RFP NO: 20261102

Vendor Business Model

S/N	Description	Vendor's Input
1	Is your company a Parallel importers, Distributor or Principal?	
• **If your company is a Principal, please fill up all the necessary information in Section A.** • **If your company is a Parallel importers or Distributor, please fill up all the necessary information in Section B.**		

Section A (for Principal to fill in only)		
S/N	**Activities**	**Vendor's Input**
1	**Sales and Marketing**	
1.1	Please provide the call tree (names and contact numbers of the personal that is 24 hours contactable) for the Product Recall, Emergency Situations, Pandemic and Disaster Management	
2	**Warehousing:-** **Stock Inventory Planning and Control**	
2.1	If your company is engaging third party warehousing company, please provide their **company name and address**	
3	**Distribution / Logistics**	
3.1	Does your company handle the direct delivery of the product to institutions from the warehouse	
3.1.1	If your company is engaging third party logistic company, please provide their **company name and address** (if applicable)	

Authorised Signature: _____ Vendor's stamp : _____

RFP NO: 20261102

Section B (for Parallel Importers or Distributor to fill in only)		
S/N	**Activities**	**Vendor's Input**
1	**Sales and Marketing**	
1.1	Who is responsible for the sale activities , product launch and promotional activities, **your company or Principal?**	
1.2	Who is responsible and manage the after-sales service support e.g Product complaint Product Recall, Pandemic Management and Emergency Situations , **your company or Principal?**	
1.2.1	Please provide the call tree (**names and contact numbers of the personal that is 24 hours contactable)** for the Product Recall, Emergency Situations, Pandemic and Disaster Management	**Name** **Contact Number**
2	**Warehousing:-** **Stock Inventory Planning and Control**	
2.1	Who is responsibe for stock demand planning in the local (Singapore) warehouse and stock movement decision, **your company or Principal?**	
2.2	The holding stock inventory in the local (Singapore) warehouse belongs to the **your company or Principal?**	
2.2.1	If your company is engaging third party warehousing company, please provide their **company name and address** (if applicable)	

Authorised Signature: _____ Vendor's stamp : _____

RFP NO: 20261102

3	**Distribution / Logistics**	
3.1	Who is responsibe for delivering the product to institutions, **your company or Principal**?	
3.2	Who is responsible for goods return processing, **your company or Principal?**	
3.3	Does your company handle the direct delivery of the product to institutions from the warehouse	
3.3.1	If your company is engaging third party logistic company, please provide their **company name and address** (if applicable)	
4	**Regulatory and Licenses**	
4.1	Who is responsibe for the registration of the product HSA and/or other regulatory bodies , **your company or Principal?**	
5	**Principal Information**	
5.1	Please provide distributor authorization letter from your principal company upon submission of the RFP document **(Compulsory)**	
5.2.1	Please provide your **principal company name**	
5.2.1	Does the Principal has a local company or office in Singapore? If yes, please provide their local company address or otherwise, their oversea address	

Authorised Signature: _____ Vendor's stamp : _____

RFP NO: 20261102

Local Reference

S/N	Description	Vendor's Input
1	Is your company supplying the product to other institutions? (**the same product as your company offered in this RFP**)?	Yes / No
1.1	If Yes, which institutions are your company supplying to? **Please list down <u>up till 10 institutions and centres</u> in specific, if any** *(pls avoid providing vague inputs such as various hospitals, several dialysis centres etc)*	*(e.g. SGH, NTUC Health, NHGP)*
2	Is your company supplying **similar products or other products** to other institutions?	Yes / No
2.1	If yes, what are the products and which institutions are your company supplying to? **Please list down <u>up till 10 institutions and centres</u> in specific, if any** *(pls avoid providing vague inputs such as various hospitals, several dialysis centres etc)*	*(e.g. Alcohol Swabs - TTSH, Kidney Dialysis Care, Thye* *Surgical Tape – St Andrew Home, SGH,* *Syringes – Mt Alvernia Hospital, Farrer Park Hospital)*

Authorised Signature: _____ Vendor's stamp : _____