



TENDER DOCUMENT

NATIONAL COMPETITIVE BIDDING

FOR

**HEALTH INSURANCE
FOR THE EMPLOYEES OF SHCC AND THEIR DEPENDENT
FAMILY MEMBERS**

Tender No. 2062/SHCC/DHR&A/2024

**AT BLOCK-C, 2ND FLOOR FTC BUILDING
SHAHRAH-E- FAISAL KARACHI**

1. INTRODUCTION

SINDH HEALTHCARE COMMISSION invites single stage two envelopes tender under SPPRA Rules, 2010 (Amended 2023) for providing the services of Health Insurance for its employees and dependents from well reputed Insurance Companies who qualify the eligibility criteria for the following lives:

- a) Eligible employees of SHCC
- b) Following eligible dependents of the SHCC's eligible employees:
 - i) Employees
 - ii) Spouse
 - iii) Children
 - iv) Parents

The Scope of Services will be based on the following benefits:

- a) In-Patient (Hospitalization)
- b) Maternity
- c) Out-Patient
- d) Emergency

INVITATION TO BID

Sindh Healthcare Commission (hereinafter referred to as Purchaser), invites sealed bids from eligible bidders for “HEALTH INSURANCE FOR THE EMPLOYEES OF SHCC AND THEIR DEPENDENT FAMILY MEMBERS”.

1. Tender Bids in sealed envelopes as per guidelines and information provided in this document are required. Interested bidders applying for bids should submit bids as per Single Stage Two Envelope Procedure of SPP Rules 2010. The interested bidder must have valid NTN, GST, SRB registration certificates as a precondition for their eligibility for participation in the bidding process.
2. Bidding for individual items or bids not meeting the required specification will be rejected as non-responsive.
3. All bids received will be opened and evaluated in the manner prescribed in the evaluation criteria of bidding document.
4. Interested eligible bidders may obtain further information on the bid and collect the bidding documents from the office of Sindh Healthcare Commission, Government of Sindh, 2nd Floor, Block-C, FTC Building, Shahra-e-Faisal, Karachi, from the date of advertisement during office Hours, i.e. from 9:00 am to 5:00 pm on payment of document fee of Rs. 3,000/- in the form of Pay order/Demand Draft in favor of Sindh Healthcare Commission. This bidding document can also be downloaded from the website of SPPRA, i.e. in which case document fee required in the specified format may be submitted along with the bid. Only the bids submitted with the document fee or proof of payment thereof will be considered as eligible for participation in the bidding process.
5. All bids must be accompanied by an earnest money/bid security of two percent (2%) of total bid amount, in the form of ‘pay order’, ‘demand draft’ or ‘bank guarantee’ in the name of Sindh Healthcare Commission, Government of Sindh, 2nd Floor, Block-C, FTC Building, Shahra-e-Faisal, Karachi Sindh, and must be accompanied with the bid in a separate sealed envelope marked as “Earnest Money/Bid Security”. Bid without earnest money/bid security of required amount and prescribed form shall be rejected.
6. Sindh Healthcare Commission (SHCC) will not be responsible for any costs or expenses incurred by bidders in connection with the preparation or delivery of bids.
7. The Bid prices are fixed during currency of contract and under no circumstance shall any contractor be entitled to claim enhanced rates for any item in this contract.
8. The Procuring Agency shall have right of rejecting the tender as per Sindh Public Procurement Rules 2010.
9. All quoted prices must include all applicable taxes, such as General Sales Tax, Income Tax, Provincial Sales Tax and/or etc. If not specifically mentioned in the bid, then it will be presumed that the prices include all the taxes. Purchaser will not be responsible and would not pay any additional amount in case of changes in tax rate by the Government of Sindh or Government of Pakistan.
10. Rights and obligations of the procuring agency and the contractor shall be governed by

General and Special conditions of contract signed between the procuring agency and the contractor.

11. The following shall result in blacklisting of suppliers, contractors, individually or collectively as part of consortium:
 - (a) Conviction for fraud, corruption, criminal misappropriation, theft, forgery, bribery or any other criminal offence;
 - (b) Involvement in corrupt and fraudulent practices while obtaining or attempting to obtain a procurement contract;
 - (c) Final decision by a court or tribunal of competent jurisdiction that the contractor or supplier is guilty of tax evasion;
 - (d) Willful failure to perform in accordance with the terms of one or more than one contract;
 - (e) Failure to remedy underperforming contracts, as identified by the procuring agency, where underperforming is due to the fault of the contractor or supplier.
 - (f) Failure to complete the contract within the stipulated time period will invoke penalty of 0.025% of the total cost per day. In addition to that, Performance Guarantee (CDR) amount will be forfeited and the company will not be allowed to participate in future tenders as well.
12. An interested bidder, who has obtained bidding documents, may request for clarification of contents of the bidding documents in writing, and procuring agency shall respond to such queries in writing within three calendar days, provided they are received at least five calendar days prior to the date of opening of bids. A copy of each clarification letter shall also be upload on SPPRA Website for information of interested bidders.

Director HR and Admin
Sindh Healthcare Commission
Karachi – Sindh

2. ELIGIBILITY CRITERIA OF INSURANCE COMPANY (supported documents must attached)

- a) Approved from SECP.
- b) Registered with Income Tax and Sales Tax Authorities.
- c) Registered with Sindh Revenue Board.
- d) Companies scoring minimum 70% marks in the technical evaluation criteria will be qualified for financial proposal.
- e) Companies black-listed by any Government Department, shall not be entertained.
- f) Conditional tenders will not be accepted.
- g) Each paper of the tender document has to be stamped and signed by the authorized signatory of the Company.

3. SCORING CRITERIA FOR TECHNICAL EVALUATION

Q#1	Credit Rating by PACRA/JCR-VIS	Points
1	Equal to or Less than A	3
2	A+ to AA	5
3	Above AA	10
Q#2	Paid-up Capital (As on 31.12.2023)	Points
1	Equal to or Less than Rs.2.5 Billion	3
2	More than Rs.2.5 Billion and up to Rs.3.0 Billion	5
3	More than Rs.3.0 Billion	10
Q#3	Overall existing General Insurance Portfolio (As on 31.12.2023)	Points
1	Equal to or Less than 12.0 Billion	3
2	More than Rs.12.0 Billion and up to Rs.18.0 Billion	5
3	More than Rs.18.0 Billion	10
Q#4	Years in Business of Health Insurance (As on 31.12.2023)	Points
1	Equal to or less than 8 years	3
2	More than 8 years and up to 15 years	5
3	More than 15 years	10
Q#5	Existing Health Insurance Portfolio (As on 31.12.2023)	Points
1	Equal to or less than Rs.1.0 Billion	3
2	More than Rs.1.0 Billion and up to Rs.2.0 Billion	5
3	More than Rs.2.0 Billion	10
Q#6	Bank Balances (As on 31.12.2023)	Points
1	Equal to or Less than Rs.7.5 Billion	3
2	More than Rs.7.5 Billion and up to Rs.10.0 Billion	5
3	More than Rs.10.0 Billion	10
Q#7	Number of total lives covered under Health Insurance	Points
1	Up to 200,000	3
2	Between 200,001 to 300,000	5
3	More than 300,000	10
Q#8	Number of Panel Hospitals under credit facility	Points
1	Less than 200	1
2	201 to 300	3
3	More than 300	5
Q#9	Number of Public Sector as client in Sindh Province in Health Insurance	Points
1	Less than 2	3
2	Between 2 to 4	5
3	5 or above	10
Q#10	Availability of full-time medical doctor(s) for case management	Points
1	Up to 10	3
2	11 to 20	5
3	More than 20	10
Q#11	No. of Panel Hospitals in Each Division/District of Sindh	Points
1	Less than 2	1
2	Between 2 to 4	3
3	5 or more	5

4. RESPONSIBILITIES OF THE COMPANY

- a) The Company will provide the medical benefits, by way of health insurance cover, to the SHCC's eligible employees and their eligible dependent parents, spouses and children, across Pakistan, under Islamic mode of insurance, for a period of one year.
- b) The Company will provide Health Cards to SHCC in duplicate, one to be issued to the respective employees and the other to be maintained by the SHCC.
- c) The Company will ensure that their concerned staff/representatives shall behave properly and friendly with the employees / staff / dependents of SHCC.
- d) The Company will regularly co-ordinate with the Health Insurance Section and Chairman, Medical Expenses Committee, SHCC in respect of day to day matters/affairs.
- e) The Company will settle the SHCC's claims within a maximum period of fifteen (15) days otherwise SHCC will have the right to revoke the payment of quarterly installments.
- f) The Company will submit to SHCC each quarter's expenditure statement within fifteen (15) days of the following month and the annual summarized expenditure statement within fifteen (15) days of the maturity of the Agreement.
- g) The Company will allow the SHCC employees to process their IPD claims of non-panel hospitals for reimbursement, up to 150 days from the date of discharge from the hospital.
- h) The Company will enlist SHCC Diagnostic Laboratory & Blood Bank and SHCC Executive Dental Clinic in its Panel of Hospitals and Laboratories.
- i) The Company will prepare / execute the Insurance Policy in favor of SHCC comprehensively incorporating the terms & conditions of this tender document and will provide the Insurance Policy Document to the SHCC within fifteen (15) days of signing of the Agreement.

5. RESPONSIBILITIES OF THE SHCC

- a) The SHCC will provide the initial data of employees and their dependent family members to the Company within ten (10) days of signing of the Agreement.
- b) The SHCC will bear the cost of Insurance Contribution based on the rates finalized / approved against this tender.
- c) The SHCC will be responsible to pay Insurance Contribution in terms of Clause-8 of this tender document.

6. SCOPE OF SERVICES / MEDICAL BENEFITS

The scope of services / medical benefits covered in the Insurance Policy will include (A) In-Patient (Hospitalization), (B) Maternity, and (C) Outpatient as per following details:

(Amount in Rs.)

<u>Description of Benefits / Coverage</u>	<u>Category</u> <u>A</u>	<u>Category</u> <u>B</u>	<u>Category</u> <u>C</u>	<u>Category</u> <u>D</u>
A. HOSPITALIZATION BENEFITS:				
(i) Per Annum Limit Per Insured (For Self, Spouse, Children) (ii) Per Annum Limit Per Insured (For Parents) (iii) Daily Room & Boarding Limit	See Annexure -A			
(iv) Complimentary Hospitalization & Accidental Cover: Enhancement of Hospitalization Limit in case of Accidental Injuries, Cancer, Hepatitis B&C Treatment, Kidney Dialysis and any heart disease.	50% of the available Hospitalization Limit			
(v) Coverage of Expenses: Daily Room and Boarding charges; consultation charges; surgical fees; anesthetist's fee; diagnostic investigations; operation theatre charges; blood & oxygen supplies; inpatient medicines; ICU / CCU charges; organ transplant; fracture; local ambulance services etc (excluding non-medical items and medical / non-medical equipment).	COVERED			
(vi) Coverage of Day Care Surgeries / Specialized Investigation / Treatment: Lithotripsy; Endoscopy; Excision Biopsy; Gastroscopy; Partial Mastectomy; Tonsillectomy/Adenoidectomy; Veins/Varicose; Malignant and Non-malignant tumors/ Abscess; Cholecystectomy; Herniorrhaphy; Appendectomy; Cataract Surgery with intra-ocular lenses of premium quality; Angiography; Angioplasty; MRI; CT Scan; Thallium Scan; Cancer treatment including chemotherapy & radiotherapy with pre & post- hospitalization expenses (upto 30 days) up to full hospitalization limit and Treatment of Hepatitis B & C such as, Inj. Interferon therapy/ Tab. Sovaldi along with all combination therapy, consultation & laboratory tests expenses etc., up to full hospitalization limit. All congenital birth defects / illnesses; newly born baby's nursery care charges during mother's hospitalization including incubator facility; miscarriage				

resulting into D&C or D&E; Cost of circumcision for baby boys upto Rs.10,000/-.				
(vii) Accidental Emergency Treatment: Treatment of all injuries/fractures & lacerated wounds, local road ambulance, accidental dental treatment (outpatient within 48 hours for pain relief) including cardiac emergency.				
(viii) Pre & Post Hospitalization: Outpatient expenses including diagnostic tests, consultation charges and cost of prescribed medicines including surgical dressing and physiotherapy within 30 days prior to or after Hospitalization.				
	<u>Category</u> <u>A</u>	<u>Category</u> <u>B</u>	<u>Category</u> <u>C</u>	<u>Category</u> <u>D</u>
<u>B. MATERNITY BENEFITS:</u>				
(i) Per Annum Limit for Normal Delivery (ii) Per Annum Limit for Cesarean, Multiple Births, Forced, Forceps & Complicated delivery	See Annexure -A			
(iii) Coverage of Expenses: Follow-up visits of patients during or after pregnancy; Pre & Post Natal expenses; Obstetrician's Fee for delivery & consultation during hospitalization; Mid-wife expenses up to the maternity limit (excluding non-medical items and medical / non-medical equipment).	COVERED			
	<u>Category</u> <u>A</u>	<u>Category</u> <u>B</u>	<u>Category</u> <u>C</u>	<u>Category</u> <u>D</u>
<u>C. OUT PATIENT BENEFITS</u>				
(i) Limit Per Employee Per Family	Equal to 30% of Annual limit	Equal to 30% of Annual limit	Equal to 30% of Annual limit	Equal to 30% of Annual limit
(ii) Coverage of Expenses: Physician's or Consultant's fee including Psychiatrist's fee; Prescribed medicines; Prescribed diagnostic tests (excluding minor surgical procedures); Medical emergencies not leading towards hospitalization (excluding non-medical items and medical / non-medical equipment).	COVERED			

7. OTHER REQUIRED SERVICES

- a) International accidental emergencies/treatments are covered on re-imburements basis and in comparison, to AKUH, Karachi rates.
- b) Arrangement of a free Diabetic clinic at main SHCC office to check diabetes via glucometer for employees only.
- c) Arrangement of an Orientation Session for the SHCC employees regarding their limits / ceilings of Insurance Benefits, procedure / SOP for claim settlement and distribution of brochures among the employees.
- d) The Company will display banners in the SHCC premises containing hotline contact numbers and other relevant information for the guidance / support of the employees.
- e) Flexibility of getting non-panel hospitals on panel.
- f) Flexibility of getting required consultants & diagnostic labs for discount facility.
- g) In case of treatment from Non-Panel Hospital, reasonable and customary charges as in Panel facilities shall be paid. The rates will be benchmarked with the best panel network hospital in the location of treatment taken from non-panel hospital.
- h) All hospital services and supplies should be covered during confinement in the hospital.
- i) No pre-authorization is required by panel hospitals from the Insurance Company for employees of SHCC and their eligible dependents for direct admission in panel hospitals.

j) TURNAROUND TIME:

<u>Sr. #</u>	<u>Description</u>	<u>Working Days</u>
1	For policy document and health cards at inception	10
2	Routine health cards for additions, deletions & plan revision	10
3	Claim re-imburement	10
4	Agreed Management Information System Reports	10
5	Detailed Claims Analysis on Quarterly basis	10

8. PAYMENT OF INSURANCE CONTRIBUTION

The mode of payment of Insurance Contribution will be as under:

- a) The amount of Insurance Contribution approved by SHCC will be paid by SHCC to the Company in four (4) equal quarterly installments against the respective invoices raised by the Company.
- b) The SHCC will pay to the Company each quarter's Contribution within fifteen (15) days of commencement of the following quarter subject to the settlement of all valid claims of the SHCC and provision of expenditure statement by the Company in respect of all benefits pertaining to the respective quarter.
- c) The SHCC will have the right to revoke payment of the installment of Contribution in case of delay by the Company in settlement of valid submitted claim(s) within a period of fifteen (15) days.
- d) Additional payments of Endorsement Insurance Contribution, if any, as a result of ongoing changes in the data of the employees and their dependent family members, will be made by the SHCC to the Company on quarterly basis against the respective invoices raised by the Company, according to the Insurance Contribution rates as approved by SHCC.

9. PROCEDURE FOR HOSPITALIZATION & CLAIM SETTLEMENT

- a) Panel Hospitals
 - i) Upon approaching to the Hospital, the Patient will submit photocopies of Health Card and CNIC of the patient (in case of adults) to the Hospital's Management.
 - ii) The Hospital will provide credit arrangement for indoor treatment.
 - iii) Upon discharge of the Patient, the hospital will send the bill of his/her treatment along with prescription, copies of lab tests, itemized hospital bills, discharge slip and other related documents (if any) etc. to the Company for settlement.
 - iv) There should be panel hospitals available in each division/ district of Sindh Province.
- b) Non-Panel Hospitals.
 - i) Prior to undertaking the treatment from non-penal hospital, the Patient will inform the Focal Person of the Company about the hospitalization in writing, in a manner to properly identify the Insured patient, except in case of medical emergencies in which case such intimation shall be given at the earliest.
 - ii) Upon discharge of the Patient, the SHCC will send the (i) Claim Form, (ii) Discharge Summary, (iii) Itemized Hospital bill, (iv) Doctor's prescriptions, (v) original pharmacy bills, (vi) diagnostic test reports, and (vii) diagnostic test bills to the Company within four weeks of discharge from the hospital.
 - iii) The Company shall settle such claims on reimbursement basis within a maximum period of fifteen (15) working days under intimation to the Insurance Section of the SHCC.

c) Out Patient Benefits

- i) After incurring medical expenses covered under Outpatient Benefits, the SHCC will send the (i) Claim Form, (ii) Doctor's prescriptions, (iii) original pharmacy bills, (iv) copies of diagnostic test reports, and (v) diagnostic test bills to the Company.
 - ii) The Company shall settle such claims on reimbursement basis within a maximum period of fifteen (15) working days under intimation to the Insurance Section of the SHCC.
- d) The IPD / Maternity / OPD claim(s) being considered by the Company for rejection must be conveyed to the Insurance Section, SHCC (before actually rejecting the same) indicating reasons thereof, e.g. non-verification of pharmacy bills, exhausting of ceiling of the respective benefit, claim not covered under the provisions of Insurance Policy or any other reason, along with supportive evidence, so that the concerned Claimant may be informed, accordingly.
- e) If Claimant approaches the SHCC Medical Expenses Committee contesting the rejection of the claimed bill(s), and the Committee considers and recommends for its re-submission / re-verification, the Company will accept the said bill(s) for the due process of settlement.
- f) If any pharmacy bill submitted by the Claimant is rejected due to any reason, other bills included in the same batch from other Pharmacy of the Claim must be settled.
- g) Processing of claim settlements / disbursement of payments must be carried out by the Company from its Karachi Office.

10. REQUIRED DOCUMENTS FOR TECHNICAL PROPOSAL

- a) The Bidder must not have been barred / blacklisted by any of Provincial or Federal Government Department, Agency, Organization or autonomous body or Private sector organization anywhere in Pakistan. (Submission of Undertaking on Rs.100/- legal stamp paper).
- b) Annual audited Accounts of the Company for the last three years, i.e., as on June 30, 2021, June 30, 2022 and June 30, 2023.
- c) Updated Company Profile.
- d) Certificate of Incorporation with SECP.
- e) Valid NTN Certificate.
- f) Valid Registration Certificate of Sindh Revenue Board.
- g) Updated list of Panel hospitals under credit facility in Pakistan with contact information.
- h) List of Doctors & Health Insurance Management Team.
- i) Complete list of current clients in health Insurance.
- j) Copies of Work Orders, Agreements etc. as proof of experience in Health Insurance.
- k) Latest certification of PACRA/ JCR-VIS Rating.
- l) List of at least 3 current clients for reference check with contact information.
- m) Names of Authorized person, Focal Person and Account Manager with full contact information on company's Letter Head. List of Exclusions in health coverage benefits.
- n) Process Flow Chart for claim re-imburement process of non-panel hospitalization.
- o) Process Flow Chart for credit facility of emergency admission process at panel hospitalization.
- p) Process Flow Chart for credit facility of elective admission process at panel hospitalization.

