

## REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200770887

Date: 10 October 2024

### **SECTION 1: Request for Quotation (RFQ) – Procurement of medicine and supplies to support Sabha medical center.**

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

<b>Deadline for the Submission of Quotation</b>	<p>20 Oct 2024</p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a>.</p>
<b>Method of Submission</b>	<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 <a href="#">Click or tap here to enter text.</a></p> <p>Bid submission address: <b><a href="mailto:iomlibyaproposal@iom.int">iomlibyaproposal@iom.int</a></b></p> <ul style="list-style-type: none"> <li>▪ File Format: <b>Pdf and Excel</b></li> <li>▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.</li> <li>▪ All files must be free of viruses and not corrupted.</li> <li>▪ Max. File Size per transmission: 30 MB</li> <li>▪ Mandatory subject of email: <b>RFQ Company name</b></li> <li>▪ 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”.</li> <li>▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible.</li> <li>▪ The proposer should receive an email acknowledging email receipt.</li> </ul>
<b>Cost of preparation of quotation</b>	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.
<b>Supplier Code of Conduct</b>	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: <a href="http://ungm.org">Supplier Code of Conduct (ungm.org)</a> .
<b>Conflict of Interest</b>	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.
<b>General Conditions of Contract</b>	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 <a href="https://www.iom.int/do-business-us-procurement">https://www.iom.int/do-business-us-procurement</a> .
<b>Eligibility (Upon conditional awarding)</b>	<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><b>QA documents required before engaging in any contract:</b></p> <p><b>Pharmaceuticals:</b></p> <p><b>Low Risk:</b> <a href="#">Prequalified Lists   WHO - Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control)</a>/SRA Certification or</p> <p><b>Medium Risk:</b></p> <ul style="list-style-type: none"> <li>A. COO, COA, Batch Release Certificate, Certificate of Good Manufacturing Practice for QA verification <b>or</b></li> <li>B. FDCC Clearance certificate of each medicine with detailed specifications and batches intended to be supplied <b>and</b></li> <li><b>C. FDCC Registration of the local vendors</b></li> </ul>

	<b>Medical supplies and equipment:</b> <b>Low Risk:</b> SRA Certificate or <b>Medium Risk:</b> CE Certificate or <b>High-Risk:</b> FDCC certificate of each medical supplies (if applicable) and FDCC Registration of the local vendors.
<b>Currency of Quotation</b>	Quotations shall be quoted in <b>USD</b>
<b>Duties and taxes</b>	<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>
<b>Language of quotation and documentation including catalogues, instructions and operating manuals</b>	English
<b>Documents to be submitted</b>	<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 <b>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.</b></p>
<b>Quotation validity period</b>	Quotations shall remain valid for 60 days from the deadline for the Submission of Quotation.
<b>Price variation</b>	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.
<b>Partial Quotes</b>	<p><input type="checkbox"/> Not permitted</p> <p><input checked="" type="checkbox"/> Permitted (<i>per line item</i>)</p>
<b>Payment Terms</b>	<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 <a href="#">Click or tap here to enter text.</a></p>
<b>Contact Person for correspondence, notifications and clarifications</b>	<p>Focal Person : Procurement focal point</p> <p>E-mail address: <a href="mailto:iomlibyaproposal@iom.int">iomlibyaproposal@iom.int</a></p>
<b>Clarifications</b>	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 14 October 2024
<b>Evaluation method</b>	<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 <a href="#">Click or tap here to enter text.</a></p>
<b>Evaluation criteria</b>	<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>

<b>Right not to accept any quotation</b>	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
<b>Right to vary requirement at time of award</b>	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.
<b>Type of Contract to be awarded</b>	PO for goods
<b>Expected date for contract award.</b>	31 October 2024
<b>Policies and procedures</b>	This RFQ is conducted in accordance with Policies and Procedures of IOM
<b>UNGM registration</b>	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at <a href="http://www.ungm.org">www.ungm.org</a> . 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.
<b>Partial Awarding</b>	<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	
<b>Delivery date and time</b>	Bidder shall deliver the goods to Sabha Libya After Contract signature.
<b>Delivery Terms (INCOTERMS 2020)</b>	DAP
<b>Customs clearance (must be linked to INCOTERM)</b>	<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
<b>Exact Address(es) of Delivery Location(s)</b>	Sabha Libya
<b>Distribution of shipping documents (if using freight forwarder)</b>	N/A
<b>Packing Requirements</b>	N/A
<b>After-sales service and local service support requirements</b>	At least 1 year warranty
<b>Preferred Mode of Transport</b>	Land
<b>Other information</b>	N/A

**Technical Specifications:**

No	Min. Technical Specification	Unit	Total Qty
1	IV Cannula , 26G	Single unit	2000
2	Cotton Roll 500g	Roll	800
3	Vicryl #0 Suture round Body	Pack of 12	100
4	Vicryl #1 Suture round Body	Pack of 12	100
5	Vicryl #2 Suture round Body	Pack of 12	100
6	Vicryl sutures #1-0 reverse cutting	Pack of 12	100
7	Prolene sutures #2-0 reverse cutting	Pack of 12	100
8	Prolene sutures #3-0 reverse cutting	Pack of 12	100
9	Peditric urine bag graduted 10ml to 100 ml sterile	Single unit	500
10	Urine collection bag 2000ml	Single unit	2000
11	Syringe, 1ml, sterile, Luer, disposable	Single Syringe	700
12	Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm),	Single Syringe	7000
13	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single Syringe	10000
14	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable	Single Syringe	10000
15	Syringe 20 ml sterile with needle	Single Syringe	7000
16	Syringe 50 ml sterile with needle	Single Syringe	1750
17	Nitrile Examination Gloves Size M	Box of 100	200
18	Nitrile Examination Gloves Size L	Box of 100	200
19	Sterile Surgical Blades size 21	Pack of 100 Blade	20
20	Nebulizer Masks (Adult size)	Singel unit	2000
21	Nebulizer Masks (Pediatric size)	Singel unit	2000
22	Gloves, surgical size 7, sterile, disposable	Box of 50	250

23	Gloves, surgical size 7.5, sterile, disposable	Box of 50	250
24	Gloves, surgical size 8, sterile, disposable	Box of 50	250
25	Naloxone 0.4 mg /ml injection	Ampoule	350
26	Ringer Lactate IV solution	500 ml Bag	1750
27	Tetanus antitoxin injection 1500 IU	Single Ampule	300
28	Amiodarone 150mg/3ml	Single Ampule	200
29	Salbutamol 5 mg/2.5 ml nebulizer solution	Pack of 20 Nebules	60
30	Ipratropium bromide 500 mcg/2 ml	Pack of 20 Nebules	60
31	Intravenous iron sucrose injection 100mg/5ml such as Venofer or equivalent	Ampoule	300
32	Phytomenadione (Vitamin K1 10mg/ml Injection)	Ampoule	300
33	Tranexamic acid 500mg/5ml injection	Ampoule	2500
34	Labetalol 5mg/ml injection	Ampoule	500
35	Oxytocin 10 IU/ml	Ampoule	1000
36	Ciprofloxacin 200mg/100ml	100 ml Bag	3000
37	Transportation to Sabha	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:	4200770887	Date: Click or tap to enter a date.

### VENDOR INFORMATION SHEET<sup>1</sup>

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

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

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.

<sup>1</sup> [Vendor Information Sheet.xlsx](#)

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the 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 <a href="https://www.unhcr.org/Public/CodeOfConduct">https://www.unhcr.org/Public/CodeOfConduct</a> .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the 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:	4200770887	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.**

Currency of the Quotation: USD					
INCOTERMS: DAP					
Item No	Description	Unit	Qty	Unit price	Total price
1	IV Cannula , 26G	Single unit	2000		
2	Cotton Roll 500g	Roll	800		
3	Vicryl #0 Suture round Body	Pack of 12	100		
4	Vicryl #1 Suture round Body	Pack of 12	100		
5	Vicryl #2 Suture round Body	Pack of 12	100		
6	Vicryl sutures #1-0 reverse cutting	Pack of 12	100		
7	Prolene sutures #2-0 reverse cutting	Pack of 12	100		
8	Prolene sutures #3-0 reverse cutting	Pack of 12	100		
9	Peditric urine bag graduted 10ml to 100 ml sterile	Single unit	500		
10	Urine collection bag 2000ml	Single unit	2000		
11	Syringe, 1ml, sterile, Luer, disposable	Single Syringe	700		
12	Syringe, 3ml, Sterile with detached needle, 21Gx1 1/2" (0.80 x 40mm),	Single Syringe	7000		
13	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single Syringe	10000		
14	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle , 21Gx1 1/2" (0.80 x 40mm), disposable	Single Syringe	10000		
15	Syringe 20 ml sterile with needle	Single Syringe	7000		

