

Annex no. 1 to the request for quotation no. 4/2017

OFFER FORM

The object of the offer: Dispensing system

1. OFFEROR

Name	
Address	
Telephone number	
Fax number	
E-mail	
REGON numer (National Business Registry Number)	
NIP (Tax Identification Number)	

2. PERSONAL DATA OF THE PERSON AUTHORIZED TO REPRESENT THE OFFEROR

Name and surname	
Position/function	
Telephone number	
E-mail	

3. THE OFFER MEETS MINIMUM TECHINCAL REQUIREMENTS

No.	Expected requirements Functionality Equipment	Wymagania (minimalne) Zamawiającego
1.	Pigment dispensing into small-sized packages smaller than or equal 1 ml.	YES / NO
2.	230V power supply	YES / NO

WARRANTY (PLEASE STATE TIME)



4. OFFERED DEVICE TECHNICAL PARAMETERS

- a) specify dispensing accuracy amounts in % with volumes that measure less than 1 ml.%
- b) specify dispensing accuracy amounts in % with volumes that measure greater than 1 ml to 3,5 ml.
.....%
- c) specify washing time while transiting from dispensing one substance into other min.
- d) PCV transparent plastics duty system to work with plastics :
0,1 mm thick – YES/NO – (select the appropriate)
0,15 mm thick – YES/NO – (select the appropriate)
0,2 mm thick – YES/NO – (select the appropriate)
- e) specify efficiency of the device in pices per hour pcs./h
- f) specify what is the dosing system in the machine,
- the time - pressure system – YES/NO – (select the appropriate)
- mechanical pumps – YES/NO – (select the appropriate)
- g) Please give the other technical parameters of the proposed device that affect its quality and efficiency

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5. OFFERED PRICE

- Offered price (net)
- Rate VAT

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City/town and date

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Stamp and offerer's signature

Annex no. 2 to the request for quotation no.

Offerer's stamp

DECLARATION OF LACK OF GROUNDS FOR EXCLUSION

We hereby declare that we are not subjected to exclusion for reasons referred to Chapter 6 of Request for quotation.

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City/town and date

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Stamp and offerer's signature