**Annex 2 / QUOTATION SUBMISSION FORM**

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

**Requirements**

|  |
| --- |
| **Currency of the Quotation:**  **INCOTERMS:**  |
| **Item No** | **Description** | **UOM**  | **Qty** | **Unit price** | **Total price** |
| 1. | Click or tap here to enter text. |  |  |  |  |
| 2. | Click or tap here to enter text. |  |  |  |  |
| 3. | Click or tap here to enter text. |  |  |  |  |
| 4. | Click or tap here to enter text. |  |  |  |  |
| 5. | Click or tap here to enter text. |  |  |  |  |
| 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**](#_bookmark0)

|  |  |
| --- | --- |
| **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. |

1 If company if 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** |
| 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\* | * Direct Producer/Manufacturing/

 ☐ Reseller/Distributor/Service Provider  |
| Are you a UNGM registered vendor?  | * Yes ☐ No

If yes, insert UNGM Vendor Number |
| Do you provide services/goods internationally? | * Yes ☐ No
* If yes, 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\* | * Yes ☐ No
 |
| Women-owned/controlled\* | * Yes ☐ 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. |