

TENDER REFERENCE NO.: KK/45/2026/UPP(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY INSTALLATION, TESTING AND
COMMISSIONING OF OPHTHALMIC LASER
PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY
DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA
(RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : 28th April 2026

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

SPECIFICATION

TENDER REFERENCE NO.: KK/45/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC
LASER PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS
HOSPITAL**

SCOPE OF WORK	
1. Supply of <u>2 units</u> of Ophthalmic Laser Photocoagulation system in Ophthalmology Department, RIPAS HOSPITAL as per following distribution: <ul style="list-style-type: none">- 1 unit for Operating Theatre- 1 unit for Eye clinic	

SECTION 1 – USER REQUIREMENTS	
1	Ophthalmic Laser Delivery System
1.1	The system shall be an ophthalmic laser photocoagulation unit intended for retinal and glaucoma procedure. The system shall support multiple delivery modalities, including indirect ophthalmoscope (LIO), slit-lamp adapter, and handheld / transscleral probes , to perform various ophthalmic laser treatments such as Retinal Photocoagulation, Transscleral retinal photocoagulation, and cyclophotocoagulation.
1.2	The system shall be suitable for both adult and neonatal (ROP) applications
1.3	Configuration: Tabletop
1.4	LASER SOURCE AND OPTICAL CHARACTERISTICS
1.4.1	Type: Semiconductor diode infrared laser
1.4.2	Nominal wavelength shall be 810 nm (infrared) or equivalent for retinal and glaucoma applications
1.4.3	Maximum continuous output power: not less than 2000 mW
1.4.4	Laser emission mode:
1.4.4.1	Continuous-Wave mode
1.4.4.2	Pulsed
1.4.4.3	Micropulse (delivers laser energy in a burst of very short pulses and separating intervals)
1.4.5	Exposure duration shall be user-selectable over an adjustable range approximately 10 ms to 9000 ms or better
1.4.6	Repetition rate shall be adjustable for repetitive pulses or burst modes.
1.4.7	The system shall display real-time parameters including power (mW), pulse duration (ms), energy (mJ), and mode of operation
1.4.8	Aiming beam
1.4.8.1	Type/ Colour: Red diode
1.4.8.2	Wavelength: Approximately 650nm

SECTION 1 – USER REQUIREMENTS	
1	Ophthalmic Laser Delivery System
1.4.8.3	coaxial with the treatment beam, with adjustable intensity and on/off control
1.5	DELIVERY INTERFACES AND ACCESSORIES
1.5.1	System shall support Laser Indirect Ophthalmoscope (LIO) delivery for supine and neonatal (ROP) treatments
1.5.1.1	The unit shall be a head-mounted, indirect laser ophthalmoscope system intended for peripheral and posterior segment retinal photocoagulation procedures
1.5.1.2	Design: Lightweight, ergonomic headband with adjustable straps
1.5.1.3	Illumination: Integrated illumination source with adjustable illumination level
1.5.1.4	Interpupillary distance adjustment of approximately 48mm – 74mm or better
1.5.1.5	Filters: Integrated laser protection filters to minimize exposure to backscatter
1.5.1.6	Comfort: Balanced weight distribution for extended wear
1.5.2	System shall support slit-lamp delivery adapter for standard transpupillary laser treatments.
1.5.3	System shall support handheld or transscleral probes for glaucoma and cyclophotocoagulation procedures.
1.6	SAFETY FEATURES
1.6.1	Audible and/or visual indicator shall confirm laser emission status.
1.6.2	Interlock compatibility with laser system for safety shutoff
1.6.3	Comes with emergency stop
1.6.4	Complies with international laser safety standard
1.7	ACCESSORIES TO BE SUPPLIED FOR <u>EACH SYSTEM</u> The supply shall include all accessories and consumables required for the complete and functional operation of the system, including but not limited to the following:
1.7.1	1 set of Laser Indirect Ophthalmoscope (LIO) complete with headset, filters and charger
1.7.2	1 unit of Footswitch
1.8	ADDITIONAL ACCESSORIES TO BE SUPPLIED FOR EYE CLINIC
1.8.1	1 unit of Slit Lamp Adapter

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 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).

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	PER UNIT
	ACCESSORIES
	TOTAL

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)	
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	LOCAL
	OVERSEA (SPECIFY LOCATION)
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

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 <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).
10	The equipment supplied must be newly manufactured, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.
11	The vendor is required to provide proof of manufacture date and official certification from the original manufacturer confirming the equipment is new.
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor

SECTION 3
FORMS TO BE USED

CONTENTS

SCHEDULE 1 – TENDER FORM.....	2
SCHEDULE 2 - INFORMATION SUMMARY.....	122
SCHEDULE 4 – COMPANY’S BACKGROUND.....	143
SCHEDULE 3 – SUB-CONTRACTS.....	14
SCHEDULE 5 – REFERENCES.....	155
SCHEDULE 6 – SUBMISSION OF SAMPLE.....	166-17
SCHEDULE 7 – DECLARATION.....	

SCHEDULE 1 – TENDER FORM

To:

TENDER REFERENCE NO.: KK/45/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC LASER PHOTOCOAGULATION SYSTEM FOR
OPHTHALMOLOGY DEPARTMENT, 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 <u>2 units</u> of Ophthalmic Laser Photocoagulation system in Ophthalmology Department, RIPAS HOSPITAL as per following distribution: - 1 unit for Operating Theatre - 1 unit for Eye clinic			

SECTION 1 – USER REQUIREMENTS			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1	Ophthalmic Laser Delivery System		
1.1	The system shall be an ophthalmic laser photocoagulation unit intended for retinal and glaucoma procedure. The system shall support multiple delivery modalities, including indirect ophthalmoscope (LIO), slit-lamp adapter, and handheld / transscleral probes , to perform various ophthalmic laser treatments such as Retinal Photocoagulation, Transscleral retinal photocoagulation, and cyclophotocoagulation.		

