AGREEMENT TO TERMS AND CONDITIONS

**REQUEST FOR PROPOSAL FOR 403 HAEMODIALYSIS RECLINER CHAIRS AND ESTABLISH 5-YEAR TERM CONTRACT FOR REPAIRS AND PARTS**

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 Request for Proposal shall be evaluated accordingly.

Title of Document: **Conditions of Contract**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Heading of Clause** | **Please tick to confirm having read and agreed to**  **the same** | **Remarks** |
| 1 | Definitions |  |  |
| 2 | Scope Of Contract |  |  |
| 3 | Supply And Delivery Of Goods |  |  |
| 4 | Delay In Delivery Or Performance |  |  |
| 5 | Alteration Of Specifications And Samples |  |  |
| 6 | Title And Risk |  |  |
| 7 | Contract Price |  |  |
| 8 | Payment |  |  |
| 9 | Security Deposit |  |  |
| 10 | Compliance With Law, Rules And Regulations |  |  |
| 11 | Purchasing Goods Elsewhere When Quantities Are Not Specified |  |  |
| 12 | Purchase Orders |  |  |
| 13 | Indemnity |  |  |
| 14 | Limitation Of Liability |  |  |
| 15 | Remedies For Intellectual Property Infringement |  |  |
| 16 | Insurance |  |  |
| 17 | Warranty |  |  |
| 18 | Additional Terms And Conditions |  |  |
| 19 | Suspension Or Termination |  |  |
| 20 | Force Majeure |  |  |
| 21 | Confidentiality |  |  |
| 22 | Variation Of Contract |  |  |
| 23 | Dispute Resolution |  |  |
| 24 | Assignment And Subcontracting |  |  |
| 25 | Contractor Personnel |  |  |
| 26 | Waiver |  |  |

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| --- | --- | --- | --- |
| **S/N** | **Heading of Clause** | **Please tick to confirm having read and agreed to**  **the same** | **Remarks** |
| 27 | Reliance Clause |  |  |
| 28 | Insolvency |  |  |
| 29 | Notices |  |  |
| 30 | Entire Agreement |  |  |
| 31 | Severability |  |  |
| 32 | Reasonableness |  |  |
| 33 | Language |  |  |
| 34 | Survival Clause |  |  |
| 35 | Independent Contractor / No Partnership |  |  |
| 36 | Joint And Severable Liability |  |  |
| 37 | No Third Party Beneficiaries |  |  |
| 38 | Use Of Name |  |  |
| 39 | Governing Law |  |  |
| 40 | Execution In Counterparts |  |  |
| 41 | Personal Data |  |  |
| 42 | Information Security |  |  |

Title of Document: **Conditions of Contract – Suspension or Termination**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Heading of Clause** | **Please tick to confirm having read and agreed to** | **Remarks** |
| 1 | Clause 19.2 (e) |  |  |
| 2 | Clause 19.2 (f) |  |  |

Title of Document: **Conditions of Request For Proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Heading of Clause** | **Please tick to confirm having read and agreed to**  **the same** | **Remarks** |
| 1 | Definitions |  |  |
| 2 | General Requirements |  |  |
| 3 | Partial and Conditional RFP Bids |  |  |
| 4 | Delivery of RFP Bids |  |  |
| 5 | Validity Periods |  |  |
| 6 | Evaluation of RFP Bids |  |  |
| 7 | Acceptance of RFP Bid |  |  |
| 8 | No Return of RFP Bid |  |  |
| 9 | Price Quotations |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Heading of Clause** | **Please tick to confirm having read and agreed to**  **the same** | **Remarks** |
| 10 | Variations, Modifications and Amendments |  |  |
| 11 | Cost of RFP Bid |  |  |
| 12 | Confidentiality |  |  |
| 13 | RFP Documents, Materials and/or Information |  |  |
| 14 | Disclaimers |  |  |
| 15 | Governing Law and Jurisdiction |  |  |

Title of Document: **Specimen of Banker’s Guarantee, Performance Bond and Performance Guarantee**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Name of Document** | **Please tick to confirm having read and agreed to**  **the same** | **Remarks** |
| 1 | Specimen of Banker’s Guarantee – **Annex 1** |  |  |
| 2 | Specimen of Performance Bond – **Annex 2** |  |  |
| 3 | Specimen of Performance Guarantee – **Annex 3** |  |  |

# Declaration:

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Name of Document** | **Please tick to confirm having read and agreed to** | **Remarks** |
| 1 | Meeting relevant regulatory requirements (HSA, BCA, NEA, MOM, FDA, ED, etc) in line  with the nature of the supplies. |  |  |
| 2 | No qualification on auditor’s statement’s on going concern or insolvent as shown in ACRA report. |  |  |
| 3 | Not under investigation or conviction for bribery or corruption for the last 3 years. |  |  |
| 4 | Employment practices are in line with local regulations. |  |  |
| 5 | Should products or services be sourced from overseas, to declare that no knowledge of  bribery issues or employment issues at the source countries. |  |  |
| 6 | Any past rejections by NKF due to poor performance from internal records over 3 years. |  |  |

Vendor’s name: Vendor’s stamp: