# Schedule 4: Supplier Form

***An electronic version of this form and the Proposal form (in Excel format) is available on GETS (***[***www.gets.govt.nz***](http://www.gets.govt.nz)***) or on PHARMAC’s website at*** [**www.pharmac.health.nz**](http://www.pharmac.health.nz)***. You should expand the boxes as necessary.***

***You must complete both this Supplier Form and the Proposal Form attached as Attachment Two (in Excel format).***

**[*Supplier to insert date***]

Director of Operations
PHARMAC
C/- Marcus Kim
Procurement Manager/ Team Leader Procurement

***By electronic transfer using GETS (***[***https://www.gets.govt.nz***](https://www.gets.govt.nz)***)***

Dear Sir/Madam

**Proposal for the supply of various wound care products**

In response to your request for proposals (**RFP**) dated **15 September 2015**, we put forward the following Supplier form with the completed Proposal form (in Excel format):

Set out below is further information in support of our proposal.

1. Our contact details:

|  |  |
| --- | --- |
| Name of supplier |  |
| Contact person |  |
| Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal:

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1. Information about our company structure:

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1. Information about our management and technical skills:

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1. Information about our financial resources:

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1. Information about our current supply arrangements, supply volumes and relevant supply terms in other major markets including recent tenders awarded (in New Zealand and/or other countries):

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1. Information relating to continuity of supply of wound care products in New Zealand. This should include information on stockholding, minimum order size, delivery frequency and lead times for a stable demand situation, in the event of supply disruptions and when there is an unexpected surge in demand for your wound care product. Please include any specific measures you will take to secure stock for New Zealand from international production.

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1. Information about our previous supply performance and relevant expertise:

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1. Information about our quality assurance processes (where applicable):

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1. Our proposed distribution and supply arrangements for the various wound care products (this includes any information regarding freight or delivery costs to DHBs):

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1. Information about current or proposed resources and activities we would make available or implement to support DHBs, clinicians and patients during and following a brand switch to our product (eg training, customer support and education resources):

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1. Information on current or proposed complaints management processes, including ability to recall stock, refund or credit for damaged or faulty goods:

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1. Any additional information that PHARMAC should consider when evaluating our proposal:

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Signed for and on behalf of **<insert name of submitter>** by

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**<Insert name>
<Insert designation>**