

ANNEX A - PAYMENT DETAILS AND INSTRUCTIONS

RFQ No: 09/012/KSL/2024

Please select your preferred payment currency

1. Sudanese Pounds (SDG)
2. United States Dollars (USD)

BANK DETAILS

Bank Name:

Account name:

Account Number:

Bank branch

Swift Code:

Account Currency:

INSTRUCTIONS

This Request for Quotation (RFQ) is requested in either the Sudanese Pounds (SDG) or the United States Dollar (USD). Quotations can be submitted in either currency. However, the following should be noted when deciding which currency to use in your offer.

Submission of offers in Sudanese Pounds (SDG)

We welcome offers in Sudanese Pounds (SDG). However, you should have a bank account with the Bank of Khartoum in your company name. We require quotes that can be maintained for at least 30 days from the date of submission.

Submission of offers in United States Dollars (USD)

Offers can be submitted in USD under the following conditions.

- I. Bidder must have a USD bank account in their company name in the following order of preference



INTERNATIONAL MEDICAL CORPS – SUDAN
House 19, Block 05, Transit Area. Port Sudan
Red Sea State, Sudan
www.internationalmedicalcorps.org

- Bank of Khartoum
- Offshore foreign bank

II. Bidder must have an SDG bank account in their company name with the Bank of Khartoum. The offer will be retained in USD, and the PO/Contract will be pegged in USD, but payment will be made in SDG using the Bank of Khartoum exchange rate on the date of payment.

Special Note:

- i. Payment to the bidder's company account in USD may take a considerable amount of time. The International Medical Corps will not be responsible for these delays.
- ii. Payment to any other bank account except the bidder's legally registered bank account is an option of last resort, therefore, the International Medical Corps reserves the right to decide on whether to accept or reject offers for which payment will be to a third party.

By my signature, I attest that I have read and understood what is written in this document.

Company Name: _____

Name of company Representative: _____

Date: _____

Signature and stamp: _____