

**OFFER FORM ACTED LIBYA / TUNISIA**

Tender N° (filled in by ACTED): T/14/18/FWA/Health Insurance/Libya-Tunisia/02/11/2022

Order ID (filled in by ACTED):

Date (filled in by Bidders):

**To be Filled by Bidder (COMPULSORY)**

<b>Company's Name</b> (as per registration documents)	
<b>Company Authorized Representative's Name</b> (as per registration documents or duly signed Power of Attorney)	
<b>Company Registration Number</b>	
<b>Registration body</b>	
<b>Company's mailing address</b> Shop/Office/Building No Street name City Governorate/province/district Country	
<b>Commercial representative for the bid</b> (if different from authorized representative)	
<b>Phone contact number</b> Landline Mobile No	
<b>Email address</b>	

I undersigned (to be filled in by Bidders) \_\_\_\_\_  
 agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.



**PLEASE FILL IN THE FOLLOWING TABLES, ONE FOR EACH LOT:**

- If the tender is divided into lots, the Bidder may bid for one or all lots. Each lot may be subject to a separate contract and the quantities indicated for the different lots cannot be divided. The Bidder must offer all items & quantities indicated for each lot. Bids for part of a lot only will not be considered.
- If the Bidder is awarded more than one lot, a single contract may be concluded including all lots.

**UNIT AND TOTAL PRICES MUST BE INCLUSIVE OF ALL COSTS (ACCOMMODATION, TRAVEL, PER DIEM, APPLICABLE TAXES, ETC.).**
**PLEASE ATTACH ANY TECHNICAL PROPOSAL AS PER ATTACHED TERMS OF REFERENCE.**
**LOT 1: MEDICAL INSURANCE LIBYA**

To be filled in by ACTED				To be filled in by the Bidder			
N°	Deliverable	Unit <sup>1</sup>	Quantity (1)	Unit Price excluding taxes <i>USD</i> (2)	Unit Price including all costs & taxes <i>USD</i> (3)	Total Price excluding taxes <i>USD</i> (1) x (2)	Total Price including all costs & taxes <i>USD</i> (1) x (3)
1	Libya – Medical insurance for ACTED national employees and dependents	Month	24				
<b>Total price <i>USD</i></b>							

**LOT 2: MEDICAL INSURANCE TUNISIA**

To be filled in by ACTED				To be filled in by the Bidder			
N°	Deliverable	Unit <sup>2</sup>	Quantity (1)	Unit Price excluding taxes <i>USD</i> (2)	Unit Price including all costs & taxes <i>USD</i> (3)	Total Price excluding taxes <i>USD</i> (1) x (2)	Total Price including all costs & taxes <i>USD</i> (1) x (3)
1	Tunisia – Medical insurance for ACTED national employees and dependents	Month	24				
<b>Total price <i>USD</i></b>							

<sup>1</sup> Please note that ACTED service contracts are based on an obligation of result, and not based on time consumption. Therefore, ACTED will not consider offers based on man-days as a unit. Offers must be submitted all costs and taxes inclusive for each deliverable.

<sup>2</sup> Please note that ACTED service contracts are based on an obligation of result, and not based on time consumption. Therefore, ACTED will not consider offers based on man-days as a unit. Offers must be submitted all costs and taxes inclusive for each deliverable.



**DELIVERY CONDITIONS:**

	DELIVERY CONDITIONS REQUESTED BY ACTED	DELIVERY CONDITIONS OFFERED BY THE BIDDER (if different)
DELIVERY DATE	<u>CONTRACTS SHOULD START ON JANUARY 1<sup>ST</sup>, 2023</u>	
PROCESSING TIMELINE	<u>THE REQUEST IS PROCESSING 48 HOURS AFTER THE REQUEST</u>	<u>LOT 1:</u> <u>LOT 2:</u>
REIMBURSEMENT TIMELINE	<u>THE REIMBURSEMENT IS PROCESSED DURING THE WEEK AFTER THE APPROVAL OF THE REQUEST</u>	<u>LOT 1:</u> <u>LOT 2:</u>

**BIDDER'S CONDITIONS:**

	GENERAL CONDITIONS RECOMMENDED BY ACTED	GENERAL CONDITIONS OFFERED BY THE BIDDER (if different)
VALIDITY OF THE OFFER	<u>6 MONTHS MIN / 1 YEAR RECOMMENDED</u>	
TERMS OF PAYMENT	<u>30 DAYS AFTER INVOICE RECEPTION</u>	

Name of Bidder's Authorized Representative: \_\_\_\_\_

Authorized signature and stamp: \_\_\_\_\_

Date: \_\_\_\_\_

