

## REQUEST FOR QUOTATION (RFQ)

NAME & ADDRESS OF FIRM: _	DATE: <b>26/11/2011</b>
	REFERENCE:

Dear Sir:

You are kindly requested to submit your quotation for the following items before close of **business on** 02/11/2011.

**Note:**

- Below listed delivery shall be done in Badakhshan/Faizabad city.
- Mode of payment: Bank transfer to company account in 10 days after receiving of goods and invoice.
- Warranty for equipments required.
- Company license and references can be included to the sealed envelope along with quotation.

Item	Generic Description [incl. Technical specifications, quality & safety standards, special features required]	Quantity
1	Desktop computer Dell brand, Dell GX.780 MT Intel c 2d 2.93 GHz/2GB, RAM/500HDD/DVDRW/Monitor LCD 18.5 IN 1910N with Windows 7 original	4
2	UPS 1000 WAT CIN.40 Min capacity storage for 1 computer	4
3	Printer HP laser jet 2055 DN	1
4	Projector Sony EX100 with stand screen 180/180	1
5	Scanner HP 5590	1
6	Photocopier , Sharp,5520	1
7	Digital Camera (photo/movie) sony W510 with 2GB memory 12.1mgx	1
8	Book shelves wooden with 2 doors	4
9	Swivel armed chairs and desk double surface	4
10	Meeting table 6m with 18 chairs	1
11	Curtain for 2 rooms 5,2 m windows and 4,1.5m doors	
12	1 set couch 2 setter	1set
13	Notice board big size	1
14	White board big size	1
15	Carpet, wall to wall carpet Arabian (54m2) 13.5m	13.5m
16	Generator Perkins UK 13.5 KVA	1
17	Dishes set for 12 people	120 pcs
18	Vacuum cleaner 2800 Wat/18bit	1
19	Stabilizer 3000 National	1
20	AC 18000 BTU	2
21	Hard disk HDD 500GB	1
22	Gas heater with Capsule (10L) Gold general gas with electric heater	2
23	Fan	1
24	Extension cord	7
25	Meeting table	1
26	Swivel armed chair and center	4
27	Dishes set (dishes set for 12 people 120 pc)	1

CONDITIONS	
Delivery Term (INCOTERMS 2000) & Place	<input type="checkbox"/> FCA <input type="checkbox"/> CPT <input type="checkbox"/> CIP
	PLACE _____
Payment Terms	
Validity of Quotation	<input type="checkbox"/> 30 DAYS <input checked="" type="checkbox"/> 60 DAYS
Preliminary Examination - Completeness of quotation.	<input type="checkbox"/> Partial bids permitted. <input type="checkbox"/> Partial bids not permitted
Mode of Transport	AIR _____ SEA _____
	SURFACE _____ OTHERS _____
General Terms and Conditions	Copy enclosed (see Appendix A)

REQUIREMENTS
Language: All documentation, including installation and operating manuals shall be in:
<input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Others

NAME, FUNCTIONAL TITLE: _____	Signature: _____	DATE: _____
CONTACT ADDRESS: UN Women OFFICE, Jalalabad Road, UNOCA Compound, Kabul, Afghanistan _____		
E-MAIL ADDRESS: registry.unwomen.af@unwomen.org		FAX NO: _____