



Request for Quotation

Request for Tender # icddr,b/SCM/DTM/18/49 Dated: December 08, 2018

Dear Sir or Madam,

icddr,b is a Bangladesh-based international health research institute that strives to solve key public health problems through high-quality scientific research and innovation. Policy-makers and practitioners utilized our evidence and expertise to improve health outcomes and prevent premature death and disability worldwide. Established more than 50 years ago, we continue to provide life-saving services to the people of Bangladesh, and to nurture the next generation of global health leaders.

Our philanthropic activities are supported by donors like UN specialized agencies, foundations, universities, etc. Also, icddr,b is exempted from import duty and tax for all of its purchases from overseas. These privileged benefits assist us cost effective procurement directly from overseas manufactures or sole distributors.

icddr,b is looking for potential Supplier for Purchasing of Microbus (Toyota Alphard or any Equivalent Model). Details of the vehicle are described below.

Criteria	Specification Requirement	Quantity
Model	Toyota Alphard or any Equivalent Model	
Year of registration	2017	
Grade:	2.5 X PKG (min)	
Color :	Black	
Mileage(km)	Not more than 5000 KM	1 each
Engine(cc)	2500 CC	
Drive:	2WD/4WD, Right Hand Side	
Fuel	Gasoline/petrol	
Transmission	AT	
Seats	7 (min)	

Documents Requirement:

1. Updated Trade License, TIN Certificate, VAT Registration certificate
2. Picture of the proposed vehicle
3. Valid Auction Sheet
4. Updated Membership Certificate of BARVIDA/ Manufacturer's Authorization Form (MAF)

Terms and condition:

Offer shall be addressed to the Director, Supply Chain Management, icddr,b

1. **Price basis:** CFR Chittagong By Sea
2. **Currency:** USD
3. **Mode of payment:** 100% L/C at Sight
4. **Principal/Beneficiary address:** Must be specific to whom L/C to be opened
5. **Bank Details of Principal/Beneficiary:** Shall be provided in the attached format.
6. **Insurance:** To be covered by icddr,b
7. **Offer validity:** 60 days from received of the offer



8. **Delivery schedule:** 04 - 06 weeks
9. **Servicing requirement:** 1 year free servicing (min)
10. **Country of origin:** **MUST** be specified

Please note that icddr,b is exempted from payment of duties, taxes, VATs on its importation. So any special price or discount on your offer will highly be appreciated.

Deadline for application submission:
23rd of December, 2018 COB (Close of Business).

Proposal addressed to:

Director, SC&FM
icddr,b
68 Shaheed Tajuddin Ahmed Sharani
Mohakhali, Dhaka 1212

Bid Submission Location:

Hardcopy submitted to icddr,b; Chiller Building, Ground Floor (Through Hospital Gate Entry); Mohakhali; Dhaka 1212.

Submission Method:

Hardcopy document with one stage two envelop system. Technical and financial proposal must be separated. Mixing of technical-financial proposal would lead to non-qualification.

Pre-bid Meeting:

At 3.00 pm on 11 Dec 2018 at icddr,b Chiller Building, 3rd Floor, Mohakhali, Dhaka-1212.

This tender neither obligate icddr,b to execute a contract nor does it commit icddr,b to pay any costs incurred in the preparation and submission of the proposals. Furthermore, icddr,b is not bound to accept the lowest tender response and reserves the right to accept or reject any or all of the tenders without assigning any reason whatsoever.

Thanks

A handwritten signature in black ink, appearing to read 'Qayyum Khan Mahbub', written over a horizontal line.

Qayyum Khan Mahbub
Senior Manager Procurement





TENDERER'S BUSINESS INFORMATION

Instructions:

- 01. Please Type or Block Print Clearly in Black Ink.
- 02. Use the same form in future to make any change in your business information with ICDDR,B.

Tenderer's/Company Name: _____

Tenderer's/Company Address: _____

_____ Mobile/Cell phone# _____

Telephone: _____ Email (Mandatory): _____

Company registration number _____

Type of bank account: CD _____ Savings _____ Other _____

Bank Account Number: _____

Name of your Bank/Financial Institution: _____

Address of your bank: _____

SWIFT Number of your bank/Financial Institution:

Swift Code: _____

(Specific to branch)

CERTIFICATION:

In signing this form, I authorize payment to be sent to the financial institution named above to the designated account.

Name & Signature of the authorized person with **seal** of the company

DATE