# Annex-2 (Bidder Response Document for “Customer Service Provider”)

**Bidder Response Document**

**for**

**“Customer Service Provider”**

**(Fill up in your business pad with seal and sign)**

**SECTION 1 (GENERAL INFORMATION)**

1. **Confidential Business Questionnaire**

*(Please note that giving false information under this section will result in your application being disqualified automatically)*

1. The questionnaire must be fully and comprehensively completed in all respects.
2. Information given by the applicant shall be treated in strict confidence.
3. Digital Healthcare Solutions – Grameen Telecom Trust reserves the right to visit and inspect the business premises of the company/firm that will participate.
4. Any information given under and later found to be incorrect shall lead to disqualification from the tendering process.
5. **Business Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.:** | **PARTICULARS** | | | **RESPONSE** |
| 1. | Full name of Business Entity: | | | |
| 2. | Is your business organization  (Please tick as appropriately) | 1. A Public limited company? 2. Public listed company? 3. A Private limited company? 4. A partnership? 5. A sole trader? 6. Other, (please specify) |  | |
| 3. | Date of Registration: | |  | |
| 4. | Full physical address of principle place of business:  Full postal address: | |  | |
| 5. | Telephone No.: | |  | |
| 6. | Email Address; | |  | |
| 7. | Website address (if any) | |  | |
| 8. | Business Establishment year | |  | |
| 9. | Associated company / partnership (if any) | |  | |

1. **Contact Point between buyer and supplier**

Please list your employees who would be involved with Digital Healthcare Solutions – Grameen Telecom Trust. One employee should be the key point of contact for Digital Healthcare Solutions – Grameen Telecom Trust.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Role for DH - GTT** | **Direct telephone number** | **Email address** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Business activities and Compliance**

Please mention the following things:

1. State your organization’s main business activities.
2. Can your company meet our expectations and requirements specified in “ToR”?
3. How much does your company comply with the requirements?
4. Ans:
5. Ans:
6. Ans:

**SECTION 2 (EVALUATION CRITERIA)**

1. **Required Essential Qualifications of the supplier:**
2. **Supplier has legitimate business/official premises, or they are registered for trading and tax as appropriate.**

[Yes / No]

1. **Compliance with Grameen Telecom Trust standard - Digital Healthcare Solutions (DH)’s**

**requirements stated in Annex-1 (TOR)?**

[Yes / No]

1. **Meet all specifications (Scope or works) stated Annex-1 (TOR)?**

[Yes / No]

1. **Required Capability Qualifications of the Vendor:**
2. **Previous Experience of your company in this field or this type of work/service.**

Total = \_\_\_\_\_\_\_ Years

1. **Quality Protocols & Certificates (buyers appreciation / acknowledgment certificates)**

How many certificates =\_\_\_\_\_\_ Nos

*[Attach all scanned certificates here* as **MUST]**

1. **Reliability & Experience**

(Through identifying their customers, speaking/seeing references) / No of Customers & PO references from your customers/clients.

1. Total Number of customers deal with = \_\_\_\_\_\_\_ Nos

*[Attach client list here as* **MUST***]*

2. Work References:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.;** | **Customer Organization (Name)** | **Customer Contact name & Phone no.:** | **Brief description and contact amount** | **Date contract awarded** | **Period of contract** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

*[Attach 03 scanned PO copies here as* **MUST***]*

1. **Number of staff members**

Permanent Employees = \_\_\_\_\_\_\_ Nos

Number of Temporary Employees = \_\_\_\_\_\_\_ Nos

Number of Field Employees = \_\_\_\_\_\_\_\_ Nos

Number of consultants (in case of services) = \_\_\_\_\_\_\_\_\_ Nos

1. **Financial Health**

[Revenue and Net Profit for last three years]

|  |  |  |  |
| --- | --- | --- | --- |
| Classification | 2019 BDT amount | 2020 BDT amount | 2021 BDT amount |
| Revenue |  |  |  |
| Net Profit |  |  |  |

1. **Capacity to meet supply needs.**

1. PO/WO quantity & and business volume for last three years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Classification | 2019  PO/WO Quantity | 2019  Business Volume (BDT) | 2020  PO/WO Quantity | 2020  Business Volume (BDT) | 2021  PO/WO Quantity | 2021  Business Volume (BDT) |
| Business capacity |  |  |  |  |  |  |

1. **Ability to provide 60 days of credit facility as per DH business Modality. (Tick the answer)**
2. 4 Lac – 10 Lac = Yes/No
3. 10.1 Lac – 20 Lac = Yes/No
4. 20.1 Lac – 30 Lac = Yes/No
5. 30.1 Lac – 40 Lac = Yes/No
6. Above 40 Lac = Yes/No
7. **Geographic Coverage**

Number of districts with physical Office= \_\_\_\_\_\_\_\_ Nos

1. **Required Commercial Qualifications of the Supplier:**
2. **Description of your material delivery / service and the way you like to provide this service?**

**Ans:**

1. **Are you able to meet/provide/justify the required quantity as 12 Nos of CS Agents and 01 Social Media Moderator along with call center setup for this job?**

[Yes / No]

1. **Lead time**

1. Tentative date for job starting: Job will be started tentatively on May, 2022. Do you agree with this timeframe?

[Yes / No]

2. How many days you will you take to start the job after getting approved PO/agreement?

…………………. = Days to start the job after getting the PO.

1. **Price Quotation**

Please give us the price quotation to by covering overall Terms of Reference (TOR)/Scope of works (SOW).

Price quotation should be including VAT, AIT, and other charges in terms of BDT only. AIT will be deducted as per Govt. rule and VAT (Mushok) Challan must be provided by the supplier.

*[Attach the price quotation below]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item  Name | Item Specification/ SOW in Details | Manpower  in  required Field | Required Quantity  of Manpower under  “Customer Service Provider” (Nos) | Role/Responsibilities/SOW  in details for each Manpower | Unit Price/Agent  and Moderator [Per Month] | Total [Per Month] |
| Customer  Service  Provider | Agreed and  understood  that is covered  by TOR | Customer  Service  Agent | 12 | Agreed and  understood  that is covered  by TOR |  |  |
| Social  Media  Moderator | 1 | Agreed and  understood  that is covered  by TOR |  |  |
| Any other Charge (ASF, Others, etc.), [if any] | | | | | |  |
| VAT (%) | | | | | |  |
| **GRAND TOTAL** | | | | | |  |
| Payment Term | | | | | |  |
| Bank Details | | | | | |  |
| VAT (Mushok) Challan will be provided with invoice | | | | | | Yes as **MUST** |

***Note****: You can provide individual financial offer with cost breakdown for your above Price quotation. For information, above price quotation table is* **MUST***to fill up and attach here to keep uniformity.*

**SECTION 3 (OTHER IMPORTANT FACTORS)**

**a) Dependencies on Grameen Telecom Trust-Digital Healthcare Solutions?**

Please mention below all dependencies that you would have on Digital Healthcare Solutions – Grameen Telecom Trust to ensure proper establishment of this assignment. Please expressly mention all activities and deliveries that you would need from Grameen Telecom Trust-Digital Healthcare Solutions to ensure optimum service delivery.

|  |
| --- |
| Pl |

**b) Required Documents**

The following documents **MUST** be submitted in another file/attachment along with this **“bidder response document”.**

1. Company Profile
2. Technical Proposal: The way you like to implement the job by covering overall TOR/Scope of works mentioned in Annex-1
3. Audit Report of 2020 [if not available, please mention the reason clearly]
4. Copy of Trade License (Updated)
5. Copy of Bank Solvency Certificate
6. Incorporation certificate (if applicable)
7. Copy of utility bill (latest)
8. Copy of ETIN.
9. Copy of NID against Trade License
10. Copy of VAT Registration Certificate (BIN)
11. Tax exemption certificate (if applicable)
12. Copy of cheque’s void leaf.

**Declaration, acceptance by the Bidder:**

I declare that to the best of my knowledge the answers submitted in this bidding questionnaire (and any supporting documentation) are correct. I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with **Digital Healthcare Solutions of Grameen Telecom Trust.**

|  |
| --- |
| ……………………………………………………………    Official seal and Signature  ……………………………………………………………  Name  ……………………………………………………………  Job Designation  ……………………………………………………………  Company  ……………………………………………………………  Date |