## **SCHEDULE 6**

## **PRICE JUSTIFICATION FORM**

Please attach price justification letter if brand offered in this Tender had been supplied previously to the Ministry of Health/ BELTS and has increased in price.

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| --- | --- | --- | --- |
| **NO.** | **ITEM** | **Price justification letter submitted (indicate with () or (X) or (Not Offered)** | **Letter reference (if applicable)** |
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Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenderer’s official stamp:

(S*ignature of authorized officer of Tenderer*)

Name:

Designation: