

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200758916

Date: 25 September 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for Procurement of medications, supplies and equipment for Tobruk' health facility (L3 Sudan Response)

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>2nd October 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 |

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| | 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> |

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| 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. | 15 October 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 As per mentioned locations 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) | Tobruk, Libya |
| 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:

| Sr | Item description | Unit | Quantity |
|----|---|----------------|----------|
| 1 | Adult Cough syrup contains Ammonium Chloride, Diphenhydramine Hcl, Menthol, and Sodium Citrate, | 120 ml Bottle | 200 |
| 2 | Amoxicillin 250 mg/ 5 ml Powder for Oral Suspension | Bottle 100 ml | 100 |
| 3 | Amoxicillin + clavulanic acid 156 Mg/5ml suspension. | Bottle 100 ml | 150 |
| 4 | Amoxicillin + clavulanic acid 457 Mg/5ml suspension. | Bottle 70 ml | 150 |
| 5 | Amoxicillin + clavulanic acid 625 Mg Tablet | Pack of 20 Tab | 300 |

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|----|---|-------------------------|-----|
| 6 | Amoxicillin + clavulanic acid 1000 Mg Tablet | Pack of 14 Tab | 300 |
| 7 | Amlodipine 5 mg Tablet | Pack of 28 Tablet | 250 |
| 8 | Amlodipine 10 mg Tablet | Pack of 28 Tablet | 250 |
| 9 | Atorvastatin 10mg Tablet | Pack of 30 Tab | 100 |
| 10 | Atorvastatin 20mg Tablet | Pack of 30 Tab | 100 |
| 11 | Azithromycin 500mg Tablet | Pack of 3 Tab | 250 |
| 12 | Azithromycin Syrup 200mg/5ml | Bottle of 15 ml | 175 |
| 13 | Benzyl Benzoate Lotion 25% | Bottle of 125 ml | 300 |
| 14 | Bisacodyl 5mg Tablet | Pack of 30 Tablet | 50 |
| 15 | Bisoprolol Fumarate 2.5Mg | Pack of 30 Tab | 75 |
| 16 | Bisoprolol Fumarate 5 Mg | Pack of 30 Tab | 100 |
| 17 | Bisoprolol Fumarate 10 Mg | Pack of 30 Tab | 75 |
| 18 | Calamine Lotion | Bottle of 100 | 200 |
| 19 | Cefixime 100 Mg/5 MI Suspension | Bottle 30 ml | 150 |
| 20 | Cefixime 400 mg Capsule | Pack of 5 Capsule | 100 |
| 21 | Chlorpheniramine Syrup 2mg/5ml, | 100 ml bottle | 150 |
| 22 | Ceftriaxone 1g IM Injection | Pack of 1 Vial | 125 |
| 23 | Ceftriaxone 1g IV Injection | Pack of 1 Vial | 125 |
| 24 | Ciprofloxacin 500mg Tablet | Pack of 10 Tablet | 200 |
| 25 | Clopidogrel 75 Mg Tablet | Pack of 28 Tablet | 50 |
| 26 | Clotrimazole Skin Cream 1% | 20 g Tube | 250 |
| 27 | Dexamethasone 4mg/ml injection | Pack of 10 Amp | 10 |
| 28 | Dextrose 5% Injection | 500 ml Bag | 100 |
| 29 | Diclofenac Sodium 50 Mg Tablet | Pack of 20 Tablet | 500 |
| 30 | Diclofenac Sodium 75mg/3ml Injection | Pack of 5 Amp | 100 |
| 31 | Diclofenac Sodium 1% Gel | Tube of 30 gram | 200 |
| 32 | Doxycycline 200mg Tablet. | Pack of 8 Tablet | 100 |
| 33 | Enalapril maleate 5 mg Tablet | Pack of 28 Tablet | 100 |
| 34 | Enalapril maleate 10 mg Tablet | Pack of 28 Tablet | 100 |
| 35 | Esomeprazole 40mg capsules | Pack of 14 Capsule | 400 |
| 36 | Furosemide 20mg/2ml Ampule | Pack of 10 Ampoule | 10 |
| 37 | Furosemide 40 mg Tablet | Pack of 28 Tablet | 40 |
| 38 | Ferrous fumarate 200 mg equivalent to 66 mg of iron | Pack of 30 Tab | 200 |
| 39 | Folic Acid 5mg Tablet | Pack of 28 Tab | 250 |
| 40 | Fusidic acid 2% ointment | Tube of 15 gram | 200 |
| 41 | Glimepiride 2 mg tablet | Pack of 30 Tablet | 100 |
| 42 | Glimepiride 4 mg tablet | Pack of 30 Tablet | 100 |
| 43 | Glycerin suppository Pediatric | Pack of 5 Suppositories | 50 |
| 44 | Ibuprofen 100mg/5ml suspension | Bottle of 100ml | 200 |
| 45 | Ibuprofen 400mg Film Coated | Pack of 24 Tablet | 500 |
| 46 | Hydrocortisone Acetate Ointment 1%, | Tube of 15 gram | 250 |
| 47 | Hyoscine Butylbromide 10 mg Tablet | Pack of 20 Tab | 200 |

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| 48 | Hyoscine Butylbromide 20 mg/ml | Pack of 6 Amp | 75 |
| 49 | Ipratropium bromide 500 mcg/2 ml | Pack of 20 Nebules | 15 |
| 50 | Metoclopramide 10mg tablet | Pack of 28 Tablet | 30 |
| 51 | Metoclopramide 10mg/2ml Injection | Pack of 10 Amp | 30 |
| 52 | Metronidazole 500mg Table | Pack of 30 Tablet | 150 |
| 53 | Metronidazole 500mg/100ml | 100ml Bag | 200 |
| 54 | Metronidazole 200 Mg/5ml Suspension | Bottle 100 ml | 150 |
| 55 | Miconazole Vaginal Cream 2% | 50 g Tube | 125 |
| 56 | Multivitamins Tablet | Pack of 50 Tablet | 200 |
| 57 | lisinopril 5 mg Tablet | Pack of 28 Tablet | 100 |
| 58 | lisinopril 10 mg Tablet | Pack of 28 Tablet | 100 |
| 59 | lisinopril 20 mg Tablet | Pack of 28 Tablet | 100 |
| 60 | Loratadine 10mg Tablet | Pack of 10 Tablet | 500 |
| 61 | Loperamide 2mg Capsule | Pack of 10 Capsule | 100 |
| 62 | Paracetamol 1000mg /100ml Infusion | 100 ml Pack | 200 |
| 63 | Paracetamol 125mg/5 ml Suspension | Bottle 100 ml | 400 |
| 64 | Paracetamol 250mg/5 ml Suspension | Bottle 100 ml | 400 |
| 65 | Paracetamol 500 Mg Tablet | Pack of 100 Tab | 325 |
| 66 | Paracetamol 450 mg & Orphenadrine Citrate 35 mg/Tablet | Pack of 20 Tablet | 150 |
| 67 | Rosuvastatin 20 mg tablet | Pack of 28 Tablet | 50 |
| 68 | Rosuvastatin 40 mg tablet | Pack of 28 Tablet | 50 |
| 69 | Salbutamol 5 mg/2.5 ml nebulizer solution | Pack of 20 Nebules | 15 |
| 70 | Sodium chloride 0.9% infusion | 500 ml Bag | 500 |
| 71 | Sterile Water For Injection 10ml ampoule | Pack of 50 Ampoule | 20 |
| 72 | Vitamin B Complex Tablet | Pack of 30 Tablet | 100 |
| 73 | Vitamin B Complex IM Injection | Pack of 5 Ampoule | 50 |
| 74 | Warfarin 1mg Tablet | Pack of 28 Tablet | 30 |
| 75 | Warfarin 3mg Tablet | Pack of 28 Tablet | 30 |
| 76 | Warfarin 4 mg Tablet | Pack of 28 Tablet | 30 |
| 77 | Anti-A, Anti-B, Anti-A,B, Anti-D (IgG & IgM) Monoclonal Blood Grouping Reagents Kit 4x10ml | EA | 6 |
| 78 | Alcohol solution 75% | 5L Bottle | 80 |
| 79 | Alcohol medical swabs | Pack of 100 | 200 |
| 80 | Adhesive plaster zinc oxide 2.5 cm x 4.5m | Pack of 12 Roll | 50 |
| 81 | Adhesive plaster zinc oxide 5 cm x 5m | Pack of 6 Roll | 50 |
| 82 | Adhesive plaster zinc oxide 7.5 cm x 5m | Pack of 6 Roll | 50 |
| 83 | IV Cannula with Injection Port & Fixation Wing, sterile size 18G | EA | 500 |
| 84 | IV Cannula with Injection Port & Fixation Wing, sterile size 20G | EA | 1000 |

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| 85 | IV Cannula with Injection Port & Fixation Wing, sterile size 22G | EA | 1000 |
| 86 | IV Cannula with Injection Port & Fixation Wing, sterile size 24G | EA | 1000 |
| 87 | IV Cannula with Injection Port & Fixation Wing, sterile size 26G | EA | 1000 |
| 88 | Ultrasound Gel ,Water Soluble, Non-Residue | 5L Bottle | 8 |
| 89 | Adhesive non woven wound dressing 10 m x 15 cm Roll | Roll | 200 |
| 90 | Absorbent Cotton Wool | 500 g Roll | 200 |
| 91 | Disposable non -woven Bed sheets 220x 120 cm, 30-35 gram | EA | 2000 |
| 92 | Woden Tongue depressor Dimensions: 150 x 17mm | Pack of 100 | 250 |
| 93 | Shoes cover disposable size large Non Slip | Pair | 1000 |
| 94 | Vacuum tube for Blood Collection 3ml K3 EDTA | Tube | 2000 |
| 95 | Vacuum tube for Blood Collection 10 ml plain | Tube | 1000 |
| 96 | Vacuum tube for Blood Collection 3 ml sodium citrate | Tube | 1000 |
| 97 | Micro-cuvette for spectrophotometer 2 mL | Pack of 100 | 20 |
| 98 | ESR Dispoable tubes with Pipettes | EA | 500 |
| 99 | Microscope slides with double-frosted end Pre-clean | Pack of 100 | 20 |
| 100 | Medical Nitrile examination Gloves, Powder free, diposable Size L | Box of 100 | 300 |
| 101 | Sterile Urine Cup container120 ml | EA | 500 |
| 102 | Stool container with a screw cap and scooper | EA | 500 |
| 103 | Universal blue micropipette tips (100-1000ul) | Pack of 500 | 20 |
| 104 | Yellow Micropipette Tips (20 - 200 µl) | Pack of 500 | 20 |
| 105 | Sterile adhesive non-woven Eye Pads(size 5.5cmx7.5cm, 4cmx6cm | Pack of 10 | 10 |
| 106 | Absorbent Gauze roll 36 x100 Yards | Roll | 100 |
| 107 | Gauze bandage roll 10 cm x 4.5 m, | Roll | 1000 |
| 108 | Prolene suture 3-0 round body | Pack of 12 | 10 |
| 109 | Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm), disposable | EA | 1000 |
| 110 | Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable | EA | 3000 |

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| 111 | Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable | EA | 3000 |
| 112 | Syringe, 20ml, sterile, Luer, disposable | EA | 500 |
| 113 | Surgical Face Mask Type IIR | Pack of 50 | 200 |
| 114 | High quality Stethoscope. Dual-head Stethoscope, adult and pediatric size bells, light weight, soft-sealing eartips) Acoustic Chrome-plated binaural metal with diaphragm & cone and non-chill large bell | EA | 4 |
| 115 | Aneroid sphygmomanometer. Handheld, portable, single-tube, graduated-scale. Manual blood pressure measurement device with removable adult sized cuff and children sized blood pressure measurement cuff. | EA | 4 |
| 116 | Surgical gown Reinforced sterile size L | EA | 500 |
| 117 | Paraffin Dressing Gauze 10cm X10 Cm | Pack of 10 | 150 |
| 118 | Sterile Gauze 12 ply 10cm x10 cm | Pack of 100 | 175 |
| 119 | Non-Sterile Gauze Pads 7.5cm X 7.5cm | Pack of 100 | 200 |
| 120 | Nebulizer Masks (Pediatric size) | EA | 300 |
| 121 | Nebulizer Masks (Adult size) | EA | 300 |
| 122 | Elastic Crepe Bandages 10 cm X 4m, | Roll | 1000 |
| 123 | Microscope slide coverslips 22x22mm | Pack of 100 | 10 |
| 124 | Oral Mercury thermometer Enclosed Scale Range 35°C to 42°C Supplied with storage case | EA | 50 |
| 125 | Portable Ultrasound device for mobile services .12 inch rotatable LED monitor, 2 transducer. Abdomen,OB/GYN, Urology,Pediatric,Small organ(breast,tests, thyroid); Cardiac, Peripheral Vascular, Musculoskeletal conventional & Superficial. Display moods : B,B/B,4B,M,B/M. Zoom: PIP zoom & pan zoom. Built in battery, 2 probe connectors and DICOM 3.0. TH I(Tissue Harmonic Image). SRA Speckle Reduction Algorithm). Compound imaging, PC printer support. Preferably Chison ECO or equivalent. with 10 liter ultrasound gel | EA | 1 |
| 126 | HIV Rapid test | Pack of 25 | 20 |
| 127 | HCV Rapid test | Pack of 25 | 20 |
| 128 | HBsAg Rapid test | Pack of 25 | 20 |
| 129 | Transportation to Tobruk | EA | 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: | 4200758916 | 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: | 4200758916 | 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 revert with the sheet and signed/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.

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| <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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