

Annex A

QUOTATION FORM
NG20-19-3569

Date : _____

To : _____

Having examined the General Instruction for the Supply and Delivery of Mobile Cassava Processing Plant fabrication, the receipt of which is hereby duly acknowledged, I, representing *[name of company]* offer to supply and deliver the requested goods in conformity with the General Instruction for the total amount of *[total bid amount in words and figures and currencies]* in accordance with the Price Schedule (Annex B) which is herewith attached and form part of this Quotation.

I undertake if my offer is accepted, to deliver the goods in accordance with the delivery schedule set out in the Price Schedule.

I agree to abide by this Quotation for the Validity Period specified in the General Instruction which may be accepted at any time before the expiration of that period.

Until a formal contract is prepared and executed, this Quotation Form, together with your Notice of Award shall constitute a binding agreement between us.

I hereby certify that this Quotation complies with the requirements stipulated in the General Instruction.

Dated this _____ day of _____ 20_____.

[signature over printed name] *[in the capacity of]*

Duly authorized to sign Quotation for and on behalf of
_____ *[name of company]*

TECHNICAL SPECIFICATIONS

Ref No. : NG30-19-3569	
Item Description : Mobile Cassava Processing Plants	
Manufacturer : _____	
Origin : _____	
Model : _____	
IOM MINIMAL SPECIFICATIONS	BIDDER'S SPECIFICATIONS
Mobile Cassava Processing Plant fabrication with approximate minimal technical below:	
New or Fairly used Ton Truck (possible to provide 2 options)	
20 feet Cabin for housing	
10HP Grater for 5 tons processing 107kg	
5HP Press 5 tons processing 68kg	
Energy efficiency driver to drive down the power on the whole unit so the provided power source could drive it	
Water sprinklers/ outlet/Accessories	
5KVA 48V Inverter with monitoring system (10KVA inverter)	
Power generating set (15KVA)	
300w Monocrystalline panel	
Battery 210 AH 12V	
Battery disconnect 250Amp, DC breaker 80amp, Combiner box, insulated tape, bolt and nuts, battery rack, mid clamp, end clamp, cable log (120mm, 100mm, 25mm), distribution box, cable tie, 50mm trunk, 35mm ducttile clip, panel rail, 80amp mppt charge controller	
Cables: Red and black flexible copper cable 120mm (1 roll)	
Red and black solar cable 10mm(2 rolls)	
Red and black strand copper cable 25mm (20m)	
Commission, Installation, testing	
Logistics/delivery to Edo state	

Commented [Z11]: Do we have approval on procurement of used equipment
Please confirm on CoM /HOOapproval or confirm procurement of new one

Commented [Z12]: What is

Supplier's authorized signature over printed name

Annex D

VENDORS INFORMATION SHEET (VIS)

[insert here IOM Standard Vendors Information Sheet (VIS) and other required eligibility requirement if any]

VENDOR INFORMATION SHEET (VIS)

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. _____
E mail 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Authorized Dealer | <input type="checkbox"/> Information Services |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Retailer | <input type="checkbox"/> Computer Hardware |
| <input type="checkbox"/> Trader | <input type="checkbox"/> Importer | <input type="checkbox"/> Service Bureau |
| <input type="checkbox"/> Site Development/ | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Others _____ |

Construction _____

Number of Years in business: _____
Complete Products & Services _____

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 _____
Country _____
Postal Code _____
Country _____
Bank Account Name _____
Bank Account No. _____
Swift Code _____
Iban Number _____

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/Tel. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade Reference

Company	Contact Person	Contact Number
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIREMENTS CHECK LIST

Please submit the following documents together with the Information Sheet:

No.	Document	For IOM use only	
		Submitted	Not Applicable
1	Company Profile (including the names of owners, key officers, technical personnel)		
2	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.		
3	Certificate of Registration from host country's Security & Exchange Commission or similar government agency/department/ministry		
4	Valid Government Permits/Licenses		
5	Audited Financial Statements for the last 3 years*		
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)		
7	Catalogues/Brochures		
8	List of Plants/Warehouse/Service Facilities		

9	List of Offices/Distribution Centers/Service Centers		
10	Quality and Safety Standard Document / ISO 9001		
11	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing) *		
12	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		
13	For Construction Projects: List of machines & equipment (include brand, capacity and indication if the equipment's are owned or leased by the Contractor)		

* 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:

Signature

Printed Name

Position/Title

Date

Signature

Printed Name

Position/Title

Date

FOR IOM USE ONLY

Purchasing Organization _____
Account Group _____

Industry 001 002 003

where 001 - Transportation related to movement of migrants
002 - Goods (e.g. supplies, materials, tools)
003 - Services (e.g. professional services, consultancy, maintenance)

Vendor Type Global Loc

