## **SCHEDULE 4**

## **SAMPLE SUBMISSION FORM FOR MEDICAL CONSUMABLES**

* 1. Advanced sample submissions are accepted for Medical Consumables.
  2. Tenderers shall state the Tender Reference No. and Item No. for sample submitted in the Sample Submission Form. Tenderers shall also ensure one (1) Sample Submission Form is filled in for each Batch submitted.
  3. Submission of samples must be through appointment with MSC Procurement Unit. All samples must be submitted together with sample submission form to:

|  |  |
| --- | --- |
| Address:  1st Floor, State Medical Store,  Simpang 433, Rimba Highway,  Kg Madaras, BE3119  Brunei Darussalam  Tel no: + 2223434 ext. 127 / 128 | Submission Hours:  Monday to Thursday 8:00am – 11:30am  1:30pm – 3:30pm    Friday 8:00am - 11:00am  2:30pm – 3:30pm |

Note: Cold chain items will only be accepted from Monday to Thursday.

4.4 For tender proposal documentation purposes, the tenderers shall specify whether the samples will be submitted for every items they have quoted. The information in the tender proposal shall be the same in both softcopy and hardcopy version.

***Note:*** *Sample Submission form which is attached in the tender proposal does not require BELTS signature and stamp*.

* 1. Samples submitted must be:
     + 1. **identical** in all details offered by the tenderers including pack size, packaging and manufacturer information;
       2. in **untampered original pack** including package insert;
       3. labelled with the tender reference number, corresponding item number listed on tender, Tenderer’s name and sample reference no. (for office use) as shown in the example below;

|  |  |
| --- | --- |
| **Ref: BELTS/MSC/PROC/MC/2024/4** | |
| **ABC Sdn Bhd** | |
| Item No.**1** | For office use:  **MC/2024/4-Sample \_\_\_** |

* 1. Upon submission of physical samples, tenderer is only required to list down samples submitted at that time. The samples submitted will be verified and acknowledged receipt by BELTS. For any subsequent sample submission, new form shall be used.
  2. Any correspondences (e.g. Letter of justification, letter of appeal, etc.) related to sample submission, the tenderer shall attach its original copy in the tender proposal.
  3. The Tenderer understands that sample(s) which are not awarded by BELTS at the end of evaluation period will be returned, in which the Tenderer shall collect from the same address stated above within thirty (30) calendar days from the date of notification.

**SAMPLE SUBMISSION FORM**

To:

State Medical Store

Simpang 433, Rimba Highway,

Kg Madaras, BE3119

Brunei Darussalam

Attn: Procurement Supervisor

**TENDER BATCH: BELTS/MSC/PROC/MC/2024/4**

**THE SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR BRUNEI ENGINEERING, LOGISTICS AND TRAINING SOLUTIONS SDN BHD ONE PLUS ONE (1+1) YEARS**

**Closing date: Wednesday, 20th November 2024**

|  |  |
| --- | --- |
| **TENDERER NAME** |  |

\* Please tick 🗹 where appropriate.

# For Column under *“Tenderer checklist for sample submission for offered item”,* tenderer is to tick 🗹 where appropriate:

1. identical in packing and manufacture to the items to be offered by the Tenderer. The Information on sample must match with details of product offered in Section 2 Specification and Requirements including BRU no. for registered drug;
2. in **untampered original pack** including package insert;
3. labelled with the tender reference number, corresponding item number of the Tender, Tenderer’s name and sample reference no. (for office use) as shown in the example below;

|  |  |
| --- | --- |
| Ref: BELTS/MSC/PROC/MC/2024/4 | |
| ABC Sdn Bhd | |
| Item No.1 | For office use:  MC/2024/4-Sample \_\_\_ |

| **Item No.** | **Item Description** | **Offered\*** | **Sample Is Submitted\*** | **Tenderer Checklist For Sample Submission For Offered Item#** | **Cold Chain Item\*** | **Product/Brand Name & Manufacturer Name/ Country** | **Remarks (If Any)** | **For Official Use** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample Ref. No.  MC/2024/4 Sample\_\_** |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |
|  |  |  |  | A.  B.  C.  |  |  |  |  |

Declaration: We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered.

| **Sample Submission to BELTS** | | | |
| --- | --- | --- | --- |
| **Signature of Authorized Personnel (Tenderer)** | | **FOR BELTS OFFICE USE** | |
| Name:  Signature:  Designation:  Date: | Tenderer’s Official Stamp: | Total No. of Items Received:  Item No:  Date of Receipt:  Signature of  Procurement Personnel: | BELTS Official Stamp: |

| **Sample Return from BELTS** | | | |
| --- | --- | --- | --- |
| **FOR BELTS OFFICE USE** | | **Signature of Authorized Personnel (Tenderer)** | |
| Total No. of Items Returned:  Item No:  Date of Return:  Signature of  Procurement Personnel: | BELTS Official Stamp: | Name:    Signature:  Designation:  Date Received: | Tenderer’s Official Stamp: |