TENDER REFERENCE NO.: KK/207/2025/UPP

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ULTRASOUND FOR OBSTETRICS AND GYNAECOLOGY DEPARTMENT, WOMEN AND CHILD CENTRE, RAJAI SRERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL

TENDER FEES : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 19th August 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/207/2025/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ULTRASOUND FOR OBSTETRICS AND GYNAECOLOGY DEPARTMENT, WOMEN AND CHILD CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL

DELIVERY PERIOD	**NOT MORE THAN 90 DAYS UPON CONFIRMATION**

NO.	SCOPE OF WORK
1	**Supply of FOUR (4) units of Ultrasound for Obstetrics and Gynaecology (O&G), Women and Child Centre (WCC), RIPAS Hospital**

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
1	**FOUR (4) UNITS OF ULTRASOUND**
1.1	Designed to support efficient and accurate diagnostic imaging in high-volume clinical setting
1.2	**Clinical Applications**: Obstetrics, gynaecology, abdominal, small parts, and vascular studies
1.3	Provides semi-automated and automated imaging tools, standardized reporting features, and intuitive workflows to optimize clinical efficiency and minimize operator variability
1.4	Compact and lightweight design for ease of mobility within clinical environments
1.5	Mounted on wheels with lockable casters
1.6	Comes with front and rear handles
1.7	**Multiple transducer ports:** At least three active probe ports or better
1.8	**Image display:** At least 17" of high-resolution monitor mounted on a fully articulating arm, enabling tilt and rotation
1.9	**User interface:** Backlit keyboard and Customizable presets
1.10	**Scan modes with software ready and activated:**
1.10.1	▪ Brightness Mode, B-Mode (2D)
1.10.2	▪ Conventional Motion-mode (M-Mode)
1.10.3	▪ Anatomical M-mode
1.10.4	▪ Volume Mode (3D Static / Real-time 4D)
1.10.5	▪ Pulsed Wave Doppler

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
1.10.6	▪ Continuous wave doppler imaging
1.10.7	▪ Color Flow Doppler mode
1.10.8	▪ Power doppler mode
1.11	**Imaging features**
1.11.1	Real-time fetal biometric measurement tools
1.11.2	Fetal growth and age estimation
1.11.3	Auto NT, CRL, BPD, FL, AC, HC measurements
1.11.4	Uterine and ovarian structure assessment
1.11.5	Uterine artery and fetal Doppler capabilities
1.11.6	Image optimization tools: speckle reduction, dynamic range control, tissue harmonic imaging
1.12	The system should have latest software version with Windows 10 operating system or later
1.13	**Integrated Digital storage hard drive size**: At least 450 GB storage capacity for image and data archiving
1.14	**Automated image optimization features** to enhance image quality with minimal user adjustment
1.15	Comes with an integrated thermal printer for image and report printing
1.16	Integrated reporting tools for streamlined documentation
1.17	Comes with 4 integrated probe holders or better
1.18	Comes with on-board storage for peripherals
1.19	Integrated cable management
1.20	The system should have battery support and be capable of scanning on battery power for a minimum of 20 minutes
1.21	Comes with integrated Black and White Printers for image and report printing
1.22	**Connectivity**
1.22.1	Full DICOM 3.0 compliance, **ready and activated** for integration with hospital information systems (HIS), picture archiving and communication systems (PACS)
1.22.2	USB Ports
1.22.3	System must have wireless connectivity and ethernet RJ45 for remote data access and sharing
2	**ACCESSORIES TO BE SUPPLIED WITH EVERY UNIT**
2.1	**One (1) unit Wide Band Convex Probe**

