

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: TD-IST-2024-0224

Date: 09 May 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the Provision of Hospital Medical and Health Care Services in Istanbul

International Organisation for Migration (IOM) kindly request your quotation for the Provision of Hospital Medical and Health Care Services in Istanbul 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 Offer for Services

Annex 4: Financial Offer for Services

Annex 5: Referral Form

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, Annex 3 Technical Offer, and Annex 4 Financial Offer. 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 quotation.

Approved by:

Signature: _____

Name: Jadranko BJELICA

Title: Senior Procurement and Logistics Manager

Date: 09 May 2024

SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission of Quotation	<p>23 May 2024, 15:00, GMT+3</p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/.</p>
Method of Submission	<p>Quotations must be submitted as follows:</p> <p><input checked="" type="checkbox"/> E-tendering <input type="checkbox"/> Email <input type="checkbox"/> Courier / Hand delivery</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p> <p>Bid submission address: iomturiyetenders@iom.int</p> <ul style="list-style-type: none"> ▪ File Format: PDF ▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. ▪ All files must be free of viruses and not corrupted. ▪ Max. File Size per transmission: 8MB ▪ Mandatory subject of email as follows: TD-IST-2024-0224 <p>For Technical Offer: TD-IST-2024-0224 – TECHNICAL OFFER</p> <p>For Financial Offer: TD-IST-2024-0224 – FINANCIAL OFFER</p> <ul style="list-style-type: none"> ▪ 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.” ▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible. ▪ The proposer should receive an email acknowledging email receipt. <p>Quotations should be sent in separate emails as follows:</p> <ul style="list-style-type: none"> - Separate e-mail for the Technical Offer - Separate e-mail for the Financial Offer <p>Non-compliance with this instruction shall result in rejection of the bid received.</p>
Cost of preparation of quotation	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.
Supplier Code of Conduct	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: Supplier Code of Conduct (ungm.org) .
Conflict of Interest	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.
General Conditions of Contract	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 https://www.iom.int/do-business-us-procurement .
Eligibility	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.
Currency of Quotation	Quotations shall be quoted in TRY
Duties and taxes	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

	<p>official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below: All prices shall: <input checked="" 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>
Language of quotation and documentation including catalogues, instructions and operating manuals	English
Documents to be submitted	<p>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 Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input checked="" type="checkbox"/> Annex 4: Financial Offer duly completed and signed.</p>
Quotation validity period	Quotations shall remain valid for 1 year from the deadline for the Submission of Quotation.
Price variation	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.
Price validity period	Prices are valid for one year contract duration.
Partial Quotes	<input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted
Payment Terms	<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
Contact Person for correspondence, notifications and clarifications	<p>Focal Person: Mr. Cuneyt SAHINBAS E-mail address: procsupportist@iom.int The above e-mail procsupportist@iom.int should be used only for any potential questions/clarifications. Attention: Quotations shall not be submitted to this address. (Quotations received to procsupportist@iom.int, will not be considered for evaluation.)</p>
Clarifications	Requests for clarification from bidders will not be accepted any later than 3 days before the submission deadline. Responses to requests for clarification will be communicated through email and Tender Bulletin on IOM web page by 20 May 2024
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest priced, most technically acceptable. <input type="checkbox"/> Other Click or tap here to enter text.
Evaluation criteria	<input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 <input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 3 <input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 4 <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input checked="" type="checkbox"/> Earliest Delivery /shortest lead time <input type="checkbox"/> Others (<i>for ex, environmental criteria/considerations, etc</i>)
Right not to accept any quotation	IOM is not bound to accept any quotation nor award a contract or Purchase Order
Right to vary requirement at time of award	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.
Type of Contract to be awarded	Service Agreement
Expected date for contract award.	30 May 2024

Policies and procedures	This RFQ is conducted in accordance with Policies and Procedures of IOM
UNGM registration	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at www.ungm.org . 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.

ANNEX 1: SCHEDULE OF REQUIREMENTS

Description	Weekdays (Mon-Fri)	Saturday	Sunday
Outpatient service	24hrs	24hrs	24hrs
Radiology unit	07:00 am -19:00 pm	07:00 am-15:00	Emergency
Laboratory	24hrs	24 hrs	Emergency
Interpretation services	24hrs	NA	NA


- ✓ IOM staff will notify the focal person over phone and refer immigrants to the Service Provider with written referral form (Annex 5).
- ✓ The Service Provider will provide medical services in response to referral form.
- ✓ The Service Provider will be requested to provide the results of medical services within specified timeframe.
- ✓ In case of hospitalization required, the Service Provider will discuss with IOM staff in advance.

