**Annex 2**

**Check-list for submission**

|  |  |  |
| --- | --- | --- |
| **Sr No.** | **Description** | **Submission of document****Yes/No** **( NA if not applicable )** |
| 1 | 1. In accordance with the list of requirements in Annex 1;
 |  |
| 1. Duly Accomplished Form as provided in Annex 2 and 3
 |  |
| 1. Acceptance of the General Terms & Condition
 |  |
| 2 | Manufacturer’s Authorization of the Company as a Sales Agent (if Supplier is not the manufacturer).  |  |
| If the supplier is the manufacturer provide registration of manufacturer. |  |
| 3 | Latest Business Registration Certificate |  |
| 4 | Latest Internal Revenue Certificate/ Tax Clearance |  |
| 5 | Quality Certificates (ISO, etc.) and/or other similar certificates |  |
| 6 | Equipment specifications, pictures, data sheets and catalogues showing that the proposed densimetric machine table and coffee cupping laboratorymeet the technical requirements |  |
| 7 | Delivery terms: DAP to Taunggyi Business Centre, Taunggyi Township, Southern Shan State, Myanmar.Delivery Time : Within 45 days from the receipt of the Contract/Purchase Order (PO) |  |

Supplier’s Authorized Person

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Annex 3**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery)***

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 specification and requirements of UNDP as per RFQ Reference No. 2019/PROC/UNDP-MMR/PN/137:

**TABLE : Offer to Supply Goods Compliant with Technical Specifications and Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No.** | **Description/Specification of Goods** | **Quantity** | **Delivery Time** | **Unit Price****(USD/MMK)** | **Total Amount****(UND/MMK)**  |
| 1 | Densimetric machine table (gravity table separator) for green bean coffee. (Please mention the Technical description of the proposed goods) | 1 |  |  |  |
| 2 | Coffee grinder for the coffee roasting process. (Please mention the Technical description of the proposed goods)  | 1 |  |  |  |
| 3 | Coffee Laboratory grinder (Please mention the Technical description of the proposed goods) | 1 |  |  |  |
| 4 | Coffee Screen-Sample Sieves that include a bottom blind screen and lid. (Please mention the Technical description of the proposed goods) | 1 |  |  |  |
| 5 | Set of brushes to clean the equipments of the laboratory and the coffee roasting room(Please mention the Technical description of the proposed goods) | 1 |  |  |  |
|  | **Total Prices of Goods** |  |
|  |  Add : Cost of Transportation (if require) |  |
|  |  Add : Cost of Insurance (if require) |  |
|  |  Add : Other Charges (if require) |  |
|  | **Total Final and All-Inclusive Price Quotation** |  |

**TABLE 2 : Offer to Comply with Other Conditions and Related Requirements**

|  |  |
| --- | --- |
| **Other Information pertaining to our Quotation are as follows :** | **Your Responses** |
| ***Yes, we will comply*** | ***No, we cannot comply*** | ***If you cannot comply, pls. indicate counter proposal*** |
| Delivery Lead Time ( Within 45 days after receipt of Purchase Order ) |  |  |  |
| Estimated weight/volume/dimension of the Consignment: |  |  |  |
| Country/ies of Origin:  |   |  |  |
| Warranty and After-Sales Requirements |  |  |  |
| 1. Immediately replace with supplier own cost for the new one if newly procured item is mal-functioning on test run
 |  |  |  |
| 1. Minimum one (1) year warranty on both parts and service
 |  |  |  |
| 1. Service Unit to be Provided when the Purchased Unit is Under Repair
 |  |  |  |
| Validity of Quotation (120 days ) |  |  |  |
| All Provisions of the UNDP General Terms and Conditions |  |  |  |

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]*

*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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