

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THEN 2.00PM	FOCAL PERSON
KK/147/2025/UPP	SUPPLY, DLEIVERY, INSTALLATION, TESTING AND COMMISSIONING TWO (2) OPHTHALMIC ULTRASOUND SYSTEM FOR EYE DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL	-	Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital	\$30.00	1 st July 2025	Dr. Joshua George Consultant Ophthalmologist Eye Clinic Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital Ministry of Health Negara Brunei Darussalam

TENDER REF. NO.: KK/147/2025/UPP

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DLEIVERY, INSTALLATION, TESTING AND
COMMISSIONING TWO (2) OPHTHALMIC ULTRASOUND
SYSTEM FOR EYE DEPARTMENT, RAJA ISTERI
PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 01ST JULY 2025

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/147/2025/UPP

INVITATION TO TENDER
SUPPLY, DLEIVERY, INSTALLATION, TESTING AND COMMISSIONING TWO (2) OPHTHALMIC
ULTRASOUND SYSTEM FOR EYE DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA
(RIPAS) HOSPITAL

	SCOPE OF WORK
1	Supply of TWO (2) <u>units</u> of Ophthalmic Ultrasound System for Eye Department, RIPAS Hospital

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
1	TWO (2) UNITS OF OPHTHALMIC ULTRASOUND SYSTEM
1.1	Advanced ophthalmic ultrasound system capable to deliver unparalleled image quality and versatile diagnostic capabilities
1.2	Enables real-time, slow-motion, and frame-by-frame video replay
1.3	Allows superimposition of A-scan traces, linear and angle measurements, and annotations on B-scan and UBM images
1.4	Imaging Modes:
1.4.1	A-Scan Biometry
1.4.1.1	For both immersion and direct contact modes for precise axial length measurements
1.4.1.2	Transducer Frequency: 10 MHz
1.4.1.3	Configurable zone tissues velocities
1.4.1.4	On-board calibration
1.4.1.6	Measurement:
1.4.1.6.1	▪ Axial length
1.4.1.6.2	▪ Anterior chamber depth
1.4.1.6.3	▪ Lens Thickness

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
1.4.1.6.4	<ul style="list-style-type: none"> Vitreous Calculations
1.4.1.7	Standard IOL Formulas:
1.4.1.7.1	<ul style="list-style-type: none"> Binkhorst
1.4.1.7.2	<ul style="list-style-type: none"> Regression-II
1.4.1.7.3	<ul style="list-style-type: none"> Theoretic/T
1.4.1.7.4	<ul style="list-style-type: none"> Holladay
1.4.1.7.5	<ul style="list-style-type: none"> Hoffer-Q
1.4.1.7.6	<ul style="list-style-type: none"> Haigis
1.4.1.8	Post-refractive IOL Formulas:
1.4.1.8.1	<ul style="list-style-type: none"> Latkany Myopic Regression
1.4.1.8.2	<ul style="list-style-type: none"> Latkany Hyperopic
1.4.1.8.3	<ul style="list-style-type: none"> Aramberri Double-K
1.4.2	B-Scan Ultrasound
1.4.2.1	For detailed posterior segment imaging
1.4.2.2	Transducer frequency: 12 MHz
1.4.2.3	Equipped with multiple preset scan modes optimized for various areas of interest, such as orbit, vitreous body, retina surface, and deep retina/choroid
1.4.2.4	Eye tracking feature for alignment of sulcus-to-sulcus measurement
1.4.2.5	Measurement:
1.4.2.5.1	<ul style="list-style-type: none"> Unlimited measurements using linear caliper
1.4.2.5.2	<ul style="list-style-type: none"> Angle measurement tool
1.4.3	Ultrasound Biomicroscopy (UBM)

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
1.4.3.1	For high-resolution anterior segment imaging
1.4.3.2	Equipped with multiple preset scan modes optimized for sulcus-to-sulcus, angle detail, motion picture and high resolution
1.4.3.3	Transducer frequency: 35 MHz
1.4.3.4	Angle analysis for quantitative assessment of angle
1.5	Operating system specification
1.5.1	PC Processor: High-speed processor (i5 or better)
1.5.2	PC RAM: At least 8GB RAM Memory or better
1.5.3	PC SATA Hard Drive: At least 500GB or better
1.5.4	PC SSD: At least 500GB SSD (For operating system and integrated software system)
1.5.5	Operating system: Genuine Windows 10 pro 64 bit or better
1.5.6	Other Peripherals: Keyboard and Mouse (Wired or Wireless)
1.5.7	Other Peripherals: One (1) unit of Colour Laserjet or Deskjet Printer
1.5.8	Other Peripherals: One (1) unit of Monitor
1.6	The system shall be DICOM-compliant and ready for integration to HIS/PACS
1.7	Network/Ethernet/HL7 communication available and activated
1.8	Inclusive of stainless steel equipment trolley with integrated guard rail, designed to store and transport the complete set of equipment. The trolley shall include the following components: <ul style="list-style-type: none"> ▪ Monitor stand with slide-out keyboard drawer Stainless steel enclosure for extension cable storage, complete with accessories for efficient cable management
1.9	Inclusive of all the necessary accessories/consumables for the system to be fully operational.
2	END-USER TRAINING
2.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.
3	TECHNICAL TRAINING
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)
4	WARRANTY
4.1	Tenderer to include warranty period of at least two (2) years
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: BND\$	TOTAL PRICE: BND\$

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION	
BRAND:	MODEL:
COUNTRY OF ORIGIN:	YEAR INTRODUCED TO MARKET:
WARRANTY PERIOD:	LAST COUNTRY SOLD TO:
PRICE VALIDITY: [AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]	DELIVERY TIME:

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION
BRAND:
COUNTRY OF ORIGIN:
WARRANTY PERIOD:
YEAR INTRODUCED TO MARKET:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)
DETAILED BROCHURE INCLUDED
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
BATTERY:
POWER ADAPTER/CHARGER OUTPUT RATING:
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified
DIMENSIONS AND WEIGHT OF MAIN UNIT:
EQUIPMENT WHOLE LIFE TIME SUPPORT:

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER.
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER.
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).
5	Brochures / catalogues should be submitted / attached with tender document.
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/147/2025/UPP

**INVITATION TO TENDER
SUPPLY, DLEIVERY, INSTALLATION, TESTING AND COMMISSIONING TWO (2) OPHTHALMIC
ULTRASOUND SYSTEM FOR EYE DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA
(RIPAS) HOSPITAL**

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

SCOPE OF WORK			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1. Supply of TWO (2) units of Ophthalmic Ultrasound System for Eye Department, RIPAS Hospital			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	TWO (2) UNITS OF OPHTHALMIC ULTRASOUND SYSTEM			
1.1	Advanced ophthalmic ultrasound system capable to deliver unparalleled image quality and versatile diagnostic capabilities			
1.2	Enables real-time, slow-motion, and frame-by-frame video replay			
1.3	Allows superimposition of A-scan traces, linear and angle measurements, and annotations on B-scan and UBM images			
1.4	Imaging Modes:			
1.4.1	A-Scan Biometry			
1.4.1.1	For both immersion and direct contact modes for precise axial length measurements			
1.4.1.2	Transducer Frequency: 10 MHz			
1.4.1.3	Configurable zone tissues velocities			
1.4.1.4	On-board calibration			
1.4.1.6	Measurement:			
1.4.1.6.1	▪ Axial length			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.4.1.6.2	▪ Anterior chamber depth			
1.4.1.6.3	▪ Lens Thickness			
1.4.1.6.4	▪ Vitreous Calculations			
1.4.1.7	Standard IOL Formulas:			
1.4.1.7.1	Binkhorst			
1.4.1.7.2	Regression-II			
1.4.1.7.3	▪ Theoretic/T			
1.4.1.7.4	▪ Holladay			
1.4.1.7.5	▪ Hoffer-Q			
1.4.1.7.6	▪ Haigis			
1.4.1.8	Post-refractive IOL Formulas:			
1.4.1.8.1	▪ Latkany Myopic Regression			
1.4.1.8.2	▪ Latkany Hyperopic			
1.4.1.8.3	▪ Aramberri Double-K			
1.4.2	B-Scan Ultrasound			
1.4.2.1	For detailed posterior segment imaging			
1.4.2.2	Transducer frequency: 12 MHz			
1.4.2.3	Equipped with multiple preset scan modes optimized for various areas of interest, such as orbit, vitreous body, retina surface, and deep retina/choroid			
1.4.2.4	Eye tracking feature for alignment of sulcus-to-sulcus measurement			
1.4.2.5	Measurement:			
1.4.2.5.1	▪ Unlimited measurements using linear caliper			
1.4.2.5.2	▪ Angle measurement tool			
1.4.3	Ultrasound Biomicroscopy (UBM)			
1.4.3.1	For high-resolution anterior segment imaging			
1.4.3.2	Equipped with multiple preset scan modes optimized for sulcus-to-sulcus, angle detail, motion picture and high resolution			
1.4.3.3	Transducer frequency: 35 MHz			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.4.3.4	Angle analysis for quantitative assessment of angle			
1.5	Operating system specification			
1.5.1	PC Processor: High-speed processor (i5 or better)			
1.5.2	PC RAM: At least 8GB RAM Memory or better			
1.5.3	PC SATA Hard Drive: At least 500GB or better			
1.5.4	PC SSD: At least 500GB SSD (For operating system and integrated software system)			
1.5.5	Operating system: Genuine Windows 10 pro 64 bit or better			
1.5.6	Other Peripherals: Keyboard and Mouse (Wired or Wireless)			
1.5.7	Other Peripherals: One (1) unit of Colour Laserjet or Deskjet Printer			
1.5.8	Other Peripherals: One (1) unit of Monitor			
1.6	The system shall be DICOM-compliant and ready for integration to HIS/PACS			
1.7	Network/Ethernet/HL7 communication available and activated			
1.8	Inclusive of stainless steel equipment trolley with integrated guard rail, designed to store and transport the complete set of equipment. The trolley shall include the following components: <ul style="list-style-type: none"> Monitor stand with slide-out keyboard drawer Stainless steel enclosure for extension cable storage, complete with accessories for efficient cable management			
1.9	Inclusive of all the necessary accessories/consumables for the system to be fully operational.			
2	END-USER TRAINING			
2.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> Basic user operation, user troubleshooting and user maintenance Provide Operating manual (Hardcopy and/or Softcopy)			
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
3	TECHNICAL TRAINING			
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> Troubleshooting and basic corrective 			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
	maintenance <ul style="list-style-type: none"> ▪ Handling and basic inspection maintenance *(Two sessions/groups if required) 			
4	WARRANTY			
4.1	Tenderer to include warranty period of at least two (2) years			
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period). 			

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: BND\$	TOTAL PRICE: BND\$

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]		DELIVERY TIME:	

AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR				
		PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR		COMPANY NAME:	
				COMPANY ORIGIN:	
DETAILED BROCHURE INCLUDED		YES		NO	<input checked="" type="checkbox"/> or specify where appropriate
USER AND SERVICE MANUALS:		YES		NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)
MAINS POWER SUPPLY:		220V-240V		OTHERS:	
		50-60HZ		OTHERS:	
BATTERY:		RECHARGEABLE			SINGLE-USE
		OTHERS:			
	TYPE OF BATTERY:				
	RATING:				
POWER ADAPTER/CHARGER OUTPUT RATING:					
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)					<input checked="" type="checkbox"/> Tick where appropriate <input type="checkbox"/> US FDA Standard <input type="checkbox"/> European Union CE MARK <input type="checkbox"/> Australian TGA Standard <input type="checkbox"/> Canadian CSA Standard or <input type="checkbox"/> Japanese JIS Standard Others (Please specify): _____
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL			<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product	
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:		
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch		<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> Pound (lbs)	
EQUIPMENT WHOLE LIFE TIME SUPPORT:	The supplier shall ensure that spare parts for the equipment are available for a minimum of 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No. of years: _____ (Please specify)				

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER.	
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER.	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, 2025.

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp