	1000 ml Bottle	20
110	Alcohol medical swabs	Pack of 100	10
111	Adhesive non woven wound dressing 10 m x 15 cm Roll	Roll	30
112	Absorbent Cotton Wool	500 g Roll	18
113	Biohazard Bags 10 L	Roll of 10	15
114	Blood Lancet for Glucometer 28G	Pack of 100	5

115	Disposable non -woven Bed sheets-30-35 gram	EA	300
116	Elastic Crepe Bandages 10 cm X 4m	Roll	600
117	Gauze bandage roll 10 cm cmx 4.5 m	Roll	300
118	Infusion giving set,sterile	EA	300
119	Cannula IV short 22G, sterile	EA	200
120	Cannula IV short 22G, sterile	EA	100
121	Cannula IV short 24G, sterile	EA	100
122	Nebulizer Masks (Adult size)	EA	25
123	Nebulizer Masks (Pediatric size)	EA	25
124	Oxygen Mask Adult	EA	25
125	Pediatric Nasal Cannula. Standard Cannula Nasal Tubing, Oxygen Tubing	EA	10
126	Medical Nitrile examination Gloves, Powder free, dipsosable	Box of 100	70
127	Non Sterile Gauze Pads 7.5cm X 7.5cm	Pack of 100	120
128	Paraffin Dressing Gauze 10cm X10 Cm	Pack of 10	15
129	Povidone Iodine 10% solution	Bottle of 1000 ml	8
130	Pregnancy Rapid Test Kit	EA	50
131	Salicylic Acid Ointment 40%	Jar of 30g	30
132	Sterile Gauze 12 ply 10cm x10 cm	Pack of 100	60
133	Sterile Surgical Blades no 22	Pack of 100	4
134	Surgical gown Reinforced sterile size L	EA	30
135	Sterile surgical gloves size 7.5	50 Pair	1
136	Syringes Insulin U-100 1ml	Single unit	500
137	Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single unit	200

138	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single unit	300
139	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable	Single unit	300
140	Sharps disposal container 10 Liter size	EA	12
141	Catheter, Foley, CH 16, Sterile Disposable Set	EA	20
142	Medical Backpack with multiple Pouches. Capacity 51 L. Dimension :420 x 380 x 620 mm. Preferably Spenser Medical bag or Equivalent.	EA	2
143	Portable cool Box 45 Liter with six 500ml Ice Pack	EA	2
144	Endotracheal Tube cuffed sizes 6.5-7-7.5-8.5	Pack of 4 Tubes	2
145	Glutaraldehyde Solution 2.45 % to disinfect medical equipment	5 Liter	2
146	Wooden Tongue depressor	Pack of 100	7
147	Transportation to Alkufra	Single unit	1

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:	4200750037	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:	4200745878	Date: Click or tap to enter a date.

Detailed description of expiry date, brand, dosage form and concentration of the pharmaceuticals is MANDATORY, sample pictures are advantages.

Financial and technical offer **MUST** be signed and stamped. Please use the [excel sheet](#) through this link to fill up your offer and ensure providing both excel and stamped financial offer.

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. 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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