

TENDER REFERENCE NO.: KK/123/2026/HTD

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND
COMMISSIONING OF DUAL USER GROSSING STATION
FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY
SERVICES MINISTRY OF HEALTH**

TENDER FEES : \$10.00

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/123/2026/HTD

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF DUAL USER
GROSSING STATION FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

DELIVERY PERIOD	NOT MORE THAN 90 DAYS UPON CONFIRMATION
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SCOPE OF WORK
Supply of <u>One unit</u> of Dual User Grossing Station

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	DUAL USER GROSSING STATION			Please specify:
1.2	Dual dissection area allowing for two operators to work simultaneously			
1.3	Material: Stainless steel AISI 304 or equivalent modular construction and suitable for laboratory application			
1.4	Dimensions: Max Width - 2400mm - 2500mm Depth: 900mm - 1000mm Height: 1900mm - 2000mm			
	Control panel for each; ▪ aspiration, ▪ lighting & ventilation			
1.5	With Levelling feet			
1.6	Fixed height of work surface comes with foot support for user			
1.7	Separate storage tanks for: ▪ 1 new formaldehyde deposit 10L ▪ 1 used formaldehyde deposit 10L			
1.8	With Perforated removable trays			
1.9	At least 2 shelves for each workstation and 1 waste bin with lid			
1.10	Auxiliary work area and storage area for sample storage and supplies			
1.11	With automatic dispenser pedals			
1.12	Magnetic instrument holder			
1.13	Self-cleaning surface system			
1.14	Equipped with integrated disinfection system to eliminate pesticide, fungi, organic matters, pollutants and viruses			
1.15	Foot control pedals for dispensing of reagents and water supply			

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1.16	Visual and Acoustic alarm system notification for filter replacement and tank level formaldehyde sensors			
1.17	Medical Faucet and medical mixer shower with PVC cover			
1.18	<p>The workstation must be able to support two PC for the Laboratory Information System (LIS). This allows placement of the PC on both sides.</p> <p>It should have adjustable arms so the screens can be moved easily.</p> <p>The arms should be able to swing to the left/right and up/down.</p> <p>The setup must be comfortable to use for long periods.</p>			
2	WATER AND ELECTIRCAL CONNECTIONS			
2.1	Single phase electrical connection 230V/50 Hz + ground (or equivalent)			
2.2	Electrical power (Please specify)			
2.3	With at least 2 auxiliary electrical outlets (water resistant IP 55-rated or better)			
2.4	With adequate white LED lighting for both workstation areas, with at least 15,000 lux or better			
2.5	With safety switches to protect user from electrical hazards and hazardous fumes			
2.6	With hot and cold-water supply			
	Drain system			
2.11	Separate formaldehyde dispenser tap			
2.12	Washing sink approximately 400-500mm x 400-500mm x 200-300mm			
2.13	Waste shredding disposal capability			
3	Fume Extraction			
3.1	Quiet aspiration system with multiple electro-fan motors for high suction capacity			
3.2	Multiple filters with filter hour control; life of filter at least 850 hrs or better			
3.3	Adjustable ventilation speed percentage from 10-100% with 5% interval 5%			
3.4	High-volume backdraft and downdraft exhaust ventilation systems to extract harmful fumes away from the users via appropriate filters (such as Potassium Permanganate) to neutralize harmful fumes such as formalin.			
3.5	Equipment should be equipped with exhaustion hood and ducted fume extraction to external environment			
3.6	The vendor is required to install the ducting and necessary fittings for the external fume extraction			
4	<u>Site Visit Requirement</u>			

SECTION 1 – USER REQUIREMENTS

Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
	<p>A <u>mandatory Site Visit session</u> must be made by the tenderer as a general requirement of this tender prior to submission of this tender in order to provide consistent advice and clarification to all parties at the same time.</p> <p>The purpose of the site visit is to allow the tenderer to examine the site, take necessary measurements and to understand the requirements of the site installation in order to factor all costs and expenses in their tender offer and no extra cost will be paid in respect thereof due to negligence in the tenderer's tender price.</p> <p>The venue, time and date of the session shall be arranged between the end-user and the tenderer at any time agreed upon by both parties, before the closing date.</p> <p>Vendor is required fill in the form attached and verified by BME and representative of user.</p>			
5	The successful tenderer shall, at their cost, remove and relocate the existing gross cutting station unit to a secured storage location agreed by the Department of Laboratory Services, before installing the new unit.			
6	The removal of existing; and installation of the new gross cutting station unit should be done within a turnaround time (TAT) agreed upon by both the end user and successful tenderer to minimize any interruption to the daily services of the laboratory.			
7	<p><u>Accessories:</u></p> <p>4 units of Potassium Permanganate filter replacement</p> <p>1 unit of waste shredder</p>			

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) ▪ Certificate of attendance and competence shall be issued to all trainees after completion of training.
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
	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

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: 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/123/2026/HTD

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF DUAL USER
GROSSING STATION FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

TENDER OF (*name of tenderer*) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

DELIVERY PERIOD	
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SCOPE OF WORK			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
Supply of <u>One unit</u> of Dual User Grossing Station			

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	DUAL USER GROSSING STATION			Please specify:
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1.3	Material: Stainless steel AISI 304 or equivalent modular construction and suitable for laboratory application			
1.4	Dimensions: Max Width - 2400mm - 2500mm Depth: 900mm - 1000mm Height: 1900mm - 2000mm			
	Control panel for each; ▪ aspiration, ▪ lighting & ventilation			
1.5	With Levelling feet			
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1.7	Separate storage tanks for: ▪ 1 new formaldehyde deposit 10L ▪ 1 used formaldehyde deposit 10L			
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2	WATER AND ELECTIRCAL CONNECTIONS			

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2.1	Single phase electrical connection 230V/50 Hz + ground (or equivalent)			
2.2	Electrical power (Please specify)			
2.3	With at least 2 auxiliary electrical outlets (water resistant IP 55-rated or better)			
2.4	With adequate white LED lighting for both workstation areas, with at least 15,000 lux or better			
2.5	With safety switches to protect user from electrical hazards and hazardous fumes			
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	Drain system			
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3.1	Quiet aspiration system with multiple electro-fan motors for high suction capacity			
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SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
	BME and representative of user.			
5	The successful tenderer shall, at their cost, remove and relocate the existing gross cutting station unit to a secured storage location agreed by the Department of Laboratory Services, before installing the new unit.			
6	The removal of existing; and installation of the new gross cutting station unit should be done within a turnaround time (TAT) agreed upon by both the end user and successful tenderer to minimize any interruption to the daily services of the laboratory.			
7	<u>Accessories:</u> 4 units of Potassium Permanganate filter replacement 1 unit of waste shredder			

Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
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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) ▪ Certificate of attendance and competence shall be issued to all trainees after completion of training. 			
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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	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)</u> <u>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
		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

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.	
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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 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 _____, _____

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp