# Schedule 4a

# Proposal form – NZHP Suppliers

***An electronic version of this form is available on GETS or from PHARMAC or on PHARMAC’s website at <www.pharmac.govt.nz>. You should expand the boxes as necessary.***

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

Director of Operations
C/- Jeremy Price
PHARMAC
Level 9
40 Mercer Street
Wellington 6011
New Zealand

Dear Madam

**Proposal for the supply of [*insert category*]**

In response to your request for invitation (**ROI**) dated **15 September 2020**, we put forward the following proposal in respect of [***insert category***].

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

|  |
| --- |
| 1. **Categories included in response**
 |
| Beds and Mattresses | Yes/no (delete as applicable)Include contract reference number/outcome letter |
| Electrophysiology | Yes/no (delete as applicable)Include contract reference number/outcome letter |
| Operating tables | Yes/no (delete as applicable)Include contract reference number/outcome letter |
| Peritoneal Dialysis | Yes/no (delete as applicable)Include contract reference number/outcome letter |

|  |
| --- |
| 1. **Company details**
 |
| Full legal trading name in New Zealand |  |
| New Zealand Business Number |  |
| Address |  |
| Phone |  |
| Email  |  |
| Facsimile |  |
| 1. **Contact person(s) for this ROI**
 |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email  |  |
| 1. **Any conflicts of interest**
 |
|  |  |