

## REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200611426

Date: 30 January 2024

### **SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of Medications and supplies for Mobile clinics in south Libya (Sabha).**

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

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Name: Procurement Team

Title: Libya Procurement Team

Date: 30 January 2024

## SECTION 2: RFQ INSTRUCTIONS AND DATA

<b>Deadline for the Submission of Quotation</b>	11 Feb 2024 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> .
<b>Method of Submission</b>	<p>Quotations must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering  <input checked="" type="checkbox"/> Email  <input type="checkbox"/> Courier / Hand delivery  <input type="checkbox"/> Other</p> <p>Bid submission address: <a href="mailto:iomlibyaproposal@iom.int">iomlibyaproposal@iom.int</a></p> <ul style="list-style-type: none"> <li>▪ File Format: PDF</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: 25MB</li> <li>▪ Mandatory subject of email: <b>4200611426_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</b>	Local bidders registered in Libya have the legal capacity to enter into a binding contract with IOM and Should have Libyan license and registration (MoH).
<b>Currency of Quotation</b>	Quotations shall be quoted in USD
<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.  <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>	Bidders shall include the following documents in their quotation: <input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed. <input checked="" type="checkbox"/> Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input type="checkbox"/> Other
<b>Quotation validity period</b>	Quotations shall remain valid for <b>60 days</b> 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>	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted
<b>Payment Terms</b>	<input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation. <input type="checkbox"/> Other
<b>Contact Person for correspondence, notifications and clarifications</b>	Focal Person: Procurement Team E-mail address: <b>iomlibyaproposal@iom.int</b>
<b>Clarifications</b>	Requests for clarification from bidders will not be accepted any later than 4 days before the submission deadline. Responses to request for clarification will be communicated through email by 04 February 2024
<b>Evaluation method</b>	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer. <input type="checkbox"/> Other
<b>Evaluation criteria</b>	<input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input checked="" type="checkbox"/> Comprehensiveness of after-sales services <input checked="" type="checkbox"/> Earliest Delivery /shortest lead time <input checked="" type="checkbox"/> Others <i>-Eligible Interested vendors and suppliers who will pass the vendor eligibility could be asked to present a physical sample delivered to IOM-Libya office (Hal Al Kuwait, Janzour)</i>
<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 40% of the total offer, without any change in the unit price or other terms and conditions.
<b>Type of Contract to be awarded</b>	Purchase Order
<b>Expected date for contract award.</b>	06 February 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>Samples</b>	Where required as per Section 5: Schedule of Requirements, free, non-returnable samples shall be provided by the bid submission deadline for evaluation and testing by IOM or their representative, of the item and/or the packing and packaging, prior to any award. Samples will be subject to technical review and laboratory analysis where appropriate. Samples provided to IOM are non-returnable unless otherwise stated. Samples should be marked with the ITB number. If a bidder fails to provide samples or documents requested by IOM in a timely manner, IOM may declare the bid unsuccessful.

### ANNEX 1: SCHEDULE OF REQUIREMENTS

#### Technical Specifications for Goods:

No	Description	Unit	Qty
1	Albendazole Oral suspension 200 mg/5 ml	10 ml Bottle	20
2	Amlodipine 5 Mg Tablet	Pack of 28 Tab	100
3	Amlodipine 10mg Tablet	Pack of 28 Tab	100
4	Amoxicillin 250mg/5 ml Suspension	Bottle 100 ml	250
5	Amoxicillin 500mg Capsule	Pack of 21 Cap	250
6	Amydramine Syrup Adult	Bottle 120 ml	200
7	Amydramine Syrup Pediatric	Bottle 120 ml	120
8	Antacid sachet	Sachet of 10ml	1360
9	Aspirin 75 Mg Tablet	Pack of 56 Tab	100
10	Co-amoxiclav 156 Mg/5ml	Bottle 100 ml	200
11	Co-amoxiclav 457 Mg/5ml	Bottle 70 ml	200
12	Co-amoxiclav 625 Mg Tablet	Pack of 20 Tab	350
13	Co-amoxiclav 1g Tablet	Pack of 14 Tab	200
14	Azithromycin 500mg Tablet	Pack of 3 Tab	150
15	Azithromycin Syrup 200mg/5ml	Bottle of 15 ml	150
16	Bisacodyl 5mg Tablet	Pack of 30 Tab	30

17	Bisoprolol Fumarate 5 Mg	Pack of 28 Tab	50
18	Budesonide 0.5mg/2ml Nebulizer Suspension	Pack of 20 Nebules	5
19	Carbimazole 5 Mg Tablet	Pack of 100 Tab	10
20	Cefixime 100 Mg/5 MI Suspension	Bottle 30 ml	100
21	Cefixime 400 mg Capsule	Pack of 5 Cap	75
22	Chloramphenicol 1% Eye Ointment	5g Tube	100
23	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	50
24	Ciprofloxacin 500mg Tablet	Pack of 10 Tab	200
25	Clopidogrel 75 Mg Tablet	Pack of 28 Tab	20
26	Clotrimazole 1% Spray	Spray 40 ml	100
27	Clotrimazole Skin Cream 1%	20 g Tube	50
28	Dewax Ear Drops (0.5% Docusate Sodium)-	Bottle 10 ml	30
29	Dexamethasone 4mg/ml injection	Pack of 10 Amp	8
30	Dextromethorphan 15mg/5ml syrup	120 ml bottle	270
31	Diamicron (Gliclazide) 60mg MR Tablet	Pack of 30 Tab	80
32	Diclofenac Sodium 1% Gel	30 g Gel Tube	750
33	Diclofenac Sodium 50 Mg Tablet (really extra)	Pack of 10 Tab	3000
34	Diclofenac Sodium 75mg/3ml Injection	Pack of 5 Amp	30
35	Dimeticone 50% anti-lice Spray (Nyda )	50 ml spray	10
36	Domperidone 10mg suppository	Pack of 5 Supp	27
37	Doxycycline 200mg Tablet	Pack of 8 Tab	100
38	Enalapril 5 Mg Tablet	Pack of 28 Tab	50
39	Eucarbon Tablet	Pack of 20 Tab	50
40	Ferrous Sulphate 200mg Tablet	Pack of 30 Tab	175
41	Folic Acid 5mg Tablet	Pack of 28 Tab	50

42	Fusidic acid and betamethasone valerate cream	15 g Tube	300
43	Furosemide 40 Mg Tablet	Pack of 30 Tab	30
44	Furosemide 20mg/2ml Ampule	Pack of 10 Amp	2
45	Gentamicin 0.3% Eye Drops	5 ml bottle	75
46	Candesartan Cilexetil 8 Mg / Hydrochlorothiazide 12.5 Mg Tablet	Pack of 28 Tab	40
47	Glibenclamide 5mg Tablet	Pack of 30 Tab	25
48	Ibuprofen 100mg/5ml	Bottle 100 ml	200
49	Ibuprofen 400mg Film Coated	Pack of 24 Tab	450
50	Lisinopril 10mg Tablet	Pack of 28 Tab	50
51	Loperamide 2mg Capsule	Pack of 10 Cap	10
52	Loratadine 10mg Tablet	Pack of 10 Tab	50
53	Metformin 500 Mg Tablet	Pack of 30 Tab	250
54	Metformin 850 Mg Tablet	Pack of 30 Tab	250
55	Metformin 1000 Mg Tablet	Pack of 30 Tab	250
56	Metoclopramide 10mg Injection	Pack of 10 Amp	2
57	Metronidazole 125 Mg/5ml Suspension	Bottle 100 ml	100
58	Metronidazole 500mg Tablet	Pack of 20 Tab	75
59	Miconazole Vaginal Cream 2%	50 g Tube	50
60	Multivitamins Children Syrup	Bottle 100 ml	100
61	Multivitamins Tablet	Pack of 50 Tab	300
62	Normal Salin 0.9% IV Solution	500 ml Bag	30
63	Nystatin Suspension 100 000 IU/ ml	Bottle of 30 ml	100
64	Pantoprazole 40 mg Tablet	Pack of 28 Tablet	600
65	Calcium and mineral Tablet	Pack of 30 Tab	115

66	Paracetamol 1000mg /100ml Infusion	100 ml Pack	30
67	Paracetamol 125mg Suppository	Pack of 10 Supp	135
68	Paracetamol 250mg/5 ml Suspension	Bottle 100 ml	500
69	Paracetamol 500 Mg Tablet	Pack of 100 Tab	300
70	Prednisolone 5 Mg Tablet	Pack of 20 Tab	10
71	Prisoline Eye Drops (Naphazoline hydrochloride+ Chlorpheniramine maleate)	15 ml Dropper Bottle	200
72	Proctoheal Ointment (Antihemorrhoidal steroid + lidocaine Cream)	20 g Tube	85
73	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	Pack of 20 Tab	300
74	Ringer Lactate IV Solution	500 ml Bag	30
75	Salbutamol 0.1 Mg/Dose Inhaler	200 Doses Inhaler	60
76	Salbutamol Nebules 2.5mg/2.5 ml	Pack of 20 Nebules	2
77	Salicylic Acid Ointment 40%	Jar of 30g	20
78	Simethicone Oral Drops	Bottle 15 ml	50
79	Vitamin B Complex Tablet	Pack of 30 Tab	100
80	Vitamin B Complex IM Injection	Pack of 5 Amp	20
81	Vitamin D 50000 IU Capsule	Pack of 15 Capsule	100
82	Xylometazoline 0.05% Nasal Drops	Singel Pack	100
83	Xylometazoline 0.1% Nasal Drops	Singel Pack	150
	<b>Transportation to Sabha</b>	Trip	1

### Delivery Requirements

Delivery Requirements	
<b>Delivery date and time</b>	Bidder should address their delivery on ANNEX 3
<b>Delivery Terms (INCOTERMS 2020)</b>	DAP
<b>Customs clearance (must be linked to INCOTERM)</b>	<input type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input checked="" 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>	As per information provided on above table
<b>Training on Operations and Maintenance</b>	N/A
<b>Warranty Period</b>	<b>-All Medicines must have min 18 Months Shelf life; expiration date must exceed 18 months at the date of delivery.</b> <b>-All Medical equipment must have at least 1-year warranty.</b>
<b>After-sales service and local service support requirements</b>	N/A
<b>Preferred Mode of Transport</b>	Land
<b>Other information</b>	N/A



### ANNEX 2: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:		
RFQ reference:	4200611426	Date:

#### BIDDER'S DECLARATION OF CONFORMITY<sup>1</sup>

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

<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor 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 vendor 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 vendor, I further represent and warrant that the vendor 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 vendor, I further represent and warrant that, the vendor 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 vendor, I further represent and warrant that the vendor 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 vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor 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.

<sup>1</sup>This form is mandatory to fill in and sign by every vendor who submits quotation.

### 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:		
RFQ reference:	4200611426	Date:
Please send pictures as samples or provide full items details in text to evaluate your proposal		

Currency of the Quotation: USD						
INCOTERMS: DAP						
Item No	Description	Unit	Qty	Delivery Time	Unit price	Total price
1	Albendazole Oral suspension 200 mg/5 ml	10 ml Bottle	20			
2	Amlodipine 5 Mg Tablet	Pack of 28 Tab	100			
3	Amlodipine 10mg Tablet	Pack of 28 Tab	100			
4	Amoxicillin 250mg/5 ml Suspension	Bottle 100 ml	250			
5	Amoxicillin 500mg Capsule	Pack of 21 Cap	250			
6	Amydramine Syrup Adult	Bottle 120 ml	200			
7	Amydramine Syrup Pediatric	Bottle 120 ml	120			
8	Antacid sachet	Sachet of 10ml	1360			
9	Aspirin 75 Mg Tablet	Pack of 56 Tab	100			
10	Co-amoxiclav 156 Mg/5ml	Bottle 100 ml	200			
11	Co-amoxiclav 457 Mg/5ml	Bottle 70 ml	200			
12	Co-amoxiclav 625 Mg Tablet	Pack of 20 Tab	350			
13	Co-amoxiclav 1g Tablet	Pack of 14 Tab	200			
14	Azithromycin 500mg Tablet	Pack of 3 Tab	150			

15	Azithromycin Syrup 200mg/5ml	Bottle of 15 ml	150			
16	Bisacodyl 5mg Tablet	Pack of 30 Tab	30			
17	Bisoprolol Fumarate 5 Mg	Pack of 28 Tab	50			
18	Budesonide 0.5mg/2ml Nebulizer Suspension	Pack of 20 Nebules	5			
19	Carbimazole 5 Mg Tablet	Pack of 100 Tab	10			
20	Cefixime 100 Mg/5 MI Suspension	Bottle 30 ml	100			
21	Cefixime 400 mg Capsule	Pack of 5 Cap	75			
22	Chloramphenicol 1% Eye Ointment	5g Tube	100			
23	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	50			
24	Ciprofloxacin 500mg Tablet	Pack of 10 Tab	200			
25	Clopidogrel 75 Mg Tablet	Pack of 28 Tab	20			
26	Clotrimazole 1% Spray	Spray 40 ml	100			
27	Clotrimazole Skin Cream 1%	20 g Tube	50			
28	Dewax Ear Drops (0.5% Docusate Sodium)-	Bottle 10 ml	30			
29	Dexamethasone 4mg/ml injection	Pack of 10 Amp	8			
30	Dextromethorphan 15mg/5ml syrup	120 ml bottle	270			
31	Diamicron (Gliclazide) 60mg MR Tablet	Pack of 30 Tab	80			
32	Diclofenac Sodium 1% Gel	30 g Gel Tube	750			
33	Diclofenac Sodium 50 Mg Tablet (really extra)	Pack of 10 Tab	3000			
34	Diclofenac Sodium 75mg/3ml Injection	Pack of 5 Amp	30			
35	Dimeticone 50% anti-lice Spray (Nyda )	50 ml spray	10			
36	Domperidone 10mg suppository	Pack of 5 Supp	27			
37	Doxycycline 200mg Tablet	Pack of 8 Tab	100			

