

PFIZER N.V. BELGIUM. Rijksweg 12, 2870 Puurs-Sint-Amands, Belgium.

B.T.W: BE.0.401.994.823

Tel: +32 2808 2464 Fax: +32 2808 2477

orders@pfizersourcing.com

PFIZER SUPPLY CHAIN MANAGEMENT

Request For Quotation Number: EAST\177977274.10

| Date of issue: | 26 September 2022 |
|------------------------|---|
| Closing Time and Date: | 15:00 pm, 05 October 2022 |
| Contact Details: | All quotations and submissions to email: orders@pfizersourcing.com Tel: +32 2808 2464 |
| Contact Person: | Carl Parein Senior Director Global Procurement |

1.0. QUOTATIONS ARE HEREBY INVITED FOR THE SUPPLY OF:

| Item | Product(s) | Product Code | Qty |
|------|--|---------------------------------|-----|
| 1. | IPVBRT PBS VALVE UTRYH9874098 (Original Only) | UTRYH9874098 (Original Only) | 35 |



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Method of RFQ Submission : Submit your offers as an Electronic File in pdf format

Submission Due Date : 05/10/2022

Currency of Quotation : EUR /USD (GBP)

Tax on Price Quotation : Must be inclusive of VAT

Payment Terms : 100% payment made in the form of bank transfer

Conditions for Release of Payment : Upon inspection of Goods/C.O.D

Other after-sale services : Not required – duration

Deadline for the Submission : 05/10/2022

Period of Validity of Quotes : 30days

Partial Bids : Not permitted

1.1 SUMMARY:

Pfizer Supply Chain Management has been commissioned to source the above listed product for our ongoing plant upgrade and maintenance. We are therefore required to procure the listed product within a specified period.

NB: Quotation must indicate the following:

- * Stock availability
- * Your delivery period

2.0 EVALUATION CRITERIA:

2.1 Selection of suppliers will be based on the 80/20 preference.

3.0 PRICING QUOTATION:

- **3.1** Price needs to be provided in EUR /USD (GBP) (incl. VAT), with details on price elements that are subject to escalation such as delivery charges to Pfizer address.
- **3.2** Price should include additional cost elements such as freight, insurance until acceptance, duty where applicable.



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| 3.3 | Payment will b | e according to | the Pfizer | Payment 1 | Terms and C | Conditions |
|-----|----------------|----------------|------------|-----------|--------------------|------------|
| | | | | | | |

- **3.4** All quotations should be valid for at least 30Days.
- **3.5** Quotations should be emailed to us before closing time stated above.
- **3.6** No quotations received after closing time and date will be accepted without prior arrangement with consultant.
- 3.7 Please indicate your delivery period on your quotation to our specified address.
- 3.8 No goods to be delivered to the Pfizer without an Official Purchase Order.

| 0 If unable to quote, state reason for r | no quote: | 1 |
|--|------------|---|
| | | |
| /We agree that the offer herein shall r during indicated and calculated from th | . . | |

Authorized Signature Name and Capacity Date

This Request must be completed and accompanied by an Official Quotation. Please email to Procurement Department at: orders@pfizersourcing.com

This is not a Purchase Order.