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
2.1.1	Applications: Abdomen, Obstetrics. Gynaecology
2.1.2	Frequency range: Minimum: Not more than 2 MHz Maximum: At least 5 MHz
2.1.3	Maximum Penetration Depth: 42 cm or better
2.2	**One (1) unit Wide Band Micro-Convex Probe**
2.2.1	Applications: Obstetrics. Gynaecology, Transvaginal
2.2.2	Frequency range: Minimum: Not more than 2.9 MHz Maximum: At least 9.5 MHz
2.2.3	Maximum Penetration Depth: 16 cm or better
2.3	**One (1) unit Wide Band Convex Volume Probe (3D/4D)**
2.3.1	Applications: Abdomen, Obstetrics. Gynaecology
2.3.2	Frequency range: Minimum: Not more than 2 MHz Maximum: At least 5 MHz
2.3.3	Maximum Penetration Depth: 30 cm or better
2.4	**One (1) unit Ultrasound Gel Warmer**
2.4.1	To rapidly warm ultrasound gel to body temperature
2.4.2	Suitable for continuous operation
2.4.3	Suitable for a single bottle of not less than 8 oz
2.4.4	Capable to maintain constant temperature
2.4.5	With heat indicator lamp
2.4.6	Comes with overheat protection
3	**END-USER TRAINING**
3.1	Conduct **user training** to the all-end users by an application specialist or competent local engineer including but not limited to: ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**
4	**TECHNICAL TRAINING**
4.1	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: ▪ Troubleshooting and basic corrective maintenance

NO.	SECTION 1 – EQUIPMENT SPECIFICATION
	▪ Handling and basic inspection maintenance *(Two sessions/groups if required)
5	**WARRANTY**
5.1	Tenderer to include warranty period of **at least two (2) years**
5.2	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: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

SECTION 2 – PRICE PROPOSAL
PURCHASE PRICE

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 ONE (1) YEAR PRICE VALIDTY]**	**DELIVERY TIME:**

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION
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:
INTERNATIONAL SAFETY STANDARD: Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)
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 extend 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.

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 **MAY** 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 shall 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/207/2025/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ULTRASOUND FOR OBSTETRICS AND GYNAECOLOGY DEPARTMENT, WOMEN AND CHILD CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL

TENDER OF *(name of tenderer)* *:* _____

Company/Business Registration No. : _____

Tender Closing Date : _____

	SCOPE OF WORK			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1	**Supply of FOUR (4) units of Ultrasound for Obstetrics and Gynaecology (O&G), Women and Child Centre (WCC), RIPAS Hospital**			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1	**FOUR (4) UNITS OF ULTRASOUND**			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1.1	Designed to support efficient and accurate diagnostic imaging in high-volume clinical setting			
1.2	**Clinical Applications**: Obstetrics, gynaecology, abdominal, small parts, and vascular studies			
1.3	Provides semi-automated and automated imaging tools, standardized reporting features, and intuitive workflows to optimize clinical efficiency and minimize operator variability			
1.4	Compact and lightweight design for ease of mobility within clinical environments			
1.5	Mounted on wheels with lockable casters			
1.6	Comes with front and rear handles			
1.7	**Multiple transducer ports:** At least three active probe ports or better			
1.8	**Image display:** At least 17" of high-resolution monitor mounted on a fully articulating arm, enabling tilt and rotation			
1.9	**User interface:** Backlit keyboard and Customizable presets			
1.10	**Scan modes with software ready and activated:**			
1.10.1	▪ Brightness Mode, B-Mode (2D)			
1.10.2	▪ Conventional Motion-mode (M-Mode)			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1.10.3	▪ Anatomical M-mode			
1.10.4	▪ Volume Mode (3D Static / Real-time 4D)			
1.10.5	▪ Pulsed Wave Doppler			
1.10.6	▪ Continuous wave doppler imaging			
1.10.7	▪ Color Flow Doppler mode			
1.10.8	▪ Power doppler mode			
1.11	**Imaging features**			
1.11.1	Real-time fetal biometric measurement tools			
1.11.2	Fetal growth and age estimation			
1.11.3	Auto NT, CRL, BPD, FL, AC, HC measurements			
1.11.4	Uterine and ovarian structure assessment			
1.11.5	Uterine artery and fetal Doppler capabilities			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1.11.6	Image optimization tools: speckle reduction, dynamic range control, tissue harmonic imaging			
1.12	The system should have latest software version with Windows 10 operating system or later			
1.13	**Integrated Digital storage hard drive size**: At least 450 GB storage capacity for image and data archiving			
1.14	**Automated image optimization features** to enhance image quality with minimal user adjustment			
1.15	Comes with an integrated thermal printer for image and report printing			
1.16	Integrated reporting tools for streamlined documentation			
1.17	Comes with 4 integrated probe holders or better			
1.18	Comes with on-board storage for peripherals			
1.19	Integrated cable management			
1.20	The system should have battery support and be capable of scanning on battery power for a minimum of 20 minutes			
1.21	Comes with integrated Black and White Printers for image and report printing			
1.22	**Connectivity**			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
1.22.1	Full DICOM 3.0 compliance, **ready and activated** for integration with hospital information systems (HIS), picture archiving and communication systems (PACS)			
1.22.2	USB Ports			
1.22.3	System must have wireless connectivity and ethernet RJ45 for remote data access and sharing			
2	**ACCESSORIES TO BE SUPPLIED WITH EVERY UNIT**			
2.1	**One (1) unit Wide Band Convex Probe**			
2.1.1	Applications: Abdomen, Obstetrics. Gynaecology			
2.1.2	Frequency range: Minimum: Not more than 2 MHz Maximum: At least 5 MHz			
2.1.3	Maximum Penetration Depth: 42 cm or better			
2.2	**One (1) unit Wide Band Micro-Convex Probe**			
2.2.1	Applications: Obstetrics. Gynaecology, Transvaginal			
2.2.2	Frequency range: Minimum: Not more than 2.9 MHz Maximum: At least 9.5 MHz			
2.2.3	Maximum Penetration Depth: 16 cm or better			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
2.3	**One (1) unit Wide Band Convex Volume Probe (3D/4D)**			
2.3.1	Applications: Abdomen, Obstetrics. Gynaecology			
2.3.2	Frequency range: Minimum: Not more than 2 MHz Maximum: At least 5 MHz			
2.3.3	Maximum Penetration Depth: 30 cm or better			
2.4	**One (1) unit Ultrasound Gel Warmer**			
2.4.1	To rapidly warm ultrasound gel to body temperature			
2.4.2	Suitable for continuous operation			
2.4.3	Suitable for a single bottle of not less than 8 oz			
2.4.4	Capable to maintain constant temperature			
2.4.5	With heat indicator lamp			
2.4.6	Comes with overheat protection			
3	**END-USER TRAINING**			

	SECTION 1 – EQUIPMENT SPECIFICATION			
	Please ☑ Tick where appropriate	**YES**	**NO**	**Remarks**
3.1	Conduct **user training** to the all-end users by an application specialist or competent local engineer including but not limited to: ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)			
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			
4	**TECHNICAL TRAINING**			
4.1	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)			
5	**WARRANTY**			
5.1	Tenderer to include warranty period of **at least two (2) years**			
5.2	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: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).			

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	**PER UNIT**	**BND$**
	TOTAL	**BND$**

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 - PROCUREMENT AND TECHNICAL SPECIFICATION								
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)		APPOINTED BRUNEI DISTRIBUTOR						
		PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR			COMPANY NAME:			
					COMPANY ORIGIN:			
DETAILED BROCHURE INCLUDED		**YES**		**NO**	**□ 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**		**REPLACEABLE**		
		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)		**□ Tick where appropriate** □ US FDA Standard, □ European Union CE MARK, □ Australian TGA Standard □ Canadian CSA Standard or □ Japanese JIS Standard. Others (Please specify): _____						
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	**LOCAL**	□ **Trained / Certified** □ **Not yet trained on the product**						
	OVERSEA (SPECIFY LOCATION)	NEAREST LOCATION:						
DIMENSIONS AND WEIGHT OF MAIN UNIT:								
EQUIPMENT WHOLE LIFE TIME SUPPORT:	**The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 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 extend 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 **MAY** 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 shall 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	**(Yes / No)** (If No, please specify)
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 no 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_____, _____

Tenderer's official stamp

_____

Signature of authorised officer of Tenderer
Name:
Designation: