**PROPOSAL FORM**

Date:

Name of the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in and Stamp (Technical and Price List ANNEX 1)

1. **-Mobility aids -Other ADs and Rehabilitation Material -Orthosis Thermo**
2. **Rehab Equipment**
3. **-Assistive Devices (ADs) and Rehabilitation Material -Other ADs Rehabilitation Material -Consumables -Wound Kit,  Hygiene Kit, Burn Kit**

* **Prices shall include all types of taxes, insurance, delivery charges on HI designated site(s).**
* **A technical visit will be conducted for the bidders who have passed the administrative evaluation**

|  |  |
| --- | --- |
| **Expectation** | **Detailed service offered by the bidder** |
| Delivery time after the order (in days) |  |
| All documents will be in English (invoice, receipt, waybill, delivery note, items list etc…) |  |
| In case item(s) is / are broken during time of delivery, Supplier can replace it/them? |  |
| Minimum time required to replace broken items (in days) |  |
| Minimum time required to provide an equivalent model in case of non-availability of an item (in days) |  |

**Payment**

Payment method: Check Transfer

Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments**

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I undersigned, certify that I am the legal representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I declare and certify that the information above is true and accurate to the best of my knowledge. I understand and accept any false or inaccurate information may result in the cancellation of any offer made by the Bidder, even if discovered later.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and stamp of the company: