**Annex 2.**

**Commitment letter**

 *(This should be written in the Letterhead of the Bidder. Except for indicated fields, no changes may be made in this template.)*

Insert: Location

Insert: Date

To: [*insert: Name and Address of UNDP focal point]*

Dear Sir/Madam:

 We, the undersigned, hereby offer to supply the goods required for [*insert: title of goods and services required as per ITB*] in accordance with your Invitation to Bid dated  **.**

We hereby commit to register the below listed products with Ukranian registration authorities as the current legislation requires.

Products:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. ….

We fully understand and recognize that UNDP is not bound to accept this Bid, that we shall bear all costs associated with its preparation and submission, registration fees and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the evaluation.

We remain,

Yours sincerely,

Authorized Signature [*In full and initials*]:

Name and Title of Signatory:

Name of Firm:

Contact Details:

*[please mark this letter with your corporate seal, if available]*

**Additional relevant information on VAT for bidders. This information is provided for references only and UNDP should not be hold accountable for any details. Bidders are encouraged to check the details with relevant authorities directly.**

**Exemption of Operations on Supply of Goods from VAT**

Operations on supply (transfer) of pharmaceuticals and medical products shall be temporarily, until March 31, 2019, exempt from VAT, if importation and/or supply is done under contracts with specialized procurement organizations listed in the Law of Ukraine ‘On Public Procurement’, concluded with the objective of implementing agreements between the central executive body of Ukraine in charge of developing and implementing the national health policy and a relevant specialized procurement organization within the framework of budget programmes for implementation of public health action plans and/or comprehensive programme activities in the health sector.

1. ***On confirmation of grounds for exemption of operations from VAT by importers***

In order to confirm the grounds for exemption of operations from VAT, the importers shall submit to a revenues and duties authority a certificate confirming that goods are imported under agreements (contracts) between MoH and the specialized organization, issued by MoH.

With the objective of receiving such certificate, the importers shall submit to MoH within no more than 10 working days from the day of importing a product the following documents in hard and electronic copies:

1. Application for a certificate confirming that goods are imported under agreements (contracts) between MoH and the specialized organization;
2. A copy of a foreign economic agreement (contract) certified in accordance with a defined procedure, under which it is planned to import goods;
3. A letter of commitment to import such goods solely for the supply at the customs area of Ukraine within the framework of an agreement (contract) between MoH and the specialized organization;
4. Certified copies of quality certificates (certificates of analysis, test reports, etc.) issued by the producer for the series of pharmaceuticals to be imported.

Within five working days from receiving the documents, MoH shall issue for the importer a relevant certificate or send a written refusal notice indicating the reasons for refusal.

The certificate shall be made in three copies, signed by an authorized representative of MoH and sealed with an official stamp. Two copies of the certificate shall be given to the importer: one of them shall be submitted to the revenues and duties authority during customs clearance of goods, while the other one shall stay with the importer. The third copy of the certificate shall be kept at MoH.

In case of changes in the data of the certificate, the importer shall address MoH with an application to issue a new certificate. The former certificate is to be cancelled and MoH shall immediately inform revenues and duties authorities hereof.

1. ***On confirmation of grounds for exemption of operations on supply of goods at the customs area of Ukraine from VAT by suppliers***

In order to confirm exemption of operations on supply of goods at the customs area of Ukraine from VAT, carried out under the agreement (contract), within no more than five working days following the last calendar day of the reporting (tax) period, when such operations took place, the supplier of goods shall submit to MoH the following:

1. Application for a certificate confirming that the goods are paid under agreements (contracts) between MoH and the specialized organization;
2. Copies certified in accordance with the legislation:
* a contract between the supplier and specialized organization;
* a certificate about inclusion of the supplier of goods into EDRPOU[[1]](#footnote-1) (for a permanent representation office);
* tax invoices issued by the supplier of goods during the reporting (tax) period under agreements (contracts) between MoH and the specialized organization without VAT;
1. Copy of the extract from the Register of VAT Payers.

Within five working days from receiving the documents, MoH shall issue for the importer a relevant certificate or send a written refusal notice indicating the reasons for refusal.

The certificate shall be made in three copies, signed by an authorized representative of MoH and sealed with an official stamp. Two copies of the certificate shall be given to the importer: one of them shall be submitted to the revenues and duties authority during customs clearance of goods, while the other one shall stay with the importer. The third copy of the certificate shall be kept at MoH.

The supplier of goods shall submit a confirmation certificate to the revenues and duties authority, where it is registered as a tax payer, within no more than 10 working days after the deadline for submission of VAT declaration for a relevant reporting (tax) period.

Section 4: Bid Submission Form[[2]](#footnote-2)

*(This should be written in the Letterhead of the Bidder. Except for indicated fields, no changes may be made in this template.)*

Insert: Location

Insert: Date

To: [*insert: Name and Address of UNDP focal point]*

Dear Sir/Madam:

 We, the undersigned, hereby offer to supply the goods and related services required for [*insert: title of goods and services required as per ITB*]in accordance with your Invitation to Bid dated  **.**We are hereby submitting our Bid, which includes the Technical Bid and Price Schedule.

We hereby declare that :

1. All the information and statements made in this Bid are true and we accept that any misrepresentation contained in it may lead to our disqualification;
2. We are currently not on the removed or suspended vendor list of the UN or other such lists of other UN agencies, nor are we associated with, any company or individual appearing on the 1267/1989 list of the UN Security Council;
3. We have no outstanding bankruptcy or pending litigation or any legal action that could impair our operation as a going concern; and
4. We do not employ, nor anticipate employing, any person who is or was recently employed by the UN or UNDP.

We confirm that we have read, understood and hereby fully accept the Schedule of Requirements and Technical Specifications describing the duties and responsibilities required of us in this ITB, and the General Terms and Conditions of UNDP’s Standard Contract for this ITB.

We agree to abide by this Bid for **120 days***.*

 We undertake, if our Bid is accepted, to initiate the supply of goods and provision of related services not later than the date indicated in the Data Sheet.

We fully understand and recognize that UNDP is not bound to accept this Bid, that we shall bear all costs associated with its preparation and submission, and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the evaluation.

 We remain,

Yours sincerely,

Authorized Signature [*In full and initials*]:

Name and Title of Signatory:

Name of Firm:

Contact Details:

*[please mark this letter with your corporate seal, if available]*

Section 5: Documents Establishing the Eligibility and Qualifications of the Bidder

Bidder Information Form[[3]](#footnote-3)

Date: *[insert date (as day, month and year]of Bid Submission*]

ITB No.: *[insert number of bidding process]*

Page \_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_ pages

|  |
| --- |
| 1. Bidder’s Legal Name *[insert Bidder’s legal name]*  |
| 2. In case of Joint Venture (JV), legal name of each party: *[insert legal name of each party in JV]* |
| 3. Actual or intended Country/ies of Registration/Operation: *[insert actual or intended Country of Registration]* |
| 4. Year of Registration in its Location: *[insert Bidder’s year of registration]* |
| 5. Countries of Operation | 6. No. of staff in each Country | 7.Years of Operation in each Country |
| 8. Legal Address/es in Country/ies of Registration/Operation:*[insert Bidder’s legal address in country of registration]* |
| 9. Value and Description of Top three (3) Biggest Contract for the past five (5) years |
| 10. Latest Credit Rating (Score and Source, if any)  |
| 11. Brief description of litigation history (disputes, arbitration, claims, etc.), indicating current status and outcomes, if already resolved.  |
| 12. Bidder’s Authorized Representative Information Name: *[insert Authorized Representative’s name]*  Address: *[insert Authorized Representative’s Address]* Telephone/Fax numbers: *[insert Authorized Representative’s telephone/fax numbers]* Email Address: *[insert Authorized Representative’s email address]* |
| 13. Are you in the UNPD List 1267.1989 or UN Ineligibility List ? ☐ YES or ☐ NO |
| 14. Attached are copies of original documents of: ☐All eligibility document requirements listed in the Data Sheet☐If Joint Venture/Consortium – copy of the Memorandum of Understanding/Agreement or Letter of Intent to form a JV/Consortium, or Registration of JV/Consortium, if registered☐If case of Government corporation or Government-owned/controlled entity, documents establishing legal and financial autonomy and compliance with commercial law. |

