**ANNEX D**

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| **FORM OF TENDER AND CERTIFICATE OF NON-COLLUSION** |

**TENDER FOR THE PROVISION OF PARTNERSHIP PHARMACEUTICAL SERVICES**

**TO:** Partnership Group (Navigo Health and Social Care CIC, HMT St Hugh’s Hospital and St Andrew’s Hospice

We, the undersigned (“the Tenderer”) having read the Service Specification and Memorandum of Information (MOI) hereby offer to provide the supplies, services and or/works described at the prices stated in the attached Finance Statement (Appendix A of Application Questionnaire) and in accordance with all of the terms and conditions set out in the above mentioned documents.

We declare that all prices Quoted are inclusive of all costs except VAT.

We agree that any other terms or conditions or any general reservations which may be printed on any correspondence issued by us in connection with this Tender or any contract resulting there from shall not be applicable.

We agree that any contract, which may result from, this Tender is to be considered as subject to English law and the exclusive jurisdiction of the English Courts.

We certify that this is a bona fide Tender intended to be competitive and that we have not fixed or adjusted the amount of the Tender by or under accordance with any agreement or arrangement with any other person. We also certify that we have not done and we undertake that we will not do at any time before the notification of Tender results any of the following acts:

a) Communicate to any person other than the person calling for these Tenders the amount or approximate amount of the Tender, except where the disclosure, in confidence is necessary to obtain professional services required for the preparation of the Tender;

b) Enter into any agreement with any other person whereby he will refrain from Tendering or as to the amount of any Tender to be submitted; and

c) Offer to pay or give or agree to pay any sum of money or consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to this or any other Tender for the proposed service any act or thing of the sort described above.

Dated ......................................................................................................

Signature ......................................................................................................

Full name ......................................................................................................

in the capacity of

(state official position, e.g. Director) being a person duly authorised to sign Quotes for and on behalf of:

Respondent’s name:

Postal Address:

Tel No: