

TENDER REFERENCE NO.: KK/94/2026/UPP

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING TOURNIQUET SYSTEM FOR
OPERATING THEATRE AT RAJA ISTERI PENGIRAN ANAK
SALEHA HOSPITAL**

TENDER FEES : \$10.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 09th 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/94/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING TOURNIQUET SYSTEM
FOR OPERATING THEATRE, RIPAS HOSPITAL

SCOPE OF WORK AND SUMMARY OF PRICES	
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:	
DESCRIPTION	QUANTITY
TOURNIQUET SYSTEM	4

SECTION 1 – USER REQUIREMENTS	
REF. NO.	DESCRIPTION
1	SYSTEM ARCHITECTURE
1.1	Pneumatic tourniquet system to provide safe, controlled limb occlusion during surgical procedures, including orthopaedic, trauma, hand, plastic, vascular and general surgery , for adult and paediatric patients .
1.2	Configuration: Trolley mounted with lockable castor and basket for storage
1.3	Tourniquet Control Unit
1.3.1	Microprocessor-controlled pneumatic tourniquet system
1.3.2	Single independent pressure channel or better
1.3.3	Digital pressure setting with real-time pressure display
1.3.4	Clear, high-visibility display suitable for operating theatre environment
1.3.5	User-friendly control interface operable with surgical gloves
1.3.6	Integrated tourniquet time monitoring with audible and visual alarms
1.3.7	Automatic pressure regulation to maintain set pressure throughout the procedure
1.3.8	Rapid inflation and controlled, safe deflation function

SECTION 1 – USER REQUIREMENTS	
REF. NO.	DESCRIPTION
1.4	Pressure Performance
1.4.1	Pressure range of up to 500 mmHg or higher
1.4.2	Adjustable pressure range suitable for: <ul style="list-style-type: none"> ▪ Adult upper limb ▪ Adult lower limb ▪ Paediatric limbs
1.4.3	Fine pressure adjustment increments for precise control
1.4.4	Pressure accuracy within clinically accepted tolerance
1.4.5	Automatic pressure compensation for limb volume changes
1.5	Safety and Alarm Features
1.5.1	Audible and visual alarms for: <ul style="list-style-type: none"> ▪ Over-pressure ▪ Under-pressure / leakage ▪ Excessive tourniquet time ▪ Power failure
1.5.2	Redundant safety pressure relief mechanism
1.5.3	Automatic self-test during power-on
1.5.4	Continuous system monitoring during use
1.6	Tourniquet Cuffs
1.6.1	Comes with reusable pneumatic cuffs
1.6.2	Cuffs available in a comprehensive range of sizes: <ul style="list-style-type: none"> ▪ Paediatric ▪ Adult upper limb ▪ Adult lower limb ▪ Thigh sizes
1.6.3	Secure fastening system (hook-and-loop or equivalent)
1.6.4	Easy-to-clean and disinfect, suitable for operating theatre use
1.7	Power supply
1.7.1	Operates on standard hospital mains power (100–240V AC, 50/60Hz)

SECTION 1 – USER REQUIREMENTS	
REF. NO.	DESCRIPTION
1.7.2	Integrated rechargeable battery backup to ensure operation during power interruption
1.7.3	Battery status indication on display
1.8	Infection Control: <ul style="list-style-type: none"> ▪ Smooth, sealed housing surfaces ▪ Compatible with standard hospital-grade disinfectants ▪ Accessories suitable for cleaning and reprocessing as per manufacturer instructions
1.9	SAFETY STANDARD REQUIREMENT Compliance with the following standard or equivalent: <ul style="list-style-type: none"> ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval
2	CONSUMABLES AND ACCESSORIES
2.1	Inclusive of all the accessories for the machine to be fully functional, and not limited to the following:
2.1.1	6 units of Reusable Tourniquet Cuff suitable for standard adult arm (approximate length 24inch or equivalent)
2.1.2	6 units of Reusable Tourniquet Cuff suitable for standard adult lower limb (approximate length 30 inch or equivalent)
2.1.3	4 units of Reusable Tourniquet Cuff suitable for Large adult lower limb (approximate length 34 inch or equivalent)
2.1.4	2 units of Reusable Tourniquet Cuff suitable for standard child arm (approximate length 12 inch or equivalent)
2.1.5	4 units of Reusable Tourniquet Cuff suitable for child lower limb (approximate length 18 inch or equivalent)
2.1.6	2 units of Reusable Tourniquet Cuff suitable for infant (approximate length 8 inch or equivalent)
2.1.7	5 units of 4-inch reusable Esmarch Bandage or equivalent
2.1.8	5 units of 6-inch reusable Esmarch Bandage or equivalent
	* 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: <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)

SECTION 1 – USER REQUIREMENTS	
REF. NO.	DESCRIPTION
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	<p>Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer’s Engineer/Technicians that includes but not limited to:</p> <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance <p>*(Two sessions/groups if required)</p>
4	WARRANTY
4.1	Tenderer to include warranty period of at least TWO (2) years
4.2	<p>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:</p> <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ One-time Planned Preventive Maintenance Per Year during warranty ▪ Comprehensive Corrective Maintenance of Main Unit
5	PRODUCT DEMONSTRATION (UPON REQUIREMENT)
5.1	<p>If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process</p> <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ○ 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 PER UNIT
	ACCESSORIES PRICE
	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 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 <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).
5	Brochures / catalogues should be submitted / attached with tender document.
6	Any room renovation which may be required , it is mandatory to conduct site visit (if applicable)
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).