38	Enalapril 5 Mg Tablet	Pack of 28 Tab	50			
39	Eucarbon Tablet	Pack of 20 Tab	50			
40	Ferrous Sulphate 200mg Tablet	Pack of 30 Tab	175			
41	Folic Acid 5mg Tablet	Pack of 28 Tab	50			
42	Fusidic acid and betamethasone valerate cream	15 g Tube	300			
43	Furosemide 40 Mg Tablet	Pack of 30 Tab	30			
44	Furosemide 20mg/2ml Ampule	Pack of 10 Amp	2			
45	Gentamicin 0.3% Eye Drops	5 ml bottle	75			
46	Candesartan Cilexetil 8 Mg / Hydrochlorothiazide 12.5 Mg Tablet	Pack of 28 Tab	40			
47	Glibenclamide 5mg Tablet	Pack of 30 Tab	25			
48	Ibuprofen 100mg/5ml	Bottle 100 ml	200			
49	Ibuprofen 400mg Film Coated	Pack of 24 Tab	450			
50	Lisinopril 10mg Tablet	Pack of 28 Tab	50			
51	Loperamide 2mg Capsule	Pack of 10 Cap	10			
52	Loratadine 10mg Tablet	Pack of 10 Tab	50			
53	Metformin 500 Mg Tablet	Pack of 30 Tab	250			

54	Metformin 850 Mg Tablet	Pack of 30 Tab	250			
55	Metformin 1000 Mg Tablet	Pack of 30 Tab	250			
56	Metoclopramaide 10mg Injection	Pack of 10 Amp	2			
57	Metronidazole 125 Mg/5ml Suspension	Bottle 100 ml	100			
58	Metronidazole 500mg Tablet	Pack of 20 Tab	75			
59	Miconazole Vaginal Cream 2%	50 g Tube	50			
60	Multivitamins Children Syrup	Bottle 100 ml	100			
61	Multivitamins Tablet	Pack of 50 Tab	300			
62	Normal Salin 0.9% IV Solution	500 ml Bag	30			
63	Nystatin Suspension 100 000 IU/ ml	Bottle of 30 ml	100			
64	Pantoprazole 40 mg Tablet	Pack of 28 Tablet	600			
65	Calcium and mineral Tablet	Pack of 30 Tab	115			
66	Paracetamol 1000mg /100ml Infusion	100 ml Pack	30			
67	Paracetamol 125mg Suppository	Pack of 10 Supp	135			
68	Paracetamol 250mg/5 ml Suspension	Bottle 100 ml	500			
69	Paracetamol 500 Mg Tablet	Pack of 100 Tab	300			

70	Prednisolone 5 Mg Tablet	Pack of 20 Tab	10			
71	Prisoline Eye Drops (Naphazoline hydrochloride+ Chlorpheniramine maleate)	15 ml Dropper Bottle	200			
72	Proctoheal Ointment (Antihemorrhoidal steroid + lidocaine Cream)	20 g Tube	85			
73	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	Pack of 20 Tab	300			
74	Ringer Lactate IV Solution	500 ml Bag	30			
75	Salbutamol 0.1 Mg/Dose Inhaler	200 Doses Inhaler	60			
76	Salbutamol Nebules 2.5mg/2.5 ml	Pack of 20 Nebules	2			
77	Salicylic Acid Ointment 40%	Jar of 30g	20			
78	Simethicone Oral Drops	Bottle 15 ml	50			
79	Vitamin B Complex Tablet	Pack of 30 Tab	100			
80	Vitamin B Complex IM Injection	Pack of 5 Amp	20			
81	Vitamin D 50000 IU Capsule	Pack of 15 Capsule	100			
82	Xylometazoline 0.05% Nasal Drops	Singel Pack	100			
83	Xylometazoline 0.1% Nasal Drops	Singel Pack	150			
Total Price						
<b>Transportation to Sabha Price</b>						
Installation if any Price						
Training if any Price						
Other Charges if any (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"/>	
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	
Warranty and After-Sales Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	
Other requirements <i>[pls. specify]</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**Other Information:**

Estimated weight/volume/dimension of the Consignment:	
Country/ies of Origin: <i>(if export licence required this must be submitted if awarded the contract)</i>	

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 Address: Phone No.: Email Address:	Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address: