ANNEX D

DEVICE/SUPPLY SPECIFICATIONS & SUPPLIER'S PROPOSAL

Republic of the Philippines Department of Health **TECHNICAL SPECIFICATIONS & TERMS**			
Lot/ Item No. 1		Unit	**Quantity**
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
CONSIGNEE'S REQUIREMENTS		**PROPOSAL**	
A. Technical Specifications			
1.			
2.			
3.			
B. TERMS			
1. Minimum Inventory: 0 —XX			
2. Delivery			
3. Shelf Life			
4. Recall & Replacement			
5.			
C. **FINANCIAL OFFER**			
1. Unit Price			
2. Total Price			
3. Proposed allowable mark-up & Consignment fee			
4. Payment Period/ Conditions			
D. **ADDITIONAL DOCUMENTS FOR ITEM**			
1. Certificate of Product Registration			
2. Brochure			
3. ISO /IEC Certificate			
4. WHO Prequalification Certificate/Listing			
5.			
Signature over Printed Name *[date of signing]*	In the capacity of: *[title or other appropriate designation (* Duly authorized to sign proposal for and on behalf of *[Name of Company 1* *Complete office address 1* *Contact No.l Fax No.I* *(Email Address)*		