



REQUEST FOR QUOTATION (RFQ)

<i>Title</i>	SUPPLY & DELIVERY OF MEDICAL KIT
<i>Reference No.</i>	100011061
<i>Opening Date</i>	WEDNESDAY, 05 TH DECEMBER 2018
<i>Closing Date</i>	TUESDAY, 11 TH DECEMBER 2018 BEFORE 2.00PM LOCAL TIME
<i>Work Category</i>	REGISTERED WITH TELBRU UNDER OB2

Telekom Brunei Berhad (TelBru) seeks qualified vendors to execute the above work. Documents may be obtained from TelBru's Vendor Registration Unit, Supply Chain Management, Level 4, RB Plaza, Jalan Sultan, BS8811, Bandar Seri Begawan, Negara Brunei Darussalam from **Monday to Thursday (8.00am – 11.30am and 1.15pm – 4.45pm)** and **Friday (7.45am – 11.15am and 2.15pm – 4.45pm)** at no charge, or can otherwise can be downloaded from <https://www.telbru.com.bn/eqotes>

Note:

This is a Request for Quotation only and is in no way constitutes as a firm Purchase Order (PO) or Contract. Telekom Brunei Berhad is not bound to accept the Vendor's quotation in part or whole.

TelBru's General Conditions of Purchase (GCP) shall prevail over the RFQ and any PO. The GCP and other relevant details are available for reference at <https://www.telbru.com.bn/scm/>

No correction fluid shall be used in the document. Errors shall be crossed out and initialed by the respective Vendor. Any Quotation found to be corrected using correction fluid will not be entertained.

Vendor Company's name and address is NOT to be printed on the cover of Quotation submission envelope which must be fully sealed. Description on the envelope shall be **RFQ Title, Reference Number, RFQ Opening & Closing Dates**. Quotations submitted shall be addressed to:

THE CHAIRPERSON OF TELBRU QUOTATION COMMITTEE
LEVEL 4, RB PLAZA, JALAN SULTAN, BS 8811
BANDAR SERI BEGAWAN,
NEGARA BRUNEI DARUSSALAM

For TELEKOM BRUNEI BERHAD



QUOTATION SUBMISSION

IMPORTANT:

Vendors to provide all information requested below. Failure to do so may result in disqualification. Information submitted should be completed on basis of EITHER Bill of Quantities (BOQ) + Bill of Materials (BOM) OR Bill of Materials (BOM) Only. Only Authorised Officers of the Vendor to sign and stamp the bid submission.

VENDOR DETAILS

- A. Company Name:
- B. Company Address:
.....
.....
- C. TelBru's Vendor Registration Certificate: **(please attach)**
- D. Authorised Vendor
Representative Name:
- E. Company Position:
- F. Telephone No:
- G. Fax No:
- H. Email Address:
- I. Signature:
- J. Date:

FORM OF SUBMISSION

FOR SERVICES AND MATERIALS (BOQ AND BOM)

Please attach all details of the following and tick box to confirm attachments:

- A. Vendor Organization Chart for Project Delivery
- B. Equipment List (Based on the work awarded on the BOQ and BOM)
- C. Workmen's Compensation, Public Liability (3rd party insurance) and Work Permit for non-local staff who will be part of project delivery

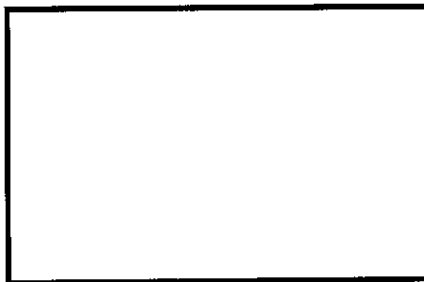
- D. Project Timeline & Implementation Plan
- E. Model/Brand for Materials:
- F. Manufacturer and Country of Origin for Materials:
- G. Delivery Period of Materials:
- H. Bid Validity period:
- I. Warranty Period:

OR

FOR SUPPLY OF MATERIALS (BOM ONLY)

Please attach all details of the following and tick box to confirm attachments:

- A. Model/Brand for Materials:
- B. Manufacturer and Country of Origin of Materials
- C. Supporting Document/technical Document for Materials
- D. Delivery Period:
- E. Sample availability: YES/NO (Please circle YES if available, NO for unavailability)
- F. Bid Validity period:
- G. Warranty Period:



SIGNATURE OF AUTHORISED VENDOR REPRESENTATIVE & COMPANY STAMP

NAME OF SIGNATORY:

DATE:

SCHEDULE OF PRICES

NO.	BILL OF MATERIALS (BOM)	QUANTITY	UOM	UNIT PRICE	TOTAL PRICE
1	DEFIBRILLATOR AED - portable/ durable - voice command	9	EA		
2	AED CABINET WITH SIREN AND BREAK GLASS	9	EA		
3	DOUBLE FOLD STRETCHER	9	EA		
4	EMERGENCY OXYGEN SET WITH CARRYING 1.7LTR	9	EA		
5	FRACTURE CARE SPLINT WITH CARRYING BAG	9	EA		
6	FIRST AID KIT MEDIUM SIZE FOR 11 ¹⁰ -50 people	9	EA		
7	EMERGENCY BLANKET - portable size	30	EA		
8	INSTANT COLD PACK	30	EA		
9	HAND SANITIZER DISPENSER WITH GEL - portable - automated/non automated - fit with 1200ml (Sanitizer Foam Refill)	14	EA		
GRAND TOTAL PRICE					

NO.	DESCRIPTION	AMOUNT
1.0	BILL OF MATERIALS	
GRAND TOTAL PRICE		

***NOTE:** Please provide catalog if available.



VENDOR CONFLICT OF INTEREST DECLARATION FORM

Company Name: _____

Address: _____

Negara Brunei Darussalam

Telekom Brunei Berhad Headquarters
4th Floor, Royal Brunei Airlines (RBA) Plaza
Jalan Sultan Omar Ali Saifuddien, BS 8811
Bandar Seri Begawan
Negara Brunei Darussalam

Date: _____

Dear Sir / Madam,

DECLARATION TO CONFIRM ABSENCE OF ANY CONFLICT OF INTEREST

I, the undersigned being the authorised signatory for the above-mentioned company/consortium for the quotation/tender....., hereby solemnly declare that we are not and shall not be in any situation which could give rise to a conflict of interest in what concerns the performance and/or implementation of the contract.

In the event of the contract being awarded to us, we undertake the following:

- to act with complete impartiality and in good faith in what concerns its performance and outcome and to immediately declare to TelBru in writing any situation that might raise concerns with respect to conflict of interest, impartiality or otherwise affect our position/ability to duly and appropriately perform the contract
- to declare any affiliations with TelBru employees in the table below, if any

No	Employee Name	Relationship
1		
2		
3		
4		
5		

(*You may attach additional names in a separate table)

- that I understand that should any situation constituting a conflict of interest or could give rise to a conflict of interest, I will inform TelBru, without delay;
- that I have not made, and will not to make, any offer of any type whatsoever from which an advantage can be derived under the contract;
- that I have not granted, sought, attempted to obtain or accepted and will not grant, seek, attempt to obtain, or accept any advantage, financial or in kind, to or from any party whatsoever, constituting an illegal or corrupt practice, either directly or indirectly, as an incentive or reward relating to the award of the contract;
- that I understand that TelBru reserves the right to verify this information and that I am aware of the consequences which may derive from any false declaration in respect of the information required by the Telbru as a condition of participation in the contract procedure.

I further declare that the information provided in this letter is true.

Thank you for your attention.

Yours Sincerely,

Full Name:
Designation:
Company Name: