REQUEST FOR QUOTATION FOR DEMOLITION WORKS AT UNIT #02-22 TO #02-26 @ MEDICAL CENTRE LEVEL 2, NATIONAL UNIVERSITY HOSPITAL (NUH)

SECTION 3 - VENDOR'S PROPOSAL

PART B – COMPLIANCE/NON-COMPLIANCE WITH SECTION 1

Please indicate your compliance/non-compliance with each S/No. of the **Section 1** Requirements. Where you are unable to comply, please explain and suggest counter-proposal or equivalent alternative in the column labelled "Vendor's Comments" or in a separate sheet to be attached to this **Section 3**. Where you fail to indicate compliance with any clause, it shall be deemed that you comply and your Proposal shall be evaluated accordingly.

S/N	Section 1	Comply (Yes/No)	Vendor's Comments
1.	Commencement Date		
2.	Time for Completion		
3.	Works		
4.	Contractor's Representative		
5.	Institution's Representative		
6.	Defects Liability Period (DLP)		
7.	Liquidated Damages		
8.	Payment Schedule		
9.	Rate of Interest		
10.	Performance Guarantee		
11.	Insurance		
12.	Requirements and Specifications		
13.	Contractor Pre-Approval Questionnaire		
14.	Acknowledgement of NUHS House Rules & Conditions of Work		
15.	Infection Control Requirements		
16.	Site Organization Chart (showing project team and sub-contractors)		

Name/ Signature: Date:

Designation of Office held:

Vendor: