

**AGREEMENT TO TERMS AND CONDITIONS****ITQ No: NKF/JT/2023/017****ITQ FOR THE SUPPLY, DELIVERY AND INVENTORY MANAGEMENT OF UNIFORM FOR  
NURSES, DIALYSIS CARE ASSOCIATES, NURSES IN NURSING ADMIN, SENIOR / NURSE  
MANAGER & PD, AND MATERNITY UNIFORM**

Please indicate clearly below your agreement to each clause of the Terms and Conditions. Where you are not in agreement, you should give your counter-proposal in the "Remarks" column or in a separate sheet to be attached to this form. Where you fail to expressly indicate disagreement against any clause, it shall be deemed that you agree to the same and the ITQ shall be evaluated accordingly.

Title of Document: **INVITATION-TO-QUOTE TERMS AND CONDITIONS**

S/N	Heading of Clause	Please tick to confirm having read and agreed to the same	Remarks
1	Definitions		
2	Introduction		
3	Orders		
4	Provision and Delivery		
5	Inspection, testing and rejection		
6	Prices		
7	Payment		
8	Guarantee		
9	Indemnity		
10	Limitation of Liability		
11	Compliance with law, rules and regulations		
12	Delay in delivery or performance		
13	Remedies for intellectual property infringement		
14	Drawings and technical documents		
15	Confidentiality		
16	Personal Data		
17	Force Majeure		
18	Termination		
19	Notices		
20	General		
21	Information Security		

Title of Document: **INVITATION-TO-QUOTE TERMS AND CONDITIONS – Termination**

S/N	Heading of Clause	Please tick to confirm having read and agreed	Remarks
1	Clause 18.2 (b)		
2	Clause 18.2 (c)		

Title of Document: **INVITATION-TO-QUOTE ADDITIONAL REQUIREMENTS – Annex C**

S/N	Heading of Clause	Please tick to confirm having read and agreed	Remarks
1	Consumption of Goods		
2	Non-performance of Goods		
3	Uniform Swatches and Samples		

**Accepted By:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Name: \_\_\_\_\_ Signatory Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Vendor's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Vendor's Stamp: \_\_\_\_\_

**Company's Stamp & Signature:**