**1. Bid Submission Form**

Date: [insert: **date of bid** ]

: Tender Number: 66/2023/11]

Letter of Invitation Number: [11]

To: {Contracting Entity to insert: [ **Name and address of Contracting Entity** ]

Dear Sir or Madam:

Having examined the Tender Documents, including Addenda Nos. [ insert numbers ], the receipt of which is hereby acknowledged, we, the undersigned, offer to supply and deliver the (Medical Equipment) under the above-named Contract in full conformity with the said Tender Documents for the sum of:

|  |  |  |
| --- | --- | --- |
|  | **[** insert**: amount of “Iraqi Dinar” in words]** | ([ insert: **amount of “Iraqi Dinar” in figures ])** |
| **Plus** | [ insert: **amount of “US Dollar” in words** ] | ([ insert: **amount of “US Dollar” in figures])** |
| **Plus** | [ insert: **amount of “Euro” in words** ] | ([ insert: **amount of “Euro” in figures** ]) |

(hereinafter called “the Total Bid Price”) or such other sums as may be determined in accordance with the terms and conditions of the Contract. The above amounts are in accordance with the Price Schedules attached herewith and are made part of this bid.

2. We undertake, if our bid is accepted, to deliver the (Medical Equipment) in accordance with the delivery schedule specified in the [ insert “Schedule of Requirements in Section Sixth” or “as quoted in Price Schedule in Section Sixth”] (the Bidder may select as appropriate clause).

3. We agree to all General Conditions of Contract in Section-SEVEN read in conjunction with the Special Conditions of Contract in Section-EIGHT.

4. If our bid is accepted, we undertake to provide an advance payment gaurantee good performance gaurantee in the form, in the amounts, and within the times specified in the Tender Documents.

5. We agree to abide by this bid, for the Bid Validity Period specified in Sub-Clause 16.1 of the Bid Data Sheet in Section Two and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

6. Until the formal final Contract is prepared and executed between us, this bid, together with your written acceptance of the bid and your notification of award, shall constitute a binding Contract between us.

7. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

8. We agree to the following Eligibility Criteria:

(a) We have nationality from qualified countries as per ITB Sub-Clause-6.1 of Section one.

(b) We do not have conflict of interest in accordance with ITB Sub-Clause-6.1 (a) of Section one.

(c) We are not a Government-owned Entity in Republic of Iraq./ We are a Government-owned Entity in the Republic of Iraq and meet the requirement as per Sub-Clause 6.1(b) of Section one.

(d) We including any of our subcontractors or manufacturers for any part of the contract, have not been declared as ineligible by the Contracting Entity, under the Contracting Entity’s country laws or official regulations or by an act of compliance with a decision of the United Nations Security Council.

(e) We have not been Black listed or Suspended by Ministry of Planning and declared as ineligible to bid during the period of time determined as per ITB Clause 6.3 of Section one.

9. We confirm that our website address is [*insert* ***website address***] and our mail address is [*insert* ***email address***], and that Mr. /Ms. [*insert* ***name***] of Job Title [insert job title] and e-mail address [*insert* ***e-mail address***] will be following up all matters relevant to any Clarifications.

Dated this [*insert:* ***number***] day of [insert: month], [*insert****: year***].

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of [*insert:* ***title or position***]

Duly authorized to sign this bid for and on behalf of [*insert:* ***name of Bidder***]

2.Price Schedule for Medical Equipment of Foreign Origin Available in Iraq

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | | 2 | | | | | 3 | 4 | 5 | | | | | 6 | |
| Schedule No  (a). | Item No.  (b) | Brief Description of Goods ## | | | | | Quantity offered and physical unit | Country of Origin | Price per physical unit *[ Iraqi Dinar]* (figure and in writing) | | | | | Total Price | |
| Product  (a) | Strength  (b) | Dosages form  (c) | Pharmacopeia Standard  (d) | Unit Pack sizes  (e) | Ex-factory/ex-warehouse/ex-show room/off-the shelf including packing and forwarding charges  (a) | Sales and other taxes and duties payable if contract is awarded  (b) | Inland transportation insurance loading/unloading and incidental costs till end-users site  (c) | Incidental services as defined in schedule of requirement  (d) | Price on DDP/free delivery at end-users  e=(a+b+c+d) | Total Price on DDP/Free Delivery at End-users’ site. (Iraqi Dinar) quantityX 5 (e) |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |  |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |  |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |  |

