



Ref No: LY21-257
 Date: 10-10-2021

REQUEST FOR QUOTATION (RFQ)¹ IOM Masks

Dear Mr./Ms. _____:

Please submit your best quotation in USD for the items listed below:

Item No.	Description	Qty	Unit
1	Reusable clothe masks with IOM logo (Three layers with adjustable length)	2000	pcs



All prices to be quoted must be in USD valid at least within thirty (30) calendar days from the date of quotation.

Find above sample pictures of items requested.

Kindly send an advance copy of your duly signed quotation via email: iomlibyaproposal@iom.int on or before **17 October 2021**.

Evaluation of Quotations:

IOM shall evaluate and compare the Quotations based on the following:

- 1- Eligibility Evaluation -Company should provide full set of company's documents as valid licenses , registration documents , company bank account ,and fill the attached vendor information sheet (VIS)
- 2- Technical specifications- Company should provide services as per IOM requirements in terms of specs
- 3- Delivery- ASAP
- 4- Prices- Best price
- 5- **Samples to be delivered to IOM office in Janzour Hay Alkwait on or before 19 October 2021**

Thank you.

Very truly yours,
 Procurement Staff/Focal Point

IOM is encouraging companies to use recycled materials or materials coming from sustainable resources or produced using a technology that has lower ecological footprints.

¹ For use in procurement of very simple goods, works and services.



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VENDOR INFORMATION SHEET

Name of the Company _____

Address Leased Owned Area: _____ sqm

House No _____

Street Name _____

Postal Code _____

City _____

Region _____

Country _____

Contact Numbers/Address

Telephone Nos. _____ Contact Person _____

Fax No. _____

Email Address _____ Website: _____

Location of Plant/Warehouse Leased Owned Area: _____ sqm

Business Organization Corporation Partnership Sole Proprietorship

Business License No.: _____ Place/Date Issued: _____ Expiry Date _____

No. of Personnel _____ Regular _____ Contractual/Casual _____

Nature of Business/Trade UNGM No. _____

Manufacturer Authorized Dealer Information Services

Wholesaler Retailer Computer Hardware

Trader Importer Service Bureau

Site Development/ Consultancy Others _____
Construction _____

Number of Years in Business: _____

Complete Products & Services/ Other Comments : _____

Payment Details

Payment Method Cash Check Bank Transfer Others _____

Currency Loc. Currency USD EUR Others _____

Terms of Payment 30 days 15 days 7 days Upon receipt of invoice

Advance Payment Yes No % of the Total PO/Contract

Bank Details:

Bank Name _____

Bldg and Street _____

City _____

Postal Code _____

Country _____

Bank Account Name _____

Bank Account No. _____

Swift Code _____

Iban Number _____



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VENDOR INFORMATION SHEET

Key Personnel & Contacts *(Authorized to sign and accept PO/Contracts & other commercial documents)*

Name	Title/Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Companies with whom you have been dealing for the past two years with approximate value in US Dollars:

Company Name	Business Value	Contact Person/ Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever provided products and/or services to any mission/office of IOM?

Yes No

If yes, list the department and name of the personnel to whom you provided such goods and/or services.

Name of Person	Mission/Office	Items Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any relative who worked with us at one time or another, or are presently employed with IOM? If yes, kindly state name and relationship.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer References

Company	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR IOM USE ONLY

Purchasing Organization _____

Account Group _____

Industry 002 003 005 006

where 002 - Goods/supplies/ material/ tools/ equipment

003 - Services/maintenance/transport/security/construction

005 - Consultants and experts non-IOM staff (e.g. professional services, consultancy, maintenance)

006 - Implementing Partners, UN/NON-UN agencies, Int./Nat. CSOs, Govts.

Vendor Type Global Local



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VENDOR INFORMATION SHEET

REQUIREMENTS CHECKLIST

Please submit the following documents in PDF format together with this Information Sheet:

No.	Document	For IOM use only	
		Submitted	Not Applicable
1	Company Profile (including the names of owners, key officers, technical personnel)	<input type="checkbox"/>	<input type="checkbox"/>
2	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of Registration from host country's Security & Exchange Commission or similar government agency/department/ministry	<input type="checkbox"/>	<input type="checkbox"/>
4	Valid Government Permits/Licenses	<input type="checkbox"/>	<input type="checkbox"/>
5	Audited Financial Statements for the last 3 years*	<input type="checkbox"/>	<input type="checkbox"/>
6	Certificates from the Principals (e.g. Manufacturer's Authorization, Certificate of Exclusive Distributorship, Any certificate for the purpose, indicating name, complete address and contact details)	<input type="checkbox"/>	<input type="checkbox"/>
7	Catalogues/Brochures	<input type="checkbox"/>	<input type="checkbox"/>
8	List of Plants/Warehouse/Service Facilities	<input type="checkbox"/>	<input type="checkbox"/>
9	List of Offices/Distribution Centers/Service Centers	<input type="checkbox"/>	<input type="checkbox"/>
10	Quality and Safety Standard Document / ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>
11	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing) *	<input type="checkbox"/>	<input type="checkbox"/>
12	Banking Letter/Details	<input type="checkbox"/>	<input type="checkbox"/>
13	Certification that Non-performance of contract did not occur within the last 3 years prior to application for evaluation based on all information on fully settled disputes or litigation	<input type="checkbox"/>	<input type="checkbox"/>
14	For Construction Projects: List of machines & equipment (include brand, capacity and indication if the equipment are owned or leased by the Contractor)	<input type="checkbox"/>	<input type="checkbox"/>

* For Competitive Biddings, number of years may increase depending on the estimated contract amount.

** Indicate if an item is not applicable. Failure to provide any of the documents mentioned above . will result in automatic "failed" rating.

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

Received by (IOM):

Signature

Signature

Printed Name

Printed Name

Position/Title

Position/Title

Date

Date