**Annex 2 A**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION[[1]](#footnote-1)**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery[[2]](#footnote-2))***

We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the Terms of Reference and requirements of UNDP as per RFQ Reference No. RFQ/CSA/2019/16:

|  |
| --- |
| **SERVICE PROVIDER APPLICATION FORM** |

**COMPANY DETAILS (*Please type all Information) – All Sections are Mandatory***

| **Item** | **Details** |
| --- | --- |
| Legal Name of Company: |  |
| Place of Registration:  |  |
| Company’s Business Registration: | **Registration No.** | **Date of Registration** | **No. of Years in Commercial Operation** |
|  |  |  |
| VAT Registration: | YES/NO. if yes, please provide Registration Number: |
| Address Details: | Address (No. Street, town, District):Tel Number:Fax Number:E-mail: |
| Type of Business: | **Corporate/ (Pvt) Limited** | **Partnership** | **Other (specify)** |
|  |  |  |

**COMPANY BACKGROUND**

*In not more than hundred (100) words please give the Company’s Background*

|  |
| --- |
| **The Company** |
|  |

**CONTACT DETAILS**

**Primary Contact Person of Company**

| Name: |  | Telephone No.: |  |
| --- | --- | --- | --- |
| Position: |  | Mobile No.: |  |
| Email Address: |  | Fax No.: |  |

**Alternative Contact Person**

| Name: |  | Telephone No.: |  |
| --- | --- | --- | --- |
| Position: |  | Mobile No.: |  |
| Email Address: |  | Fax No.: |  |

**TYPES OF INSURANCE COVER AVAILABLE FOR THREE WHEELERS (Mandatory Section)**

| **No.**  | **Type of Repair** | **Yes/No** |
| --- | --- | --- |
| 1). | Comprehensive Insurance Cover |  |
| 2). | Third party Insurance Cover |  |
| 3). | Revenue License |  |

 **HUMAN RESOURCES (Mandatory Section)**

|  |  |  |
| --- | --- | --- |
| **Type of Position** | **Total Number of Staff** | **Number of Years with the Company/Organization** |
| Managerial |  |  |
| Supervisory |  |  |
| Dispatchers |  |  |
| Accountant |  |  |

**EXISTING CORPORATE AGREEMENTS WITH CLIENTS if any**

|  |  |  |
| --- | --- | --- |
| **Name of Client** | **Type of Agreement** | **Validity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CLIENT REFERENCES**

|  |  |
| --- | --- |
| **Names of Top Five Clients** | **Contact Details** |
|  | Address:Name of Contact Person:Contact Numbers: |
|  | Address:Name of Contact Person:Contact Numbers: |
|  | Address:Name of Contact Person:Contact Numbers: |
|  | Address:Name of Contact Person:Contact Numbers: |

List of Mandatory Documents to be attached with the RFQ submission:

1)Duly Accomplished Form as provided in Annex 2 A and B, and in accordance with the list of requirements in Annex 1;

2) Scan copy of the latest Business Registration Certificate;

3) ). VAT registration certificate (if applicable)

4) Profile – describing the nature of business, field of expertise, licenses, certifications, accreditations;

5) Track Record – list of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contact references ;

6) CVs of three proposed Messengers for Common Messenger Service

9) Written Self-Declaration of not being included in the UN Security Council 1267/1989 list, UN Procurement Division List or other UN Ineligibility List;

**Annex 2B**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION[[3]](#footnote-3)**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery[[4]](#footnote-4))***

We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the Terms of Reference and requirements of UNDP as per RFQ Reference No. (RFQ/CSA/2019/16)

**FINANCIAL PROPOSAL**

|  |  |  |
| --- | --- | --- |
| **S/NO** | **CATEGORY** | **AMOUNT IN LKR** |
| 1 | Monthly Salary for a messenger |   |
| 2 | EPF (Employer Contribution) |   |
| 3 | ETF (Employer Contribution) |   |
| 4 | Other statutory payables (please specify) |   |
| 5 | Agency Commission |   |
| 6 | All-inclusive vehicle cost for 1500KM per month  |   |
| 7 | Payment for mobile phone connection | 600.00 |
| 8 | Any other costs (please specify) |   |
|   | **Total cost for a messenger service person** |   |
|   | Rate for additional km |   |

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of the RFQ.

*[Name and Signature of the Supplier’s Authorized Person]*

*[Designation]*

*[Date]*

1. *This serves as a guide to the Supplier in preparing the quotation and price schedule.*  [↑](#footnote-ref-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-4)