SECTION 1 – USER REQUIREMENTS					
Please <input checked="" type="checkbox"/> Tick where appropriate			Yes	No	Remarks
1	Ophthalmic Laser Delivery System				
1.2	The system shall be suitable for both adult and neonatal (ROP) applications				
1.3	Configuration: Tabletop				
1.4	LASER SOURCE AND OPTICAL CHARACTERISTICS				
1.4.1	Type: Semiconductor diode infrared laser				
1.4.2	Nominal wavelength shall be 810 nm (infrared) or equivalent for retinal and glaucoma applications				
1.4.3	Maximum continuous output power: not less than 2000 mW				
1.4.4	Laser emission mode:				
1.4.4.1	Continous-Wave mode				
1.4.4.2	Pulsed				
1.4.4.3	Micropulse (delivers laser energy in a burst of very short pulses and separating intervals)				
1.4.5	Exposure duration shall be user-selectable over an adjustable range approximately 10 ms to 9000 ms or better				
1.4.6	Repetition rate shall be adjustable for repetitive pulses or burst modes.				
1.4.7	The system shall display real-time parameters including power (mW) , pulse duration (ms) , energy (mJ) , and mode of operation				
1.4.8	Aiming beam				
1.4.8.1	Type/ Colour: Red diode				
1.4.8.2	Wavelength: Approximately 650nm				

SECTION 1 – USER REQUIREMENTS					
Please <input checked="" type="checkbox"/> Tick where appropriate			Yes	No	Remarks
1	Ophthalmic Laser Delivery System				
1.4.8.3	coaxial with the treatment beam, with adjustable intensity and on/off control				
1.5	DELIVERY INTERFACES AND ACCESSORIES				
1.5.1	System shall support Laser Indirect Ophthalmoscope (LIO) delivery for supine and neonatal (ROP) treatments				
1.5.1.1	The unit shall be a head-mounted, indirect laser ophthalmoscope system intended for peripheral and posterior segment retinal photocoagulation procedures				
1.5.1.2	Design: Lightweight, ergonomic headband with adjustable straps				
1.5.1.3	Illumination: Integrated illumination source with adjustable illumination level				
1.5.1.4	Interpupillary distance adjustment of approximately 48mm – 74mm or better				
1.5.1.5	Filters: Integrated laser protection filters to minimize exposure to backscatter				
1.5.1.6	Comfort: Balanced weight distribution for extended wear				
1.5.2	System shall support slit-lamp delivery adapter for standard transpupillary laser treatments.				
1.5.3	System shall support handheld or transscleral probes for glaucoma and cyclophotocoagulation procedures.				
1.6	SAFETY FEATURES				
1.6.1	Audible and/or visual indicator shall confirm laser emission status.				
1.6.2	Interlock compatibility with laser system for safety shutoff				
1.6.3	Comes with emergency stop				
1.6.4	Complies with international laser safety standard				

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	Ophthalmic Laser Delivery System			
1.7	ACCESSORIES TO BE SUPPLIED FOR <u>EACH SYSTEM</u> The supply shall include all accessories and consumables required for the complete and functional operation of the system, including but not limited to the following:			Tenderer to list out price per unit for consumable if any:
1.7.1	1 set of Laser Indirect Ophthalmoscope (LIO) complete with headset, filters and charger			
1.7.2	1 unit of Footswitch			
1.8	ADDITIONAL ACCESSORIES TO BE SUPPLIED FOR EYE CLINIC			
1.8.1	1 unit of Slit Lamp Adapter			
2	END-USER TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
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			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
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			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
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). 			

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

SECTION 2 – PRICE PROPOSAL

PURCHASE PRICE	PER UNIT	BND\$
	ACCESSORIES	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	<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:				OTHERS:	
				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)				<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 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

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods 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. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this day of 20 .

Signature of authorised officer of Tenderer
Name:
Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

- a. Management summary
- b. Company profile (including Contractor and sub-contractor(s), if any)
- c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - *Supply and delivery of Medical Consumables*
- d. Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 - Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE 4 – COMPANY’S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company’s background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE 5 – REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 - References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 – SUBMISSION OF SAMPLE

- 6.1 Tenderer shall submit the Submission of Sample Form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
 - a) Identical in packing and manufacture to the items to be offered by the Tenderer; and
 - b) Marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO.: KK/45/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC
LASER PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS
HOSPITAL**

SUBMISSION OF SAMPLE OF (NAME OF TENDERER)

NO.	ITEM	SAMPLE SUBMITTED (indicate with √)	SAMPLE NOT SUBMITTED (indicate with x)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	Supply of 2 UNITS of Ophthalmic Laser Photocoagulation system in Ophthalmology Department, RIPAS HOSPITAL as per following distribution: - 1 unit for Operating Theatre - 1 unit for Eye clinic			

We shall understand as stated in the Instruction to Tenderers that failure to provide samples shall lead to Tenders not being considered.

signature of authorized officer of Tenderer
Name:
Designation:
Date:

Tenderer's official stamp

FOR OFFICIAL USE

Date of receipt: _____

Receiving officer: _____