

Form T-13: Manufacturer's Authorization Form (MAF)

(To be signed on Plain Paper)

RFP Document No.: **LIC/CO/IT/DT/2024/RFP/01 Dated 14.05.2024**

Tender Title: Invitation For Request For Proposal For Development Of Data, Reporting and Analytics Solutions For Life Insurance Corporation Of India

To,
Executive Director (IT / Digital Transformation)
Life Insurance Corporation of India
Jeevan Seva, Ground Floor,
S.V. Road, Santacruz(W),
Mumbai - 400054.

Dear Sir,

Re: Invitation For Request For Proposal For Development Of Data, Reporting and Analytics Solutions For Life Insurance Corporation Of India at LIC Ref: LIC/CO/IT/DT/2024/RFP/01 Dated 14.05.2024

We _____ (OEM) who are established and reputed manufacturers of _____ (Equipment) having factories/Depot at _____ and _____ confirms that, M/s _____ (Name and address of bidder) herein after referred as "Partner" wishes to participate in the Bid or Project stated above and has entered into an agreement for the purchase and resale of _____ (OEM) Products and/or Services. The Partner is entitled and authorized to do the following:

- a. Resell and/or distribute _____ (OEM) products and/or services in India to end users within that Territory.
- b. Bid, negotiate, and conclude a contract with LIC of India for the above products/services manufactured or supplied by _____(OEM).

_____ (OEM) will, within the scope of its agreement with its Authorized channels, provide product warranty services and support for _____ (OEM) products obtained through its Authorized channels for a period mentioned in the RFP referred above, from the date of installation at LIC of India.

_____ (OEM) certify that, the equipment being sold would not be declared End of Support (EoS) in the next 5 Years and that _____ (OEM) shall supply suitable substitute in case EoS of equipment. Also _____ (OEM) certifies that the products being sold would be covered under Warranty / Support and support will be available for next five years.

The products being sold under this RFP will be provided back-to-back/direct support with the OEM for five years. It would be the highest level of support provided by the OEM.

If you need any additional information, please contact Mr./Ms. _____ at _____ (Mobile no.) or _____ (e-mail ID).

Yours faithfully,
Name of person
For and on behalf of M/s _____
Designation Contact Details
Date:
Place:

(Name of Original Equipment Manufacturer - OEM) (Seal of the OEM)