**Offer FORM**

**APPENDIX 1 FOR THE RFQ 15 11 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 1**

**Name and CPV code:** 33696500-0: Laboratory reagents.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **CPDM\_0053X\_PDXCL + license for single use** | 1 vial | 1 |  |  |  |
| 2. | **CPDM\_0067X\_PDXCL + license for single use** | 1 vial | 1 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 1):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………