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 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:	TD-IST-2024-0224	Date:

VENDOR INFORMATION SHEET¹



VENDOR INFORMATION SHEET

Vendor No. _____
Internal to IOM

Registered Vendor Name*: _____

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 Position: _____

Company Website: _____

Industry Category*: 0100 - Commercial Vendors 0500 - International Organizations - Non-UN

0200 - National CSOs 0600 - UN entities

0300 - National Government Entities 0005 - Individual Consultants/Non-Staff

0400 - International CSOs

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

Product Categories (check all applicable)*

<input type="checkbox"/> Agriculture, Livestock and Fisheries <input type="checkbox"/> Chemicals <input type="checkbox"/> Clothing and Luggage <input type="checkbox"/> Construction <input type="checkbox"/> Consultancy and Contracted Services <input type="checkbox"/> Finance and Administration <input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Fuels and Derivatives <input type="checkbox"/> Furniture <input type="checkbox"/> Hospitality, Events <input type="checkbox"/> Insurance <input type="checkbox"/> IT and Communications <input type="checkbox"/> Land and Buildings <input type="checkbox"/> Learning, Training and Recreation	<input type="checkbox"/> Legal and Investigation <input type="checkbox"/> Logistics and Warehousing <input type="checkbox"/> Media and Printing <input type="checkbox"/> Medical, Drugs and Pharma <input type="checkbox"/> NfPa - Household and Camps <input type="checkbox"/> Office Equipment and Supply <input type="checkbox"/> Personal Care	<input type="checkbox"/> Power Supply and Electric <input type="checkbox"/> Quality Control and Environment <input type="checkbox"/> Security <input type="checkbox"/> Social and Humanitarian Services <input type="checkbox"/> Tickets <input type="checkbox"/> Tools and Machinery <input type="checkbox"/> Vehicles and Accessories
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UNGM No. _____

UN Partner Portal Reference _____

Registration Date _____

<https://www.un.org/02/learn/forms>
<https://www.un.org/02/portal>
 Main Country of Operations (dd-mm-yyyy)

Licensing Auth./Type _____ License No.: _____ Reg. Date: _____ Expiry Date: _____

For additional licenses, please use the Other Information Section dd-mm-yyyy dd-mm-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

BIDDER'S DECLARATION OF CONFORMITY²

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.
<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 https://www.ungm.org/Public/CodeOfConduct .

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

Yes	No	
<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:

Title:

Date:

ANNEX 3: TECHNICAL OFFER - SERVICES

Bidders are requested to complete this form, sign it and return it as part of their Technical Offer 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:	TD-IST-2024-0224	Date:

Technical Offer

Provide the following:

The Technical Offer shall be in a separate document, provides the following information using the Service Provider's preferred template:

Quotations should be sent in separate emails as follows:

- **Separate e-mail for the Technical Offer**
- **Separate e-mail for the Financial Offer**

Non-compliance with this instruction shall result in rejection of the bid received.

3.1.1 Administrative Documents

- i. Chamber of commerce
- ii. Official gazette
- iii. Taxation cards
- iv. Authorized signature list

ANNEX 4: FINANCIAL OFFER - SERVICES

Bidders are requested to complete this form, sign it and return it as part of their quotation with separate email. 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:	TD-IST-2024-0224	Date:

Quotations should be sent in separate emails as follows:

- **Separate e-mail for the Technical Offer**
- **Separate e-mail for the Financial Offer**

Non-compliance with this instruction shall result in the rejection of the bid received.

Financial Offer

- 3.2.1 The cost breakdown with as much details as possible, including the quantities and unit costs.
- 3.2.2 All costs associated with the provision of this service, including (i) remuneration for the experts and manpower (ii) expenses such as for the designing, formatting, producing, installing, implementing, programming and training to end users, and operational cost, such as travel and transportation, etc, and (iii) all applicable taxes. (Activities and items included in the Technical Offer should not include any pricing of items / activities.
- 3.2.3 Terms of payment and payment method shall be clearly specified in the Financial Offer

Currency of Quotation: TRY

Ref	Description of Deliverables	Price TRY VAT Excluded	Price TRY VAT Included
1.	Cardiologist Consultation		
2.	Pulmonologist Consultation		
3.	Psychiatrist Consultation		
4.	Neurologist Consultation		
5.	Pediatrician Consultation		
6.	Gynecologist Consultation		
7.	Dermatologist Consultation		
8.	ENT Consultation		
9.	Pediatric Cardiologist Consultation		
10.	Ophthalmologist Consultation		
11.	Orthopedist Consultation		

Ref	Description of Deliverables	Price TRY VAT Excluded	Price TRY VAT Included
12.	Pediatric Neurologist		
13.	Pediatric Hematology		
14.	Pediatric Psychiatrist		
15.	Pediatric Nephrologist		
16.	Nephrologist		
17.	Hematologist		
18.	Internist		
19.	Endocrinologist		
20.	Neurosurgeon		
21.	Urologist		
22.	General Surgeon		
23.	Cardiovascular/cardio-thoracic surgeon/Intervention cardiologist		
24.	Oxygen Inhalation Treatment (For 1 Hour)		
25.	Physical Therapy session		
26.	CHEST X-RAY with CD		
27.	CHEST X-Ray lateral/additional view with CD		
28.	EKG (Electrocardiography)		
29.	Echocardiogram		
30.	Nst (Non stress test)		
31.	EEG (Routine 20 minute)		
32.	MRI - Brain		
33.	MRI – other parts		
34.	Cranial MR with contrast		
35.	Cranial MR without contrast		
36.	Cranial CT with contrast		
37.	Cranial CT without contrast		
38.	Ultrasonography (USG)		
39.	CT scan of the Head		
40.	CT scan of other parts of the body		
41.	Pulmonary function test (including medicine)		
42.	Pulmonary function test		
43.	Color Doppler Study		

Ref	Description of Deliverables	Price TRY VAT Excluded	Price TRY VAT Included
44.	Blood transfusion TPHA		
45.	TPHA		
46.	VDRL /RPR		
47.	Fsh		
48.	Free T3		
49.	Total T3		
50.	Total T4		
51.	Free T4		
52.	AST		
53.	ALT		
54.	GGT		
55.	Total Bilirubin		
56.	CD4		
57.	CD8		
58.	Direct Bilirubin		
59.	ALP		
60.	Urea (BUN)		
61.	Creatinine		
62.	Urine ACR		
63.	Complete Urine Analysis		
64.	Urine Routine test dipstick		
65.	Urine Pregnancy Test		
66.	Beta-hCG (β -hCG) (Blood)		
67.	Calcium (Ca)		
68.	Sodium (Na)		
69.	Potassium (K)		
70.	Phosphor (P)		
71.	Chlor (Cl)		
72.	Procalcitonin (Pct)		
73.	Magnesium (Mg)		

Ref	Description of Deliverables	Price TRY	
		VAT Excluded	VAT Included
74.	Vitamin B12		
75.	Vitamin D (25-OH Cholecalciferol)		
76.	Ferritin		
77.	Folic Acid		
78.	HIV (HIV 1 & 2) - screening		
79.	HIV Confirmatory		
80.	HBs Ag screening		
81.	Anti-HCV		
82.	Hemogram (Total Blood Count)		
83.	Blood sugar		
84.	HbA1c		
85.	PT (Prothrombin Time) with INR		
86.	Blood Type (A-B-O – Rh)		
87.	Cholesterol Total		
88.	Cholesterol HDL		
89.	Cholesterol LDL		
90.	Whole Abdominal USG		
91.	Thorax BT		
92.	Thyroid-Stimulating Hormone TSH		
93.	Hexokinase		
94.	Crp		
95.	Insulin		
96.	Triglyceride		
97.	Total protein in the blood		
98.	Total albumin in the blood		
99.	D-Dimer		
100.	Anti-HDV		
101.	Artery Blood gas test		
102.	Venous Blood gas test		
103.	Dialysis		
104.	Hospital Package hospital stay, doctor consultation, nursing, food		
105.	Attendant bed including food (1 day)		

Ref	Description of Deliverables	Price TRY VAT Excluded	Price TRY VAT Included
106.	SC injection		
107.	IM injection		
108.	IV serum diffusion		
109.	Sputum TB Smear Microscopy		
110.	Sputum For TB GeneXpert Test		
111.	Sputum for DST		
112.	Sputum For TB Culture		
113.	Igra (The Interferon Gamma Release Assay)		
114.	Aspiration of gastric lavage		
115.	Caesarean section		
116.	Normal Delivery		
117.	Cardiac stress test		
118.	Cardiac MRI		
119.	Scoliosis Examination		
120.	Exercise Tolerance Test		
121.	Peripheral blood film		
122.	Respiratory Function Test		
123.	Ambulance from Hospital to Istanbul Airport		
124.	Ambulance Transportation to Dedeman Hotel		
125.	Ambulance Transportation to Dream Hill Hotel		
126.	Coronary angiography		
127.	Thrombocyte suspension		
128.	Abdominal MR with contrast		
129.	Abdominal MR without contrast		
130.	Abdominal CT with contrast		
131.	Abdominal CT without contrast		
132.	Thoracic MR with contrast		
133.	Thoracic MR without contrast		
134.	Thoracic CT with contrast		
135.	Thoracic CT without contrast		
136.	IgE Total		

Ref	Description of Deliverables	Price TRY	
		VAT Excluded	VAT Included
137.	Applying Probe		
138.	Allergy Test		
139.	Iron (Fe)		
140.	Total Iron Binding Capacity (Total TIBC)		
141.	Rheumatoid Factor		
142.	Sputum Culture		
143.	Nasogastric Tube Procedure (Pediatric)		
144.	Nasogastric Tube Procedure (Adult)		

Compliance with Requirements

	You Responses		
	Yes, we will comply.	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Delivery Lead Time	<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"/>	

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in the event that the quotation is accepted.

<p><i>Exact name and address of the company</i></p> <p>Company Name:</p> <p>Address:</p> <p>Phone No.:</p> <p>Email Address:</p>	<p>Authorized Signature:</p> <p>Date:</p> <p>Name:</p> <p>Functional Title of Authorised Signatory:</p> <p>Email Address:</p>
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ANNEX 5
REFERRAL FORM

..... Hastanesi'ne,

Name:

DOB:

Ref No:

Sex:

Comments:

.....
.....
.....

IOM Physician: Dr.

Date:

Signature & Stamp: _____

(Physician Mobile Phone)