SECTION 3
TENDER FORM

To:

TENDER REFERENCE NO: KK/94/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING TOURNIQUET SYSTEM
FOR OPERATING THEATRE, RIPAS HOSPITAL

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

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
TOURNIQUET SYSTEM	4			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	SYSTEM ARCHITECTURE			
1.1	Pneumatic tourniquet system to provide safe, controlled limb occlusion during surgical procedures, including orthopaedic, trauma, hand, plastic, vascular and general surgery , for adult and paediatric patients .			
1.2	Configuration: Trolley mounted with lockable castor and basket for storage			
1.3	Tourniquet Control Unit			
1.3.1	Microprocessor-controlled pneumatic tourniquet system			
1.3.2	Single independent pressure channel or better			
1.3.3	Digital pressure setting with real-time pressure display			
1.3.4	Clear, high-visibility display suitable for operating theatre environment			
1.3.5	User-friendly control interface operable with surgical gloves			
1.3.6	Integrated tourniquet time monitoring with audible and visual alarms			
1.3.7	Automatic pressure regulation to maintain set pressure throughout the procedure			
1.3.8	Rapid inflation and controlled, safe deflation function			
1.4	Pressure Performance			
1.4.1	Pressure range of up to 500 mmHg or higher			Tenderer to specify pressure range:
1.4.2	Adjustable pressure range suitable for: <ul style="list-style-type: none"> • Adult upper limb • Adult lower limb • Paediatric limbs 			
1.4.3	Fine pressure adjustment increments for precise control			
1.4.4	Pressure accuracy within clinically accepted tolerance			
1.4.5	Automatic pressure compensation for limb volume changes			
1.5	Safety and Alarm Features			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.5.1	Audible and visual alarms for: <ul style="list-style-type: none"> • Over-pressure • Under-pressure / leakage • Excessive tourniquet time • Power failure 			
1.5.2	Redundant safety pressure relief mechanism			
1.5.3	Automatic self-test during power-on			
1.5.4	Continuous system monitoring during use			
1.6	Tourniquet Cuffs			
1.6.1	Comes with reusable pneumatic cuffs			
1.6.2	Cuffs available in a comprehensive range of sizes: <ul style="list-style-type: none"> • Paediatric • Adult upper limb • Adult lower limb • Thigh sizes 			
1.6.3	Secure fastening system (hook-and-loop or equivalent)			
1.6.4	Easy-to-clean and disinfect, suitable for operating theatre use			
1.7	Power supply			
1.7.1	Operates on standard hospital mains power (100–240V AC, 50/60Hz)			
1.7.2	Integrated rechargeable battery backup to ensure operation during power interruption			Tenderer to specify battery runtime:
1.7.3	Battery status indication on display			
1.8	Infection Control: <ul style="list-style-type: none"> • Smooth, sealed housing surfaces • Compatible with standard hospital-grade disinfectants • Accessories suitable for cleaning and reprocessing as per manufacturer instructions 			
1.9	SAFETY STANDARD REQUIREMENT Compliance with the following standard or equivalent: <ul style="list-style-type: none"> • IEC and/or EN Safety Standards • CE and/or FDA approval 			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
2	CONSUMABLES AND ACCESSORIES			
2.1	Inclusive of all the accessories for the machine to be fully functional, and not limited to the following:			
2.1.1	6 units of Reusable Tourniquet Cuff suitable for standard adult arm (approximate length 24inch or equivalent)			
2.1.2	6 units of Reusable Tourniquet Cuff suitable for standard adult lower limb (approximate length 30 inch or equivalent)			
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2.1.7	5 units of 4-inch reusable Esmarch Bandage or equivalent			
2.1.8	5 units of 6-inch reusable Esmarch Bandage or equivalent			
	* 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Troubleshooting and basic corrective 			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
	maintenance <ul style="list-style-type: none"> • Handling and basic inspection maintenance *(Two sessions/groups if required)			
4	WARRANTY			
4.1	Tenderer to include warranty period of at least TWO (2) years			
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ One-time Planned Preventive Maintenance Per Year during warranty ▪ Comprehensive Corrective Maintenance of Main Unit 			
5	PRODUCT DEMONSTRATION (UPON REQUIREMENT)			
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: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ✓ 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 PER UNIT	BND\$
	ACCESSORIES PRICE	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:	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)				<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 extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer’s Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

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

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

ANY OTHER EXCLUSION

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

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form 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).	

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