

Schedule No. 7.
Bid Submission Form

Name of Tenderer:

Name of person authorized by the Tenderer to conclude the contract:

Address of Tenderer:

Phone/fax:

E-mail address:

Registration number of Tenderer *[PLEASE INSERT as provided in legal status documents]*:

TIN. No. *[if applicable]*:

Bank account number: (including Bank’s name, SWIFT number and address)

We hereby declare that our company offers the delivery of the goods, according to the terms and conditions of the technical specifications listed in the Contract Notice.

Price of goods is

Price in words, including currency:

Delivery time from the date of the request (how many days):

Place of delivery of the subject of the contract:

Payment conditions: CP operates on a standard 30-day credit. Please confirm that you agree with these terms. Yes, No, comment

Payment can only be made by bank transfer. Please confirm: Yes, No, comment:

The Tenderer confirms its obligation to maintain the validity of this bid until the final selection by the Tender Commission during the Tender.

**Technical Response:**

Tenderers should note that some of the information requested below will be required under the minimum requirement and some of the information will be used for scoring purposes.

|  |  |
| --- | --- |
|  **Items Details**  | **Answer** |
| Ability to supply the required medical equipment within 14 calendar days from the date of contract signature, for delivery to Al-Raydah Al-Sharqiyah Hospital in Hadramout Governorate.Please provide your confirmation and any relevant comments. |  |
| Are you able to provide a Bank Guarantee equivalent to 10% of the total bid amount, valid for a minimum of three (3) months? |  |
| Do you accept our terms of payment? Payment can only be made within one month after 100% of the delivery. |  |
| Do you accept all the terms stated in the Schedule No. 5 - Contract Notice? |  |
| Ability to provide a comprehensive training for medical staff on the use of the procured medical equipment? |  |

**This bid has …………. pages.**

Note:

I confirm that my bid has a validity of 90 days. *[If your bid does not have this validity, please state what bid validity you offer]*.

I confirm that the proposal and the costs provided to accompany it are an accurate reflection of the costs that will be charged to CP according to the information provided here; and that there are no other costs associated with using the service that my company offers. I also confirm that I have the authority to sign on behalf of the company that is bidding.

Name and seal of the Company

Address

Representative Name:

Position with the Company:

Place, date:

Signature

Any terms not defined in this document shall have the meaning given to them in the Rules of Conduct applicable to tenders organized by Caritas Poland.

| **Lp.** | **Checklist of Schedules and Annexes to the Bid** | **No. of docs. and pages** |
| --- | --- | --- |
| 1 | Schedule No. 7 - Bid Submission Form, itself. |  |
| 2 | Schedule No. 5 - Contract Notice. |  |
| 3 | Schedule No. 8 - Tenderer’s Statement. |  |
| 4 | Schedule No. 27 - Financial Situation Form. |  |
| 5 | Appendix No. 1 – The Financial Offer. |  |
| 6 | Appendix No. 2 – The Technical Specifications. |  |
| 7 | Company CV or profile (tenderer CV). |  |
| 8 | Certificate of entry in the commercial register (the certificate of registration), issued not earlier than 3 months before the expiry date, within which the bid is to be made. |  |
| 9 | Valid tax card. |  |
| 10 | Valid Zakat card. |  |
| 11 | Valid pharmaceutical certification from SBDMA in Aden. |  |
| 12 | Power of attorney or any other document that grants the power to represent the Company and to assume financial obligations on behalf of the company. |  |
| 13 | A bank guarantee of 10% of the bid total amount valid for three months. |  |
| 14 | Catalogs and technical sheets of the items. |  |