

Vendor Business Model

S/N	Description	Vendor's Input
1	Is your company a Parallel importers, Distributor or Principal?	
<ul style="list-style-type: none"> If your company is a Principal, please fill up all the necessary information in Section A. If your company is a Parallel importers or Distributor, please fill up all the necessary information in Section B. 		

Section A (for Principal to fill in only)		
S/N	Activities	Vendor's Input
1	Sales and Marketing	
1.1	Please provide the call tree (names and contact numbers of the personal that is 24 hours contactable) for the Product Recall, Emergency Situations, Pandemic and Disaster Management	
2	Warehousing:- Stock Inventory Planning and Control	
2.1	If your company is engaging third party warehousing company, please provide their company name and address	
3	Distribution / Logistics	
3.1	Does your company handle the direct delivery of the product to institutions from the warehouse	
3.1.1	If your company is engaging third party logistic company, please provide their company name and address (if applicable)	

Authorised Signature: _____

Vendor's stamp : _____

Section B (for Parallel Importers or Distributor to fill in only)		
S/N	Activities	Vendor's Input
1	Sales and Marketing	
1.1	Who is responsible for the sale activities , product launch and promotional activities, your company or Principal?	
1.2	Who is responsible and manage the after-sales service support e.g Product complaint Product Recall, Pandemic Management and Emergency Situations , your company or Principal?	
1.2.1	Please provide the call tree (names and contact numbers of the personal that is 24 hours contactable) for the Product Recall, Emergency Situations, Pandemic and Disaster Management	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%; text-align: center;"> Name </div> <div style="width: 45%; text-align: center;"> Contact Number </div> </div>
2	Warehousing:- Stock Inventory Planning and Control	
2.1	Who is responsible for stock demand planning in the local (Singapore) warehouse and stock movement decision, your company or Principal?	
2.2	The holding stock inventory in the local (Singapore) warehouse belongs to the your company or Principal?	
2.2.1	If your company is engaging third party warehousing company, please provide their company name and address (if applicable)	

Authorised Signature: _____

Vendor's stamp : _____

3	Distribution / Logistics	
3.1	Who is responsible for delivering the product to institutions, your company or Principal?	
3.2	Who is responsible for goods return processing, your company or Principal?	
3.3	Does your company handle the direct delivery of the product to institutions from the warehouse	
3.3.1	If your company is engaging third party logistic company, please provide their company name and address (if applicable)	
4	Regulatory and Licenses	
4.1	Who is responsible for the registration of the product HSA and/or other regulatory bodies , your company or Principal?	
5	Principal Information	
5.1	Please provide distributor authorization letter from your principal company upon submission of the RFP document (Compulsory)	
5.2.1	Please provide your principal company name	
5.2.1	Does the Principal has a local company or office in Singapore? If yes, please provide their local company address or otherwise, their oversea address	

Authorised Signature: _____

Vendor's stamp : _____

Reference Check

S/N	Description	Vendor's Input
1	Is your company supplying the product to other institutions? (the same product as your company offered in this RFP)?	
1.1	<p>If Yes, which institutions are your company supplying to?</p> <p>Please list down up till 10 Institutions and centres in specific, if any (pls avoid providing vague inputs such as various hospitals several dialysis centres etc)</p>	<p>(e.g. TTSH, Kidney Dialysis Foundation, Thye Hwa Kwan Ang Mo Kio)</p>
2	Is your company supplying similar products or other products to other institutions?	
2.1	<p>If yes, what are the products and which institutions are your company supplying to?</p> <p>Please list down up till 10 Institutions and centres in specific, if any (pls avoid providing vague inputs such as various hospitals several dialysis centres etc)</p>	<p>(e.g. Alcohol Swabs - TTSH, Kidney Dialysis Care Surgical Tape – St Andrew Home, SGH, Syringes – Mt Alvernia Hospital, Farrer Park Hospital)</p>

Authorised Signature: _____

Vendor's stamp : _____