Joint Venture Partner Information Form (if Registered)[[4]](#footnote-4)

Date: *[insert date (as day, month and year) of Bid Submission*]

ITB No.: *[insert number of bidding process]*

Page \_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_pages

|  |
| --- |
| 1. Bidder’s Legal Name: *[insert Bidder’s legal name]* |
| 2. JV’s Party legal name: *[insert JV’s Party legal name]* |
| 3. JV’s Party Country of Registration: *[insert JV’s Party country of registration]* |
| 4. Year of Registration: *[insert Party’s year of registration]* |
| 5. Countries of Operation | 6. No. of staff in each Country | 7.Years of Operation in each Country |
| 8. Legal Address/es in Country/ies of Registration/Operation: *[insert Party’s legal address in country of registration]* |
| 9. Value and Description of Top three (3) Biggest Contract for the past five (5) years |
| 10. Latest Credit Rating (if any) :Click here to enter text. |
| 1. Brief description of litigation history (disputes, arbitration, claims, etc.), indicating current status and outcomes, if already resolved. Click here to enter text.
 |
| 13. JV’s Party Authorized Representative InformationName: *[insert name of JV’s Party authorized representative]*Address: *[insert address of JV’s Party authorized representative]*Telephone/Fax numbers: *[insert telephone/fax numbers of JV’s Party authorized representative]*Email Address: *[insert email address of JV’s Party authorized representative]* |
| 14. Attached are copies of original documents of:*[check the box(es) of the attached original documents]*☐All eligibility document requirements listed in the Data Sheet☐Articles of Incorporation or Registration of firm named in 2.☐In case of government owned entity, documents establishing legal and financial autonomy and compliance with commercial law. |

Section 6: Technical Bid Form[[5]](#footnote-5)

|  |
| --- |
| ***ITB-UKR-2015-122*** ***Procurement of medicines for children with hemophilia A and B or Willebrand disease*** |
| **Name of Bidding Organization / Firm:** |  |
| **Country of Registration:**  |  |
| **Name of Contact Person for this Bid:** |  |
| **Address:** |  |
| **Phone / Fax:** |  |
| **Email:** |  |

