**ANNEX D: SUBMISSION OF SAMPLE FORM**

**SUBMISSION OF SAMPLE FORM OF** (*YOUR COMPANY NAME)*

To:

Procurement Unit,

Medical Supply Chain Department

State Medical Store

Simpang 433, Rimba Highway,

Kg Madaras, BE3119

Brunei Darussalam

Attn: Procurement Coordinator

**BELTS FILE REFERENCE: BELTS/MSC/2024-RFQ/MC/08**

**INVITATION TO QUOTE FOR THE SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES FOR BRUNEI ENGINEERING, LOGISTICS, AND TRAINING SOLUTIONS.**

**Bidders are REQUIRED to submit sample of products for evaluation. Failure to submit samples will automatically disqualify the Bidder from evaluation in the RFQ.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO** | **ITEM DESCRIPTION** | **SAMPLE SUBMITTED**  (indicate with ) | **SAMPLE NOT SUBMITTED**  (indicate with ) | **OFFERED/NOT OFFERED**  (indicate as appropriate) | **REMARKS**  **(If any)** | **Sample Ref. No.**  **RFQ/MC/2024/08**  **Sample \_\_\_\_\_** |
| 1 |  |  |  |  |  |  |

………………………………. Supplier’s official stamp:

(S*ignature of authorized officer of Supplier*)

Name:

Designation:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE**

Date of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Item sample should send to the above address not later than **23rd December 2024, at 3.00 PM**
  2. Day/time for sample submission: **MON-THU/ 9.00 A.M-3:00 P.M (NOTE: By appointment. Please contact +673 2223434 ext. 127)**
  3. Supplier shall submit the Submission of Sample form below in respect of the items specified in this RFQ.
  4. Samples of the items to be submitted shall be:
     + 1. identical in packing and manufacture to the items to be offered by the Supplier;
       2. in untampered original pack including package insert; and
       3. marked with the corresponding item number of the RFQ.