TENDER REFERENCE NO.: KK/122/2026/HTD

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BEDSIDE PULSE OXIMETER MONITOR, MINISTRY OF HEALTH

TENDER FEES : $50.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 16th June 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

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/122/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BEDSIDE PULSE OXIMETER MONITOR, MINISTRY OF HEALTH

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

SCOPE OF WORK AND SUMMARY OF PRICES	
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:	
DESCRIPTION	**QUANTITY**
PULSE OXIMETER	**104**

Pulse Oximeter Configuration and Sensors Requirement						
LOCATION		**Configuration**		**SpO2 sensors requirement**		
		Standard	**Trolley mounted**	**Neonate**	**Paediatric**	**Adult**
WCC, RIPASH	NICU	**-**	**5**	√	**-**	**-**
	SCBU	**20**	**-**	√	**-**	**-**
	APU	**-**	**18**	√	√	√
	PICU	**3**	**-**	√	√	√
	HDU 1	**3**	**-**	√	√	√
	HDU 2	**-**	**3**	√	√	√
	WARD 26	**-**	**3**	√	√	√
	WARD 27	**-**	**8**	√	√	√
	WARD 28	**-**	**10**	√	√	√
	WARD 29	**-**	**12**	√	√	√
	PAED CLINIC	**-**	**3**	√	√	√
	CDC	**2**	**-**	√	√	√
	Delivery suite	**-**	**2**	√	**-**	√
	Ward 30	**-**	**9**	√	**-**	√
	Ward 33	**-**	**2**	√	**-**	√
	Ward 35	**-**	**1**	√	**-**	√
SSBH	SSBH	**-**	**10**	√	√	**-**
Total Quantity		**28**	**86**	**114**		

SECTION 1 – USER REQUIREMENTS	
REF. NO.	**DESCRIPTION**
1	**SYSTEM ARHITECTURE**
1.1	Bedside/standalone pulse oximeter monitor for continuous SPO2 and pulse rate monitoring at the bedside
1.2	Suitable for neonate, paediatric and Adult.
1.3	**Measurement performance**
1.3.1	**SpO_2 measurement range:** 1–100% (display resolution 1%) or better
1.3.2	**SpO_2 Accuracy:** - Standard Adult/ Paediatric mode: ±2% for the range 70–100% - Neonate mode: ±3% for the range 70–100%
1.3.3	**Pulse rate range:** 25–250 bpm or better
1.3.4	**Pulse rate accuracy:** ±3 bpm or better
1.3.5	**Low perfusion capability:** Monitor must include algorithmic support for reliable detection at low perfusion indices typical of neonates. Vendor must supply data on performance at perfusion indices down to expected clinical minima.
1.4	Display showing - SpO_2 (oxygen saturation) numeric - Pulse rate numeric - Plethysmograph waveform - Battery status - Alarm status
1.5	**Native Compatibility with Nellcor SpO2 sensors**
1.6	**Alarm system**
1.6.1	Visual and audible alarms for: - High/Low Saturation and Pulse rate - Low battery - Sensor disconnect alarm
1.6.2	Configurable alarm limits for SpO_2 and pulse rate per patient group (neonate, paediatric, adult).
1.7	**Data Connectivity:** - Internal memory for trend storage (minimum **24 hours).** - Data output via USB, Ethernet or serial interface (as applicable).
1.8	**Power supply:** - Operates on **100–240 VAC, 50/60 Hz** - Built-in rechargeable battery providing minimum **2 hours** continuous operation.
1.9	**Safety Standard Requirement** Compliance with the following standard or equivalent: ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval
2	**CONSUMABLES AND ACCESSORIES**
2.1	Every unit shall be supplied with the following, including but not limited to the following:
2.1.1	**1 unit of Sensor connection cable**
2.2	The tenderer shall include all accessories necessary for full system functionality, **in accordance with the distribution requirements specified on Page 2 (Table 'Pulse Oximeter Configuration and Sensors Requirement')**, including but not limited to the following:
2.2.1	**1 unit of Trolley** (where applicable based on configuration list)
2.2.1	**1 unit of Reusable adult sensor** (where applicable based on sensor requirement list)
2.2.2	**1 unit of Reusable Paediatric sensor** (where applicable based on sensor requirement list)

SECTION 1 – USER REQUIREMENTS	
REF. NO.	**DESCRIPTION**
2.2.3	**1 unit of Reusable neonatal sensor** (where applicable based on sensor requirement list)
	** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*
3	**END USER AND TECHNICAL 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)
3.1.1	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning**.
3.2	**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)
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: ▪ Scope of Warranty ▪ One-time Planned Preventive Maintenance Per Year during warranty Comprehensive Corrective Maintenance of Main Unit
5	**PRODUCT DEMONSTRATION (UPON REQUESTED)**
5.1	If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process The tenderer shall provide either of the following demonstration modes: ▪ Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. ▪ Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: ✓ Live operation of the actual product. ✓ Real-time interaction to address questions or perform requested functions. ✓ High-definition video and clear audio for full visibility and understanding.

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	MAIN SYSTEM STANDARD
	MAIN SYSTEM TROLLEY MOUNTED
	ACCESSORIES NEONATE
	ACCESSORIES PAEDIATRIC
	ACCESSORIES ADULT
	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 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: 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. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/122/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BEDSIDE PULSE OXIMETER MONITOR, MINISTRY OF HEALTH

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

Company/Business Registration No. : _____

Tender Closing Date : _____

DELIVERY PERIOD	

SCOPE OF WORK AND SUMMARY OF PRICES				
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:				
DESCRIPTION	**QUANTITY**	**YES**	**NO**	**REMARKS**
PULSE OXIMETER	**104**			

Pulse Oximeter Configuration and Sensors Requirement						
LOCATION		**Configuration**		**SpO2 sensors requirement**		
		Standard	**Trolley mounted**	**Neonate**	**Paediatric**	**Adult**
WCC, RIPASH	NICU	**-**	**5**	√	**-**	**-**
	SCBU	**20**	**-**	√	**-**	**-**
	APU	**-**	**18**	√	√	√
	PICU	**3**	**-**	√	√	√
	HDU 1	**3**	**-**	√	√	√
	HDU 2	**-**	**3**	√	√	√
	WARD 26	**-**	**3**	√	√	√
	WARD 27	**-**	**8**	√	√	√
	WARD 28	**-**	**10**	√	√	√
	WARD 29	**-**	**12**	√	√	√
	PAED CLINIC	**-**	**3**	√	√	√
	CDC	**2**	**-**	√	√	√
	Delivery suite	**-**	**2**	√	**-**	√
	Ward 30	**-**	**9**	√	**-**	√
	Ward 33	**-**	**2**	√	**-**	√
	Ward 35	**-**	**1**	√	**-**	√
SSBH	SSBH	**-**	**10**	√	√	**-**
Total Quantity		**28**	**86**	**114**		

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**(✓)**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
1	**SYSTEM ARHITECTURE**			
1.1	Bedside/standalone pulse oximeter monitor for continuous SPO2 and pulse rate monitoring at the bedside			
1.2	Suitable for neonate, paediatric and Adult.			
1.3	**Measurement performance**			
1.3.1	**SpO_2 measurement range:** 1–100% (display resolution 1%) or better			
1.3.2	**SpO_2 Accuracy:** - Standard Adult/ Paediatric mode: ±2% for the range 70–100% - Neonate mode: ±3% for the range 70–100%			
1.3.3	**Pulse rate range:** 25–250 bpm or better			
1.3.4	**Pulse rate accuracy:** ±3 bpm or better			
1.3.5	**Low perfusion capability:** Monitor must include algorithmic support for reliable detection at low perfusion indices typical of neonates. Vendor must supply data on performance at perfusion indices down to expected clinical minima.			
1.4	Display showing - SpO_2 (oxygen saturation) numeric - Pulse rate numeric - Plethysmograph waveform - Battery status - Alarm status			
1.5	**Native Compatibility with Nellcor SpO2 sensors**			
1.6	**Alarm system**			
1.6.1	Visual and audible alarms for: - High/Low Saturation and Pulse rate - Low battery - Sensor disconnect alarm			
1.6.2	Configurable alarm limits for SpO_2 and pulse rate per patient group (neonate, paediatric, adult).			
1.7	**Data Connectivity:** - Internal memory for trend storage (minimum **24 hours).** - Data output via USB, Ethernet or serial interface (as applicable).			
1.8	**Power supply:** - Operates on **100–240 VAC, 50/60 Hz** - Built-in rechargeable battery providing minimum **2 hours** continuous operation.			
1.9	**Safety Standard Requirement** Compliance with the following standard or equivalent: ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval			
2	**CONSUMABLES AND ACCESSORIES**			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**(✓)**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
2.1	Every unit shall be supplied with the following, including but not limited to the following:			
2.1.1	**1 unit of Sensor connection cable**			
2.2	The tenderer shall include all accessories necessary for full system functionality, **in accordance with the distribution requirements specified on Page 2 (Table 'Pulse Oximeter Configuration and Sensors Requirement')**, including but not limited to the following:			
2.2.1	**1 unit of Trolley** (where applicable based on configuration list)			
2.2.1	**1 unit of Reusable adult sensor** (where applicable based on sensor requirement list)			
2.2.2	**1 unit of Reusable Paediatric sensor** (where applicable based on sensor requirement list)			
2.2.3	**1 unit of Reusable neonatal sensor** (where applicable based on sensor requirement list)			
	* *In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*			
3	**END USER AND TECHNICAL 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)			
3.1.1	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning**.			
3.2	**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)			
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: ▪ Scope of Warranty ▪ One-time Planned Preventive Maintenance Per Year during warranty Comprehensive Corrective Maintenance of Main Unit			
5	**PRODUCT DEMONSTRATION (UPON REQUESTED)**			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**(✓)**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
5.1	If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process The tenderer shall provide either of the following demonstration modes: ▪ Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. ▪ Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: ✓ Live operation of the actual product. ✓ Real-time interaction to address questions or perform requested functions. ✓ High-definition video and clear audio for full visibility and understanding.			

SECTION 2 – PRICE PROPOSAL			
PURCHASE PRICE	MAIN SYSTEM STANDARD	PER UNIT BND$	TOTAL BND$
	MAIN SYSTEM TROLLEY MOUNTED	PER UNIT BND$	TOTAL BND$
	ACCESSORIES NEONATE	PER SET BND$	TOTAL BND$
	ACCESSORIES PAEDIATRIC	PER SET BND$	TOTAL BND$
	ACCESSORIES ADULT	PER SET BND$	TOTAL 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 ONE (1) YEAR 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:			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)					**☑ 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:			☐ **mm** ☐ **cm** ☐ **inch**			☐ **Kilogram (Kg)** ☐ **Gram(g)** ☐ **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

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	
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. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.	

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: