**Schedule 4a**

**Proposal form – NZHP Suppliers**

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

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

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

Dear Sir

**Proposal for the supply of Point of Care Testing Equipment and Associated Consumables**

In response to your request for invitation (**ROI**) dated 20 April 2021, we put forward the following proposal in respect of Point of Care Testing Equipment and Associated Consumables.

***Please refer to Schedule 3 for information and evidence to be included in your proposal. You must include information as outlined in Attachment 1 as part of your response.***

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

|  |  |
| --- | --- |
| 1. **Company details** | |
| Full legal trading name in New Zealand |  |
| New Zealand Business Number |  |
| Address |  |
| Phone |  |
| Email |  |
| Facsimile |  |
| 1. **Contact person(s) for this RFP** | |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email |  |
| 1. **Liaison person(s) for DHB Hospitals and PHARMAC** | |
| Name, position |  |
| Phone |  |
| Facsimile |  |
| Email |  |
| Detail training and experience |  |
| 1. **Customer Support and General Enquiries** | |
| Customer Service Hours (NZST) |  |
| Phone |  |
| Facsimile |  |
| Email |  |
| 1. **Details of proposed Contract Manager** | |
| Name, position |  |
| Phone |  |
| Email |  |