

## REQUEST FOR QUOTATION

RFQ Reference: **MZ30\_2024\_003**

Date: **03 January 2023**

Subject of RFQ): **service provider for Music Activities and Trainings in Macomia between 20 January and 20 April 2024**

International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

### RFQ INFORMATION

<b>Deadline for the submission of quotation</b>	<b>09 January 2024</b> If any doubt exists as to the time zone in which the quotation should be submitted, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a> .
<b>Method of submission</b>	Quotation must be submitted as follows: <input type="checkbox"/> E-tendering <input checked="" type="checkbox"/> <b>Email</b> <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other Click or tap here to enter text.
<b>Cost of preparation of quotation</b>	IOM shall not be responsible for any costs associated with a vendor's preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
<b>Contractual Terms</b>	Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at <a href="https://www.iom.int/do-business-us-procurement">https://www.iom.int/do-business-us-procurement</a> or IOM standard contract templates.
<b>Documents to be submitted</b>	Bidders shall submit and sign the-bid submission form below.
<b>Quotation validity period</b>	The quotation shall remain valid for <b>30 days from the deadline for the submission</b> .
<b>Price</b>	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
<b>Partial quotations</b>	<input checked="" type="checkbox"/> <b>Not permitted</b> <input type="checkbox"/> Permitted Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids
<b>Clarifications</b>	Contact person for correspondence, notifications and clarifications Contact person: <b>Procurement unit</b> E-mail address: <b>RFPMOZ@iom.int</b>
<b>Evaluation method</b>	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other Click or tap here to enter text.
<b>Right not to accept any quotation</b>	IOM is not bound to accept any quotations, nor award a contract or purchase order
<b>Expected date for contract/PO award.</b>	N/A

Thank you and we look forward to receiving your quotation.

Issued by: Procurement Unit – IOM Pemba Mozambique

Signature: \_\_\_\_\_

## QUOTATION SUBMISSION FORM

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### Requirements (Specs/TOR/SOW)

#### Delivery Requirements:

Currency of the Quotation: <b>Meticals</b>					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1.	Service provider for Music Activities and Trainings in Macomia (ToR attached)		1		

### COMPANY PROFILE (Vendor Information Form)<sup>1</sup>

Item Description	Detail
Legal name of bidder*	Click or tap here to enter text.
Legal Address (house no, street name, zip code, city*, region*, country*)	Click or tap here to enter text.
Website	Click or tap here to enter text.
Registration date* and VAT number*	Click or tap here to enter text. Click or tap here to enter text.
Legal structure	Choose an item.
Business type/industry category*	<input type="checkbox"/> Direct Producer/Manufacturing <input type="checkbox"/> Reseller/Distributor/Service Provider
Are you a UNGM registered vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, insert UNGM Vendor Number
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, in which country: Click or tap here to enter text.

<sup>1</sup> If company id not registered in UNGM or with IOM. If supplied to IOM already, please indicate if there are any changes to be incorporated in the vendor information sheet signed earlier

Item Description	Detail
Contact information*	<p>Company Tel/Mobile: Click or tap here to enter text.</p> <p>Company Email: Click or tap here to enter text.</p> <p>Company Website: Click or tap here to enter text.</p> <p>Contact Person 1: Click or tap here to enter text.</p> <p>Contact Person 2: Click or tap here to enter text.</p>
Disability inclusive business*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women-owned/controlled*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Information	<p>Bank Name: Click or tap here to enter text.</p> <p>Bank Address: Click or tap here to enter text.</p> <p>IBAN: Click or tap here to enter text.</p> <p>SWIFT/BIC: Click or tap here to enter text.</p> <p>Account Currency: Click or tap here to enter text.</p> <p>Bank Account Number: Click or tap here to enter text.</p> <p>Other relevant information: Click or tap here to enter text.</p>

Click or tap to enter a date.