16	Syringe 50 ml sterile with needle	Single Syringe	1750		
17	Nitrile Examination Gloves Size M	Box of 100	200		
18	Nitrile Examination Gloves Size L	Box of 100	200		
19	Sterile Surgical Blades size 21	Pack of 100 Blade	20		
20	Nebulizer Masks (Adult size)	Singel unit	2000		
21	Nebulizer Masks (Pediatric size)	Singel unit	2000		
22	Gloves, surgical size 7, sterile, disposable	Box of 50	250		
23	Gloves, surgical size 7.5, sterile, disposable	Box of 50	250		
24	Gloves, surgical size 8, sterile, disposable	Box of 50	250		
25	Naloxone 0.4 mg /ml injection	Ampoule	350		
26	Ringer Lactate IV solution	500 ml Bag	1750		
27	Tetanus antitoxin injection 1500 IU	Single Ampule	300		
28	Amiodarone 150mg/3ml	Single Ampule	200		
29	Salbutamol 5 mg/2.5 ml nebulizer solution	Pack of 20 Nebules	60		
30	Ipratropium bromide 500 mcg/2 ml	Pack of 20 Nebules	60		
31	Intravenous iron sucrose injection 100mg/5ml such as Venofer or equivalent	Ampoule	300		
32	Phytomenadione (Vitamin K1 10mg/ml Injection)	Ampoule	300		
33	Tranexamic acid 500mg/5ml injection	Ampoule	2500		
34	Labetalol 5mg/ml injection	Ampoule	500		
35	Oxytocin 10 IU/ml	Ampoule	1000		
36	Ciprofloxacin 200mg/100ml	100 ml Bag	3000		
37	Transportation to Sabha	EA	1		
			Total Price		
			Transportation Price		
			Insurance Price		
			Installation Price		
			Training Price		
			Other Charges (specify)		
			<b>Total Final and All-inclusive Price</b>		

### 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.	
<i>Exact name and address of the company</i> Company Name: Click or tap here to enter text. Address: Click or tap here to enter text. Click or tap here to enter text. Phone No.: Click or tap here to enter text. Email Address: Click or tap here to enter text.	Authorized Signature: Date: Click or tap here to enter text. Name: Click or tap here to enter text. Functional Title of Authorised Signatory: Click or tap here to enter text. Email Address: Click or tap here to enter text.



## VENDOR INFORMATION SHEET

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

**Registered Vendor Name\*:** Mr. \_\_\_\_\_

**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: \_\_\_\_\_

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\***  Yes  No
- Disability-inclusive\***  Yes  Not applicable
- Women-owned/controlled\***
- At least 51% women-owned/controlled
  - Less than 51% women-owned/controlled
  - Not applicable
- Environmental Statement\***  Yes  No
- Environmental or Energy Management System\***  Yes  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<br><input type="checkbox"/> Chemicals<br><input type="checkbox"/> Clothing and Luggage<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Consultancy and Contracted Services<br><input type="checkbox"/> Finance and Administration<br><input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Fuels and Derivatives<br><input type="checkbox"/> Furniture<br><input type="checkbox"/> Hospitality, Events<br><input type="checkbox"/> Insurances<br><input type="checkbox"/> IT and Communications<br><input type="checkbox"/> Land and Buildings<br><input type="checkbox"/> Learning, Training and Recreation | <input type="checkbox"/> Legal and Investigation<br><input type="checkbox"/> Logistics and Warehousing<br><input type="checkbox"/> Media and Printing<br><input type="checkbox"/> Medical, Drugs and Pharma<br><input type="checkbox"/> NFIs – Household and Camps<br><input type="checkbox"/> Office Equipment and Supply<br><input type="checkbox"/> Personal Care | <input type="checkbox"/> Power Supply and Electric<br><input type="checkbox"/> Quality Control and Environment<br><input type="checkbox"/> Security<br><input type="checkbox"/> Social and Humanitarian Services<br><input type="checkbox"/> Tickets<br><input type="checkbox"/> Tools and Machinery<br><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 Branch Code \_\_\_\_\_

**Notes**

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

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

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date



# Code of Conduct for Suppliers

## Global Procurement and Supply Unit

### Manila Administrative Centre, Manila Philippines

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

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

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

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

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

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

### **Representation from Suppliers**

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

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



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

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

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

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

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

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

### **Secure Communication Channels**

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

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



IOM • OIM

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IOM will not tolerate any retribution or retaliation by anyone against a concerned Supplier who has, in good faith, sought out advice or has reported questionable behavior and/or a possible violation. IOM will take disciplinary action up to and including termination of contract for anyone who threatens or engages in retaliation, retribution or harassment of the concerned individual. Identities and contents of all information or complaints will be treated strictly confidential.

### SANCTIONS

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

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

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

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

Supplier: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_

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