## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER – GOODS – LOT 2**

*Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | **RfQ21/02366 Procurement of forensic laboratory equipment for Law Enforcement Project** | Date: Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currency of the Quotation: USD, VAT 0%**  **INCOTERMS: DAP** | | | | | |
| **Item No** | **Description** | **UOM** | **Qty** | **Unit price** | **Total price** |
| 1. | Raman spectrometer | Pc. | 1 |  |  |
| Total Price | | | | |  |
| Transportation Price | | | | |  |
| Insurance Price | | | | |  |
| Installation Price (Chisinau, Republic of Moldova) | | | | |  |
| Training Price for 3 persons (at beneficiary’s site: Chisinau, Republic of Moldova)  *Training related consumables to be covered by the supplier* | | | | | *Please indicate the cost* |
| Other Charges (specify) | | | | |  |
| **Total Final and All-inclusive Price** | | | | |  |

**Compliance with Requirements – LOT 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **You Responses** | | |
| **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, pls. indicate counter - offer** |
| Maximum delivery period not to exceed 90 calendar days from the Contract signature |  |  | Click or tap here to enter text. |
| Validity of Quotation 90 calendar days |  |  | Click or tap here to enter text. |
| Warranty period |  |  | Click or tap here to enter text. |
| Authorized Service Center in the Republic of Moldova or neighbouring countries |  |  | Click or tap here to enter text. |
| All Provisions of the UNDP General Terms and Conditions |  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. | |
| *Exact name and address of company*  Company NameClick or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.  Phone No.: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | Authorized Signature:  Date: Click or tap here to enter text.  Name: Click or tap here to enter text.  Functional Title of Authorised  Signatory: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |