

**TRUST FUND FOR SPECIALISED MEDICAL CARE
CARDIAC CENTRE
Registration/Renewal of Suppliers
Application Form**

1. Name of Supplier / Company:

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2. Name of Contact Person/Agent:.....

3. Address of Business Correspondence:.....

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4. Name of Director(s)(optional):

5. Phone No. Mobile No.

6. Fax No. Email Address:

7. VAT Registration No. (if available)

8. A copy of Company/Trade Licences

9. Ability to supply constantly medical consumables/ pharmaceuticals/ petty store and Stationery or repair and maintenance services for a contract period of approximately 12 months

Yes No

10. Availability of delivery facilities on site

Yes No

11.

	Description	Tick as appropriate (✓)
A (I)	Cardiac Surgery Consumables	
A (II)	Angiography Consumables	
A (III)	Perfusionist Consumables	
A (IV)	Anaesthetic Consumables	
A (V)	General Medical Consumables	
B	Pharmaceuticals and Drugs	
C	Petty Store and Stationery Items	
D	Repair and Maintenance Services	

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12. Suppliers may add any additional relevant information on separate pages.

Note: Please consult ppo.govmu.org for general conditions of contract.

Note: Price should not be submitted at this stage. A separate bid exercise will be carried out as and when necessary.

The Trust Fund for Specialised Medical Care reserves the right not to register any supplier following this expression of interest.

I/We hereby apply for registration with the Trust Fund for Specialised Medical Care to supply medical consumables/ pharmaceuticals/ petty store and Stationery or repair and maintenance services as mentioned above for Financial Year 2017 – 2020.

I am certifying that the above information is true to the best of my knowledge.

.....
Name

.....
Signature

.....
Date