

REQUEST FOR QUOTATION

RFQ Reference: **EG23-008**

Date: 01 October 2023

Subject of RFQ): **Medical supplies**

International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. 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.

RFQ INFORMATION

Deadline for the submission of quotation	7 October 2023 If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/ .
Method of submission	Quotation must be submitted as follows: <input type="checkbox"/> E-tendering <input checked="" type="checkbox"/> Email iomegbids@iom.int <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other Click or tap here to enter text.
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a vendor's preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Contractual Terms	Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement or IOM standard contract templates.
Documents to be submitted	Bidders shall submit and sign the-bid submission form below.
Quotation validity period	The quotation shall remain valid for 30 days from the deadline for the submission.
Price	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
Partial quotations	<input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids
Clarifications	Contact person for correspondence, notifications and clarifications Contact person: Rehab Abdelbar E-mail address: rabelbar@iom.int Copying: mmohammed@iom.int
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other Click or tap here to enter text.
Right not to accept any quotation	IOM is not bound to accept any quotations, nor award a contract or purchase order
Expected date for contract/PO award.	20 October 2023

Thank you and we look forward to receiving your quotation.

Issued by: Procurement Unit

QUOTATION SUBMISSION FORM

RFQ Reference: EG23-008	Date: Click or tap to enter a date.
RFQ ref no: EG23-008	

Delivery Requirements:

Currency of the Quotation: EGP					
INCOTERMS: DAP					
Delivery Location:					
Item No	Description	UOM	Qty	Unit price	Total price
1	CAPOZIDE 50/25 MG Captopril + Hydrochlorothiazide	Tab	100		
2	concor 2.5 mg Bisoprolol fumarate	Tab	100		
3	concor 5 mg Bisoprolol fumarate	Tab	100		
4	concor Plus 5 mg/12.5 mg plus Bisoprolol fumarate + HCT	Tab	100		
5	Panadol migraine Acetylsalicylic acid + caffeine + paracetamol	Tab	60		
6	Doliprane paracetamol	Tab	150		
7	Alkapress 5 mg Amlodipine	Tab	100		
8	Alkapress 10 mg Amlodipine	Tab	100		
9	Glucophage XR 500 mg Metformin	Tab	100		
10	Lipitor 10 mg 7 tab Atorvastatin	Tab	50		
11	Captopril 50 MG 20 tab Captopril	Tab	50		

12	Adol 24 caplets Paracetamol	Caplets	200		
13	Vitacid calcium 12 eff. Tab Vitamin C + Calcium	Eff. tab	100		
14	Zurcal 20 MG 14 tab Pantoprazole	Tab	100		
15	Zurcal 40 MG 28 tab Pantoprazole	Tab	150		
16	Hemoclar Pentosan polysulphate	Cream	150		
17	Moov massage cream Camphor + camphor oil + menthol + methyl salicylate + Capsicum oleoresin	Cream	150		
18	Flamotal 600 mg Ibuprofen	tabs	100		
19	Ambezim-G Chymotrypsin + trypsin	tabs	90		
20	Aerius	Tab	40		
21	Allergex	cream	100		
22	All-vent	Syrup	100		
23	Alphintern	Tab	90		
24	Ambroxol	Drops	60		
25	Amlodipine 10	Tab	50		
26	amoxil	Suspension	60		
27	Amrizole 500	Tab	100		
28	Anallerge	Tab	120		
29	Antinal	Cap	100		
30	Antinal	Suspension	100		
31	Apidone	Syrup	100		
32	Asmakast 10	Tab	10		
33	aspirin protect 100	tab	60		
34	Atacand 8 mg	Tab	40		
35	ator 10mg	tab	20		
36	Ator 20	Tab	20		
37	Augram 228.5 mg	Suspension	12		

38	Augram 457 mg	Suspension	60		
39	Augram 600	Suspension	60		
40	Avazir	Eye drops	50		
41	Azithromycin 500 mg	Tab	100		
42	Bacticlor 125	Suspension	40		
43	Bacticlor 250	Suspension	40		
44	beclomethasone	spray	10		
45	Betaderm	Cream	100		
46	Betadine	Mouth wash	60		
47	Betadine	Vag. Douche	60		
48	Betaserc 8 mg	Tab	20		
49	Bi-Alcofan	Tab	120		
50	Borgasone	cream	80		
51	Bronchopro	Syrup	80		
52	Brufen 400	Tab	200		
53	Brufen 600	Tab	60		
54	Burnasores	Cream	20		
55	Calamine	Lotion	120		
56	Calcimate	Tab	60		
57	Candalkan 16 mg	Tab	20		
58	Candalkan 8 mg	Tab	10		
59	Candesar	Tab	40		
60	Capoten 25	Tab	45		
61	Catafly	Suspension	60		
62	Celebrex 200	Cap	60		
63	Ciprofloxacin 500 mg	Tab	60		
64	Colcichine	Tab	10		
65	Colona	Tab	30		
66	Colospasmin forte	Tab	60		
67	Coloverin D	Tab	60		
68	Coughsed paracetamol infant	Supp	40		
69	Daflon	Tab	60		

70	Daktarin	cream	40		
71	Dexatrol	drops	60		
72	Diamicron 30	Tab	30		
73	Diamicron 60	Tab	45		
74	Dolipran	Tab	50		
75	Dolphin 12.5 mg	Supp	60		
76	Dolphin 25 mg	Supp	60		
77	Elbavit Ca	Syrup	15		
78	Elbavit iorn	Syrup	15		
79	Epicozym	Suspension	10		
80	Epimag	Sachets	30		
81	Eucarbon	Tab	60		
82	Ezapril 10 mg	Tab	10		
83	Fastel 120	Tab	50		
84	fastel 180	tab	50		
85	Flatidyl	Tab	60		
86	flurest	tab	120		
87	Folic acid 500 mcg	Tabs	60		
88	Fortymox	Drops	60		
89	Fucidel	Cream	60		
90	galvus met 50/1000	tab	12		
91	Ganvir	Eye gel	10		
92	gast reg 200 tab	tab	40		
93	Glimet 2.5/400 mg	Tab	10		
94	Glimet forte 5/800 mg	Tab	20		
95	Haema-caps	Cap	20		
96	Haemojet	Amp	10		
97	Histazine	Tab	90		
98	Histazine	Syrup	90		
99	Iruxol	Ointment	60		
100	ivypront susp	susp	60		
101	Kapect	Tab	60		

102	kapect susp	Solution	30		
103	Kenacomb	cream	100		
104	Lactulose	Syrup	60		
105	Larypro	Lozenges	100		
106	Levohistam	Syrup	40		
107	Levohistam	Drops	20		
108	Librax	Tab	40		
109	Macrofuran	Tab	20		
110	Maxilase	Syrup	60		
111	Megalase	Syrup	60		
112	Miconaz	Cream	60		
113	Milga	Tab	100		
114	Minalax	Tab	100		
115	Mucosol adult	Syrup	80		
116	Mucosol Child	Syrup	80		
117	myofen	cap	60		
118	Normotears	Drops	120		
119	nostamine	Drops	120		
120	Notussil	Suspension	120		
121	Oplex-N	Syrup	120		
122	Otal	Drops	100		
123	Otrivin adult	Drops	100		
124	Otrivin baby saline	Drops	100		
125	Otrivin Child	Drops	100		
126	Panthenol	Cream	100		
127	Paracetamol 500	Tab	200		
128	pedo cool gel patches	patch	100		
129	Polyderm	cream	80		
130	Power cold cometrex	cap	100		
131	Predsol fort	Syrup	80		
132	Prisoline	Drops	100		
133	Remowax	Drops	60		

134	Reparil	Cream	100		
135	Rowachol	Cap	20		
136	rowatinix	cap	30		
137	Rubalgine	Cream	60		
138	Spasmodigestin	Tab	60		
139	tavanic 500 tab	tab	80		
140	Terramycin	Ointment	60		
141	tobradex	Drops	100		
142	Tobrin	Drops	30		
143	Urivin	Sachets	60		
144	baby milk stage 1 milk formula from 0 day to 6 months	powder	350		
145	baby milk stage 2 milk formula from 6 months to 12 months	powder	350		
146	Hematron syrup vitamountyp Minerals + vitamins	Syrup	150		
147	Grand-vit with iron syrup Vitamins + Iron	Syrup	300		
148	Phenadone Syrup Chlorpheniramine + Dexamethasone	Syrup	400		
149	Levcet 2.5 MG/5ML Syrup Levocetirixine	Syrup	300		
150	Zisrocin 100 MG/5ML susp Azithromycin	Suspension	300		
151	Zithrokan 200 MG/5ml Susp Azithromycin	Suspension	300		
152	Nifuroxazide 220 MG/5ML Susp Nifuroxazide	Suspension	300		
153	Flagellat forte 200 MG/5ml Susp Metronidazole	Suspension	300		
154	Cetal 250 MG/5ml Susp paracetamol	Suspension	400		
155	Sansovit with iron syrup 200 mg Vitamins	Syrup	150		
156	Sansocal-D syrup 160 ml Calcium supplement	Syrup	150		

157	Pedical syrup Calcium supplement	Syrup	300		
158	Simethicone-MUP Emulsion oral drops Antiflatulent	Oral drops	300		
159	All-vent syrup Bromhexine + Guaifenesin + menthol + terbutaline	Syrup	250		
160	Notussil susp Cloperastine	Suspension	200		
161	Curam 312.5 MG/ 5ML Amoxicillin + Clavulanic acid	Suspension	360		
162	Curam 457 MG/ 5ML Amoxicillin + Clavulanic acid	Suspension	360		
163	Calcid b12 syrup calcical Calcium levulinate +Vitamin D3 + Vitamin B12	Syrup	200		
164	Curam 642.9 MG/ 5ML Amoxicillin + Clavulanic acid	Suspension	120		
				Total Price	
				Transportation Price	
				Insurance Price	
				Installation Price	
				Training Price	
				Other Charges (specify)	
				Total Final and All-inclusive Price	

COMPANY PROFILE (Vendor Information Form)¹

Item Description	Detail
Legal name of bidder*	Click or tap here to enter text.
Legal Address (house no, street name, zip code, city*, region*, country*)	Click or tap here to enter text.
Website	Click or tap here to enter text.
Registration date* and VAT number*	Click or tap here to enter text. Click or tap here to enter text.
Legal structure	Choose an item.
Business type/industry category*	<input type="checkbox"/> Direct Producer/Manufacturing <input type="checkbox"/> Reseller/Distributor/Service Provider

¹ If company id not registered in UNGM or with IOM. If supplied to IOM already, please indicate if there are any changes to be incorporated in the vendor information sheet signed earlier

Item Description	Detail
Are you a UNGM registered vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: right;">If yes, insert UNGM Vendor Number</p>
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, in which country: Click or tap here to enter text.
Contact information*	Company Tel/Mobile: Click or tap here to enter text. Company Email: Click or tap here to enter text. Company Website: Click or tap here to enter text. Contact Person 1: Click or tap here to enter text. Contact Person 2: Click or tap here to enter text.
Disability inclusive business*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women-owned/controlled*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Information	Bank Name: Click or tap here to enter text. Bank Address: Click or tap here to enter text. IBAN: Click or tap here to enter text. SWIFT/BIC: Click or tap here to enter text. Account Currency: Click or tap here to enter text. Bank Account Number: Click or tap here to enter text. Other relevant information: Click or tap here to enter text.

BIDDER'S DECLARATION OF CONFORMITY²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, 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 vendor, I further represent and warrant that the vendor is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor 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 vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules and regulations.

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, 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 vendor any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor 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 vendor 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 vendor, I further represent and warrant that the vendor 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 vendor, I further represent and warrant that, the vendor 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 vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

Signature: _____

Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)