

Manufacturer's Authorization Form (MAF)

Ref: LIC/CO/IT-BPR/Network/Spot/VC dated 07.02.2025

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 _____ (Equipments) 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 go End of Support (EoS) in the next 6 years and that _____ (OEM) shall supply a 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 six years (five years initially and one year if extension is provided) from the date of installation at LIC of India.

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 and would be able to meet the SLA parameters.

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)