11. FINANCIAL PROPOSAL

<u>Sr. #</u>	<u>Particulars</u>	<u>Amount (Rs.)</u>
1	Insurance Contribution for In-Patient Benefits	
2	Insurance Contribution for Maternity Benefits	
3	Insurance Contribution for OPD Benefits	
4	Insurance Contribution for Emergency	
5	Total Insurance Contribution	
6	Additional fee i.e. Admin/FIF/FED/Taxes etc.	
	Gross Insurance Contribution	

Note: SHCC has right to increase or decrease the number of Staff depending upon new induction or deduction of Current no. of employees.

12. REQUIRED DOCUMENTS FOR FINANCIAL PROPOSAL

- a) Detailed workings of the Financial Proposal should be annexed.
- b) Bid security / Earnest money in shape of Pay Order for 2% of total bid amount in favor of Sindh Healthcare Commission must be placed in the Financial Proposal envelope.

13. COMMUNICATION CONTACTS

All communications regarding this tender, whether written or oral, must be directed exclusively to the following authorized person(s):

Director HR & Administration
Sindh Healthcare Commission, Block C- 2nd floor FTC Building,
Shahrah-e-Faisal, Karachi, Phone #021-38656000

Any oral communication from or with the authorized person(s) will be considered un-official and non-binding on SHCC. The Company should rely only on written communications made with the authorized person of SHCC.

14. SUBMISSION CRITERIA & SCHEDULE

- a) Two separate sealed envelopes each for technical and financial proposal should be submitted in one sealed envelope marked as Tender Documents (Single Stage Two Envelope) and addre.
- b) Envelopes shall also bear the word “Confidential” and “Technical Proposal & Financial Proposal” for the respective bid.
 - i) First, technical proposal shall be evaluated and financial proposal of only those bidders will be opened who score minimum 70% marks in the technical evaluation criteria.
 - ii) Bidding Documents should reach the office of AD Procurement, SHCC, Karachi before the deadline for bid submission, i.e., 30 April, 2024 at 1100 hours.
 - iii) Tender will be opened on 30 April, 2024 at 1130 hours.

15. EVALUATION OF BIDS

Technical bids will be evaluated by the Procurement Committee of SHCC as per Technical Evaluation Criteria given in the Bidding Document. Financial proposals of only those bidders will be opened who secure minimum of 70% marks in the Technical Evaluation.

16. TERM OF CONTRACT

The contract period will be of one (1) year which can be further renewed based on satisfactory performance and mutual consent of the successful Bidder and the SHCC.

17. DETAILS OF HEALTH COVERED UNDER INSURANCE POLICY:

Is attached at Annexure "A".

SUMMARY OF COVERED

Category	Annual Limit (each Employee + dependent)	Room Limit	Maternity/ Normal	Maternity/ Cesar
A	1,800,000	30,000/day	150,000/-	200,000/-
B	1,600,000	20,000/day	100,000/-	120,000/-
C	1,400,000	15,000/day	80,000/-	100,000/-
D	1,200,000	8,000/day	70,000/-	90,000/-

<u>SINDH HEALTHCARE COMMISSION</u>	
<u>CATEGORY</u>	<u>EMPLOYEES</u>
A (CEO & Directors)	8
B Deputy Director / Assistant Director	47
C Assistant/ Assistant Manager	8
D Driver/Naib Qasid /Security Guard/Sanitary Worker	49
TOTAL	112

BID DATA

- | | |
|---|---|
| a. Name & Address of Procuring Agency: | Sindh Healthcare Commission
2 nd Floor, Block C, FTC Building
Shahra e Faisal, Karachi |
| b. Brief Description of Procurement: | Health Insurance for SHCC Employees & Their
Dependent Family Members |
| c. Tender Document Fee: | PKR 3,000/- |
| d. Amount of Bid Security/ Earnest Money: | 2% |
| e. Period of Bid Validity: | 90 days |
| f. Amount of Performance Security: | 10% |
| g. Issuance of Tender: | 8-04-2024 up-to 29-04-2024 (10 AM) |
| h. Deadline of Bid Submission: | 30-04-2024 (11:00 AM) |
| i. Date & Time of Bid Opening: | 30-04-2024 (11:30 AM) |
| j. Venue of Bid Opening: | Meeting Room, Sindh Healthcare Commission
2 nd Floor, Block C, FTC Building
Shahra e Faisal, Karachi |
| k. Liquidated Damages: | 0.025% contract price per day |
| l. Stamp Duty: | 0.35% or notified by the Govt. of Sindh, will
be paid by the successful bidder |
| m. Deposit Receipt No.: | _____ |
| Date: | _____ |
| Amount: | _____ |

BID FORM

To:

Director HR & Administration,
Sindh Healthcare Commission, Block C- 2nd floor FTC Building,
Shahrah-e-Faisal, Karachi, Phone #021-38656000

We, the undersigned, declare that:

- (a) We have examined and have no reservations to the Bidding Document, including Addenda, if any.
- (b) We offer to provide the “SERVICES” for the SHCC in conformity with the Bidding Documents;
- (c) The total price of our Bid, excluding any discounts offered in item (d) below is:
- (d) The discounts offered and the methodology for their application is:
- (e) Our Bid shall be valid for a period of 90 days from the date fixed for the bid submission deadline in accordance with the Bidding Document, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- (f) If our Bid is accepted, we commit to obtain a Performance Security in the amount of 5% of the value of the contract for the due performance of the Contract;
- (h) We are not participating, as Bidders, in more than one Bid in this bidding process, other than alternative/revised offers in accordance with the Bidding Document and or relevant laws;
- (i) Our firm, its affiliates or subsidiaries, including any subcontractors or suppliers for any part of the Contract, has not been declared ineligible by the SHCC or the Government of Sindh;
- (j) The following commissions, gratuities, or fees have been paid or are to be paid with respect to the bidding process or execution of the Contract:
Name of Recipient Address Reason Amount
- (k) We understand that this Bid, together with your written acceptance thereof included in your notification of award, shall constitute a binding contract between us, until a formal Contract is prepared and executed.
- (l) We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.
- (m) We agree to permit the SHCC or its representative to inspect our accounts and records and other documents relating to the bid submission and to have them audited by auditors appointed by the Bank, or such other sums as may be ascertained in accordance with the Price Schedule attached hereto and made part of this Bid.
- (n) We undertake, if our above stated individual Bids for any or more items are accepted, we shall be bound to complete the work in accordance with the Contract Execution Schedule provided in the

Schedule-A conditions of the Contract to Bid.

- (o) If our individual Bids for any one or more items are accepted, we shall deposit 5% Performance Security in the shape of Bank Guarantee or CDR to the SHCC, for due performance of the Contract.
- (p) We agree to abide by this Bid for the period of ninety (90) days from the date fixed for bid opening pursuant to Clause 21 of the Instructions to Bidders, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.
- (q) Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof in your Notification of Contract Award, shall constitute a binding Contract between us.
- (r) We do hereby declare that the Bid is made without any collusion, comparison of figures or arrangement with any other bidder for the Works.
- (s) We understand that you are not bound to accept the lowest-priced or any Bid that you may receive.
- (t) We understand that all the Appendices/Schedules/Documents attached hereto form part of this Bid and further declare that we have completely read and understood the same, the contents whereof shall be binding on us.

Name

In the capacity of

Signed

Duly authorized to sign the Bid for and on behalf of

Witness:

Name: _____

Signature: _____

Address: _____

Occupation: _____

Date _____