



| Country Code | Project Code | Year | Base | Ref N° |
|--------------|--------------|------|------|--------|
| NGA | INSU | 26 | COO | 007 |

Purchase file ref

Request For Quotation - RFQ

| | | | |
|---|---------------------|--|--|
| Requested by: PREMIERE URGENCE INTERNATIONAL (PUI) | | Première Urgence Internationale is a non-profit, non-political and non-religious international NGO. PUI helps civilians who are marginalized or excluded as a result of natural disasters, war and economic collapse. Our mission is to defend fundamental human rights, as set out in the 1948 Universal Declaration of Human Rights. (https://www.premiere-urgence.org/) PUI is looking to sign a contract with one or more suppliers for our project in NIGERIA . You are invited to send us a quotation including and respecting the information listed below: | |
| Country: | NIGERIA | | |
| Base: | COORDINATION OFFICE | | |
| Address: | ABUJA | | |
| PUI Contact Name and detail (phone, email) Comfort YAKUBU Supply Chain Manager - Nigeria E-mail : log.supply@premiere-urgence-nga-org Phone : +234(0)7066627482 | | | |
| <i>This RFQ have been requested on the:</i> | | <i>Deadline to reply before</i> | |
| 22/05/2026 | | 12/06/2026 | |

| Rank | The CRITERIAS that PUI will use to select the best offer will be: | To be accepted as valid, your offer must include : |
|------|---|---|
| 1st | Please check the TOR | Name of the company, Name of the legal representative of the company, Address and STAMP |
| 2nd | | Date of the Offer: |
| 3rd | | Duration of the Offer validity: |
| 4th | | Registration certificate, ID Card etc... |
| 5th | | Unit price and Total Price: |
| 6th | | Unit (packaging) |
| 7th | | Currency: NAIRA |

| N° | Designation and technical specifications | Quantity | Unit | Remarks of specific expectation (Warranty, after sale service, Origin, packaging, etc) |
|----|--|----------|--------|--|
| 1 | Provision Of Medical Insurance Service for National Staff (Individual rate) for one year | 1 | Person | |
| 2 | Provision Of Medical Insurance Service for National Staff (Family) for one year | 1 | Family | |

| | |
|---|--|
| Acknowledge receipt this Request for Quotation the (Date): Name & Signature & Stamp: | |
|---|--|