Grand Total of Bid price: *[Iraqi Dinar]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In figures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words)

Delivery Period: \_\_\_\_\_\_\_\_\_\_\_ *[Bidder may insert quoted delivery period]* as per INCOTERMS® current edition \_\_\_\_\_\_\_\_ [Insert *Incoterms]*.

Signature of Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name& Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal of the Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: -

## {Insert Medical Equipment}

3. The Price Schedule for (Medical Equipment) to be imported from abroad

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | | | 2 | | 3 | 4 | 5 | | | | 6 |
| National No. | Seller Code No. | Item No. | Brief Description of Goods ## | | Quantity offered and physical unit | Country of Origin | Price per physical unit  [ Bidder may insert permissible Currency] | | | | Total price on DDP at End-users’ site along with Incidental Services  3\*5(d) |
| Product | Packing Unit Size | CIP price [Bidder may insert place of destination] | DDP at End-users’ site | incidental Services as defined in Schedule of Requirements | DDP at End-users’ site and Incidental Services |
| (a) | (b) | (c) | (a) | (b) | (a) | (b) | (c) | (d) = [(b ) + (c)] |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |
| *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* | *[Insert]* |  |  |  |  |  |  |  |

Grand Total of Bid price: *[Bidders may insert permissible Currency]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In figures)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words)

Delivery Period: \_\_\_\_\_\_\_\_\_\_\_ *[Bidder may insert quoted delivery period]* as per INCOTERMS® current edition \_\_\_\_\_\_\_\_ [Insert *Incoterms]*.

|  |  |
| --- | --- |
| Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal of the Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: -

## {Insert Medical Equipment}

4. Price Schedule for Annual Maintenance Contract (AMC) after Warranty Period##

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | **3** | **4** | | | | **5** | **6.** | **7.** | **8.** |
| **Schedule No.**  **(a)** | **Item No.**  **(b)** | **Brief Description of Goods** | **Quantity**  **Offered** | **AMC Cost for year wise** **after completion of ‘n’ year Warranty period**. ## | | | | **Total AMC Cost for ‘n’ Years**  **= [4 (a)+ 4 (b)+…..4n)]** | **Taxes** | **Total AMC for**  ***[ Insert number of years##]***  **with Taxes**  **[5+6]** | **Grand Total AMC for *[ Insert number of years##]***  **Years**  **with Taxes**  **[3x7]** |
| **1st Year** | **2nd Year** | **.....** | **nth Year** |
| **(a)** | **(b)** |  | **(n)** |
| ***[Insert]*** | ***[Insert]*** | ***[Insert]*** |  |  |  |  |  |  |  |  |  |
| ***[Insert]*** | ***[Insert]*** |  |  |  |  |  |  |  |  |  |
| ***[Insert]*** | ***[Insert]*** | ***[Insert]*** |  |  |  |  |  |  |  |  |  |

Grand Total of Bid price: *[Bidders may insert permissible Currency]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In figures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words)

|  |  |
| --- | --- |
| Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seal of the Bidder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## {Insert number of years of **Annual Maintenance Contract** after warranty period required as per Schedule of Requirements}.

{If Training Services for the Iraqi Government Staff are needed under the Scope of this Tender (for Commissioning, Operation, etc), the Price Schedule has to include this Item and to identify if needed inside or outside Iraq with relevant justifications. The number of Staff involved, Training period, location of Training, scope of training, and programme shall be specified. If the location is outside Iraq, the item has to include all relevant Travelling requirements. The staff involved in this training shall be of relevant expertise and qualified and will be committed to work in the line of the training received. The same will be reflected in the Contract as well.}

Country of Origin Declaration Form

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Code | Country |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A confirmed certificate of origin shall be issued for all imported Medical Equipment at the time of shipment

**6. Manufacturer's Authorization**

[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization shall be on the letterhead of the Manufacturer and shall be signed by a person with the proper authority to sign documents that are binding on the Manufacturer. The Bidder shall include it in its bid, if so indicated in the ITB.

Date: [insert: date (as day, month and year) of Bid Submission]

IFB No.: [insert: number of bidding process]

To: [insert: complete name of Contracting Entity]

WHEREAS We [insert: complete name of Manufacturer], who are official manufacturers of[insert: type of Medical Equipment manufactured], having factories at [insert: full address of Manufacturer's factories], do hereby authorize [insert: complete name of Bidder] to submit a bid the purpose of which is to provide the following Medical Equipment, manufactured by us [insert: name and or brief description of the Goods].

We hereby extend our full guarantee and warranty in accordance with Clause 15 of the General Conditions of Contract, with respect to the Medical Equipment offered by the above firm.

Signed: [insert: signature(s) of authorized representative(s) of the Manufacturer]

Name: [insert: complete name(s) of authorized representative(s) of the Manufacturer]

Title: [insert: title

Duly authorized to sign this Authorization on behalf of: [insert: complete name of Bidder]

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ [insert: date of signing]

7. Sample Form for Good Performance Statement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract placed by | Order No and date | Order placed on | Description of Goods | Quantity | Date if completion of Contract | | Reasons of delay, if any | Are the Goods supplied satisfactory? |
| As per Contract | Actual |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  |  |  |  |  |  |  |  |  |

**Section Fifth. Qualified Countries**

Regarding the eligibility of the Bidders for the provision of (Medical Equipment), Works and Services in Public Contracts financed by the Purchaser:

1. The Purchaser permits firms and individuals from all countries to offer (Medical Equipment), works and services for projects financed by the Government of Iraq. As an exception, firms of a Country or (Medical Equipment) manufactured in a Country may be excluded if:

(a) If the legislation or official instructions in force prohibit the Bidder's country from establishing commercial relations with the Purchaser state provided that the Purchaser is convinced that such prohibition will not prevent the fruitful competition for supplying goods or executing works.

(b) by an Act of Compliance with a Decision of the United Nations Security Council taken under Chapter SEVEN of the Charter of the United Nations, the Purchaser's country is forbidden to import any goods or pay any amounts to the Bidder's country.

2. For the information of bidders, at the present time firms, (Medical Equipment) and services from the following countries are excluded from this bidding:

a- With reference to paragraph: 1-(a) above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b- With reference to paragraph: 1-(b) above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART TWO**

**List of contracting requirements**

**Section** **Sixth:**  **List of contracting requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Equipment name** | **Appraisal cost for one equipment including warranty & maintenance for five years CIP Baghdad** | **Qty** |
|  | [**Stereotactic Systems, Radiosurgical, Gamma**](https://www.ecri.org/Components/HPCS/Pages/ComparisonResults.aspx?reportid=255&comparisontemplateid=95) | **$5,263,000(five million & two hundered sixty three USD only)** | 1 |

**Schedule of Requirements**

Schedule: I List of (Medical Equipment), Delivery Schedule and Terms of Delivery:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | | | | **3** | **4** | **5** | **6** |
| Schedule  No.  (a) | Item No.  (b) | Brief Description of Goods  **[**[**Stereotactic Systems, Radiosurgical, Gamma**](https://www.ecri.org/Components/HPCS/Pages/ComparisonResults.aspx?reportid=255&comparisontemplateid=95) | | | | | Qty  **1** | Bid Gaurantee amount  **52,630 $** | Final Destination  [KIMADIA Warhous or sit of the health directorate] | Required Delivery period as per \_\_\_  CIP |
| Product  (a) | Strength  (b) | Dosages form  (c) | Pharmacopeia Standard  (d) | Unit pack size  (e) |
| [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] |
| [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] |
| [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] | [Insert] |

**Terms of Delivery:** The Bidders are required to quote prices as per the terms of delivery stipulated in Price Schedule in Section –IV