|  |
| --- |
| **SECTION 1: EXPERTISE OF FIRM/ ORGANISATION** |
| *This section should fully explain the Bidder’s resources in terms of personnel and facilities necessary for the performance of this requirement.*1.1 Brief Description of Bidder as an Entity: Provide a brief description of the organization / firm submitting the Bid, its legal mandates/authorized business activities, the year and country of incorporation, and approximate annual budget, etc. Include reference to reputation, or any history of litigation and arbitration in which the organisation / firm has been involved that could adversely affect or impact the delivery of goods and/or performance of related services, indicating the status/result of such litigation/arbitration.1.2. Financial Capacity:Based on the latest Audited Financial Statement (Income Statement and Balance Sheet) describe the financial capacity (liquidity, stand-by credit lines, etc.) of the bidder to engage into the contract. Include any indication of credit rating, industry rating, etc.1.3. Track Record and Experiences: Provide the following information regarding corporate experience within at least the last five (5) years which are related or relevant to those required for this Contract.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of project** | **Client** | **Contract Value** | **Period of activity** | **Types of activities undertaken** | **Status or Date Completed** | **References Contact Details (Name, Phone, Email)** |
|  |  |  |  |  |  |  |
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| --- |
| **SECTION 2 - SCOPE OF SUPPLY, TECHNICAL SPECIFICATIONS, AND RELATED SERVICES** |
| *This section should demonstrate the Bidder’s responsiveness to the specification by identifying the specific components proposed, addressing the requirements, as specified, point by point; providing a detailed description of the essential performance characteristics proposed; and demonstrating how the proposed bid meets or exceeds the specifications.*2.1. Scope of Supply: Please provide a detailed description of the goods to be supplied, indicating clearly how they comply with the technical specifications required by the ITB **(please see below)**; describe how the organisation/firm will supply the goods and any related services, keeping in mind the appropriateness to local conditions and project environment. 2.1.1 Please describe the Freight Forwarder details and Arrangements. 2.1.2 Please provide the detailed Implementation Schedule. **Delivery lead time is a factor of a crucial importance in this project. Please make all possible efforts to propose supply of all requested quantities within shortest timeframe possible. In case partial delivery is proposed, please provide suggested time schedule.** *A supporting document with full details may be annexed to this section.*2.2. Technical Quality Assurance Mechanisms: The bid shall also include details of the Bidder’s internal technical and quality assurance review mechanisms, all the appropriate quality certificates, export licenses and other documents attesting to the superiority of the quality of the goods and technologies to be supplied.  2.8 Statement of Full Disclosure: This is intended to disclose any potential conflict in accordance with the definition of “conflict” under Section 4 of this document, if any.2.9 Other: Any other comments or information regarding the bid and its implementation.  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item No. | Product description | Pharmaceutical Presentation | Dosage Form | Dosage Strength | Unit of measure | Total Quantity Required100% | Supplier dataCompliance with technical specification (Y/N), indicate manufacturer name and country of origin | Shelf life | Expected delivery date (If delivered in one consignment) | Partial Quantity – 25% of total | Available at stock(Y/N)Expected delivery date | Partial Quantity – 75% of total | Expected delivery date |
| **Treatment for children with hemophilia A and B** |
| 1 | Coagulation factor VIII (recombinant) | vials | Powder and solvent for solution for injection | 250 IU | IU | 627,000 |  |  |  | 156,750 |  | 470,250 |  |
| 2 | Coagulation factor VIII (recombinant) | vials | Powder and solvent for solution for injection | 500 IU | IU | 2,785,500 |  |  |  | 696,375 |  | 2,089,125 |   |
| 3 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 250 IU | IU | 1,196,250 |  |  |  | 299,062 |  | 897,188 |   |
| 4 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 500 IU | IU | 13,231,000  |  |  |  | 3,307,750 |  | 9,923,250 |   |
| 5 | Human coagulation factor IX | vials | Powder and solvent for solution for injection | 500 and/or 600 IU | IU | 3,679,000 |  |  |  | 919,750 |  | 2,759,250 |   |
| **Treatment for children with Willebrand disease, 2nd type** |
| 6 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 500 IU | IU | 1,944,000  |  |  |  | 486,000  |  | 1,458,000  |  |
| 7 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 1000 IU | IU | 860,000  |  |  |  | 215,000  |  | 645,000  |  |
| **Treatment for children with Willebrand disease, 3rd type** |
| 8 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 500 IU | IU | 730,000 |  |  |  | 182,500 |  | 547,500 |  |
| 9 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 1000 IU | IU | 400,000 |  |  |  | 100,000 |  | 300,000 |  |
| **Treatment for children with inhibitory hemophilia A or B** |
| 10 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 1000 IU | IU | 2,454,000  |  |  |  | 613,500  |  | 1,840,500  |  |
| 11 | Eptacog alfa activated (recombinant factor VIIa) | vials | Powder and solvent for solution for injection | 2 mg (100 KIU or 100,000 IU) | IU | 16,300,000  |  |  |  | 4,075,000  |  | 12,225,000  |  |
| 12 | Eptacog alfa activated (recombinant factor VIIa) | vials | Powder and solvent for solution for injection | 5 mg (250 KIU or 250,000 IU) | IU | 10,500,000  |  |  |  | 2,500,000  |  | 8,000,000  |  |
| 13 | Anti-inhibitor coagulant complex | vials | Powder and solvent for solution for injection | 500 IU | IU | 545,000  |  |  |  | 136,250  |  | 408,750  |  |
| 14 | Anti-inhibitor coagulant complex | vials | Powder and solvent for solution for injection | 1000 IU | IU | 899,000  |  |  |  | 224,750  |  | 674,250  |  |
| 15 | Desmopressin | ampule, vials, syringe | Injection  | 15μg, 1ml | ml | 1,180  |  |  |  | 295  |  | 885  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3: PERSONNEL**3.1 Management Structure: Describe the overall management approach toward planning and implementing the contract. Include an organization chart for the management of the contract, if awarded.3.2 Staff Time Allocation: Provide a spreadsheet will be included to show the activities of each personnel involved in the implementation of the contract. Where the expertise of the personnel is critical to the success of the contract, UNDP will not allow substitution of personnel whose qualifications had been reviewed and accepted during the bid evaluation. (If substitution of such a personnel is unavoidable, substitution or replacement will be subject to the approval of UNDP. No increase in costs will be considered as a result of any substitution).3.3 Qualifications of Key Personnel. Provide the CVs for key personnel (Team Leader) that will be provided to support the implementation of this project. CVs should demonstrate qualifications in area of expertise relevant to the Contract. Please use the format below:

|  |  |
| --- | --- |
| **Name:** |  |
| **Role in Contract Implementation:** |  |
| **Nationality:**  |  |
| **Contact information:** |  |
| **Countries of Relevant Work Experience:** |  |
| **Language Skills:** |  |
| **Education and other Qualifications:** |  |
| **Summary of Experience:** *Highlight experience in the region and on similar projects.* |
| Relevant Experience (From most recent): |
| **Period: From – To** | **Name of activity/ Project/ funding organization, if applicable:** | **Job Title and Activities undertaken/Description of actual role performed:** |
| *e.g. June 2010-January 2011* |  |  |
| *Etc.* |  |  |
| *Etc.*  |  |  |
| **References (minimum of 3):** | *Name**Designation**Organization**Contact Information – Address; Phone; Email; etc.* |
| **Declaration:**I confirm my intention to serve in the stated position and present availability to serve for the term of the proposed contract. I also understand that any willful misstatement described above may lead to my disqualification, before or during my engagement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the Nominated Team Leader/Member Date Signed |
|  |

 |

Section 7: Price Schedule Form[[6]](#footnote-6)

The Bidder is required to prepare the Price Schedule as indicated in the Instruction to Bidders.

The Price Schedule must provide a detailed cost breakdown of all goods and related services to be provided, from unit price to lot prices. Separate figures must be provided for each functional grouping or category, if any.

**Cost Breakdown by Cost Component:**

The Bidders are requested to provide the cost breakdown for the above given prices for each deliverable based on the following format. UNDP shall use the cost breakdown for the price reasonability assessment purposes as well as the calculation of price in the event that both parties have agreed for additional set of goods and/or related services.

**The bidders should quote prices for each product and in a separate column freight costs.**

**All items must be quoted in USD or UAH on DAP Kyiv basis. Bid currency should be clearly indicated.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item No. | Product description | Pharm-cal Presentation | Dosage Form | Dosage Strength | Unit of measure | Total Quantity Required100% | Unit price exclude. VAT | Freight Ins | Total Amount for 100%, exclude VAT | Partial Quantity – 25% of total | Unit price exclude. VAT | Freight Ins | Total Amount for 25%, exclude VAT | Partial Quantity – 75% of total | Unit price exclude. VAT | Freight Ins | Total Amount for 75%, exclude VAT |
|  | **Treatment for children with hemophilia A and B** |
| 1 | Coagulation factor VIII (recombinant) | vials | Powder and solvent for solution for injection | 250 IU | IU | 627,000 |  |  |  | 156,750 |  |  |  | 470,250 |  |  |  |
| 2 | Coagulation factor VIII (recombinant) | vials | Powder and solvent for solution for injection | 500 IU | IU | 2,785,500 |  |  |  | 696,375 |  |  |  | 2,089,125 |   |  |   |
| 3 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 250 IU | IU | 1,196,250 |  |  |  | 299,062 |  |  |  | 897,188 |   |  |   |
| 4 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 500 IU | IU | 13,231,000  |  |  |  | 3,307,750 |  |  |  | 9,923,250 |   |  |   |
| 5 | Human coagulation factor IX | vials | Powder and solvent for solution for injection | 500 and/or 600 IU | IU | 3,679,000 |  |  |  | 919,750 |  |  |  | 2,759,250 |   |  |   |
|  | **Treatment for children with Willebrand disease, 2nd type** |
| 6 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 500 IU | IU | 2,674,000  |  |  |  | 668,500  |  |  |  | 2,005,500  |  |  |  |
| 7 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 1000 IU | IU | 1,260,000  |  |  |  | 315,000  |  |  |  | 945,000  |  |  |  |
| **Treatment for children with Willebrand disease, 3rd type** |
| 8 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 500 IU | IU | 730,000 |  |  |  | 182,500 |  |  |  | 547,500 |  |  |  |
| 9 | Human coagulation factor VIII and human von Willebrand factor | vials | Powder and solvent for solution for injection | 1000 IU | IU | 400,000 |  |  |  | 100,000 |  |  |  | 300,000 |  |  |  |
| **Treatment for children with inhibitory hemophilia A or B** |
| 10 | Human coagulation factor VIII (plasma) | vials | Powder and solvent for solution for injection | 1000 IU | IU | 2,454,000  |  |  |  | 613,500  |  |  |  | 1,840,500  |  |  |  |
| 11 | Eptacog alfa activated (recombinant factor VIIa) | vials | Powder and solvent for solution for injection | 2 mg (100 KIU or 100,000 IU) | IU | 16,300,000  |  |  |  | 4,075,000  |  |  |  | 12,225,000  |  |  |  |
| 12 | Eptacog alfa activated (recombinant factor VIIa) | vials | Powder and solvent for solution for injection | 5 mg (250 KIU or 250,000 IU) | IU | 10,500,000  |  |  |  | 2,500,000  |  |  |  | 8,000,000  |  |  |  |
| 13 | Anti-inhibitor coagulant complex | vials | Powder and solvent for solution for injection | 500 IU | IU | 545,000  |  |  |  | 136,250  |  |  |  | 408,750  |  |  |  |
| 14 | Anti-inhibitor coagulant complex | vials | Powder and solvent for solution for injection | 1000 IU | IU | 899,000  |  |  |  | 224,750  |  |  |  | 674,250  |  |  |  |
| 15 | Desmopressin | ampule, vials, syringe | Injection  | 15μg, 1ml | ml | 1,180  |  |  |  | 295  |  |  |  | 885 |  |  |  |
|  |  | Volume discounts if awarded more than item (if any) |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Total |  |  |  |  |  |  |  |  |  |  |  |

Section 8: FORM FOR PERFORMANCE SECURITY

*(This must be finalized using the official letterhead of the Issuing Bank. Except for indicated fields, no changes may be made in this template.)*

To: UNDP

 *[Insert contact information as provided in Data Sheet]*

WHEREAS [*name and address of Contractor*] (hereinafter called “the Contractor”) has undertaken, in pursuance of Contract No. ……………. dated ………. , to deliver the goods and execute related services …………….. (hereinafter called “the Contract”):

AND WHEREAS it has been stipulated by you in the said Contract that the Contractor shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with his obligations in accordance with the Contract:

AND WHEREAS we have agreed to give the Contractor such a Bank Guarantee:

NOW THEREFORE we hereby affirm that we are the Guarantor and responsible to you, on behalf of the Contractor, up to a total of [*amount of guarantee*] [*in words and numbers*], such sum being payable in the types and proportions of currencies in which the Contract Price is payable, and we undertake to pay you, upon your first written demand and without cavil or argument, any sum or sums within the limits of *[amount of guarantee as aforesaid*] without your needing to prove or to show grounds or reasons for your demand for the sum specified therein.

This guarantee shall be valid until a date 30 days from the date of issue by UNDP of a certificate of satisfactory performance and full completion of services by the Contractor.

### SIGNATURE AND SEAL OF THE GUARANTOR BANK

Date ......................................................................................................................

Name of Bank .........................................................................................................

Address .................................................................................................................

1. EDRPOU stands for a Unified State Register of Enterprises and Organizations of Ukraine. [↑](#footnote-ref-1)
2. *No deletion or modification may be made in this form. Any such deletion or modification may lead to the rejection of the Bid.* [↑](#footnote-ref-2)
3. *The Bidder shall fill in this Form in accordance with the instructions. Apart from providing additional information, no alterations to its format shall be permitted and no substitutions shall be accepted.* [↑](#footnote-ref-3)
4. *The Bidder shall fill in this Form in accordance with the instructions. Apart from providing additional information, no alterations to its format shall be permitted and no substitutions shall be accepted.* [↑](#footnote-ref-4)
5. *Technical Bids not submitted in this format may be rejected.*  [↑](#footnote-ref-5)
6. *No deletion or modification may be made in this form. Any such deletion or modification may lead to the rejection of the Bid.* [↑](#footnote-ref-6)