

## **Annexure – III: Manufacturer’s Authorization Form (MAF)**

**Tender Reference No: CO/IT-BPR/NW/RFP/2022-23/02 Dated: 02/03/2023**

To,

The Executive Director  
(IT/BPR), Life Insurance  
Corporation of India Central  
Office, IT Dept, 2nd Floor,  
Jeevan Seva Annexe, S.V.  
Road, Santacruz (West),  
Mumbai 400 054

Dear Sir,

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  
Sale in the next 2 Years and End of Support in the next 7 years that \_\_\_\_\_ (OEM)  
shall supply suitable substitute in case End of Support equipment. Also \_\_\_\_\_ (OEM)  
certifies that the products being sold would be covered under Warranty and support  
(highest level premium support available with the OEM) which will be available for next  
five years from the date of installation at LIC of India.

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)