

OUR QUOTATION

COMPANY	: PT MERSIFARMA TM
ADDRESS	: RUKOBRICKHOUSE UNIT 4-5-6, JL. RAYA BOGOR KM 31 NO. 52, CISALAK, SUKMAJAYA DEPOK, JAWA BARAT 16414, INDONESIA
ATTENTION TO	: Ms. Elvina Iskandar Tannurahardja
EMAIL	: Elvina_Tannurahardja@mersifarma.com
PHONE/MOBILE	: 0

PT INTERTEK UTAMA SERVICES	
JL. RAYA BOGOR KM. 28, PEKAYON, PASAR REBO, JAKARTA TIMUR, JAKARTA 13710, INDONESIA	
QUOTE NO.	: PQ/FOD/1798-REV1/VI/26/HL
DATE	: Monday, 15 June 2026
SALES	: Hanifa Legitha
EMAIL	: hanifa.legitha@intertek.com
MOBILE	: +62 857 1688 7168

Dear Ms. Elvina Iskandar Tannurahardja

Thank you for giving Intertek the opportunity to provide a quotation for you. We are pleased to offer the following proposal for your reference. The price list is attached. Please review all sections of the quotation to ensure we have accurately addressed your request and are providing the specific analyses you require.

IMPORTANT NOTES

- Please follow the **shipment instructions**. We are **not responsible** for any disputes regarding the sample receipt if the instructions are **not followed**.
- Sample size** requirements are as follows:
 - For food, cosmetic, chemical, and pharmaceutical tests: **minimum 3 x 100 g** (depending on parameter and matrix)
 - For packaging tests: **15 A4 sheets or 25 packaging pieces** (depending on parameter and regulation)
 - Please prepare a minimum of three (3) sample packs for samples requiring **Chemical and Microbiological testing**.
The samples will be allocated as follows:
 - One (1) pack for **Chemical testing**
 - One (1) pack for **Microbiological testing**
 - One (1) pack to be kept as a **retained sample**
 - Retain sample** will be used for **retesting** in case its needed, if there is **no retain samples**, **new sample** is required and will be **registered as new sample and new job**.
- Additional charge for retest sample will be applied** : for the request retest with **new sample** retest charge is **100%** of the testing, and retest with the **retain sample** if the result is not significant with the previous result, retest charge is **50%** of the testing.
- Our official hours for **receiving samples** are **8:00 AM to 5:00 PM from Monday through Friday**. If you plan to send samples outside these hours, please inform our Sales team in advance.
- The Request Form (RF) is the sole reference** for samples. Please **include all relevant details and requests in the RF**, such as: requirement limits, applicable regulations, specific testing and storage requirements (if any), and invoice information if it differs from the applicant's details.
- Please always include the **quotation number in the RF** to facilitate **invoice creation**.
- This quotation is **valid for 60 days, until** Friday, 14 August 2026
- A minimum purchase of 200,000 IDR** is required for each received sample.
- This price is exclusively for your company and includes an **11% VAT in the total information**.
- Should you accept the prices and terms outlined in this quotation, please affix your **company stamp and sign the document**, then submit the purchase order (PO) or request form (RF). Kindly **return** the completed documentation to us **via email** to our Sales and Marketing team.
- For a **faster turnaround time**, an **additional charge applies**. Please contact our sales and marketing team for details
- For complete **information on accreditation and subcontracting**, please contact our sales and marketing team.
- Client methods and non-verified methods are not the responsibility of Intertek**.
- Test capabilities** may be **adjusted upon receipt** of a sample **due to its characteristics** or other factors. **The Intertek team will contact you** if there are any changes to the testing capabilities required for the sample.
- Once the sample is **received**, it **cannot be canceled** by the client. Cancellation requests will be **charged 100%** of the testing fee.
- The **maximum storage** time for samples due to "**hold sample testing**," whether due to incomplete documents or other reasons, is **one month**. After this period, the samples will be **disposed of or destroyed**.
- Requests for the **separation of reports** that were **not specified** at the time of **submission** will incur a fee of **200,000 IDR per report**.
- Requests for **reprinting** invoices or hardcopy reports **not resulting from Intertek errors** will incur a fee of **200,000 IDR per invoice/report**.
- Please submit the **CMRF document**, a copy of the **Tax Identification Number (TIN) or NPWP**, and a copy of the **Business Registration Number (BRN) or NIB** if you are a **new client** of PT Intertek Utama Services - Food & Healthcare Division, or if you are an **existing client with changes to your TIN, company address, or company name**.

(to be continued)

SAMPLE SHIPMENT INSTRUCTION

Please kindly complete the attached food testing requisition form before sending the sample.

DESCRIPTION	: Sample type (e.g. Food/Cosmetic/Others)
LAB NAME	: Food and Healthcare
LAB CONTACT	: Sales Name in contact
LAB LOCATION	: Jalan Raya Bogor KM 28 RT 4 RW 7 Pekayon, Pasar Rebo, Jakarta Timur 13710
SENDER INFO	: Sender Details (e.g. Company Name; Sender Name; Contact Information)

Ship the sample to:

PT INTERTEK UTAMA SERVICES, Jalan Raya Bogor Km 28 RT/RW 004/007 Pekayon, Pasar Rebo, Jakarta Timur - DKI Jakarta Raya Indonesia.
attn. Food and Healthcare Division (Building C).

Please give this information in the box sample:

Sample description, Intertek PIC/Sales Team, & Sender.

PAYMENT INSTRUCTION

Please be informed that for new and irregular clients, payment is required in advance. Once we have received your sample, we will send you a pro forma invoice, including Intertek's bank account information for your reference. Kindly provide us with proof of transfer via email after the payment has been made, so we can proceed with the testing accordingly.

ADDRESS	: Jl. Raya Bogor KM. 28, Jakarta Timur 13710	CITY/REGION	: DKI Jakarta
VAT REG. NO (NPWP)	: 01.070.720.6-058.000	TERM OF PAYMENT	: 14 Days
BENEFICIARY NAME	: PT Intertek Utama Services	BANK NAME	: Bank UOB Indonesia
COUNTRY OF BANK	: Indonesia	BANK OF REGION	: DKI Jakarta
ACCOUNT NUMBER	: 327-309-378-6 (IDR) or 327-904-384-5 (USD)	IBAN/SWIFT CODE	: BBIJIDJA
BANK ADDRESS	: UOB Plaza, Jl. MH. Thamrin No.10 Jakarta 10230		

TESTING PRICE

Sample :

1. Ranitidine Injection

PRICING TABLE										
NO	PARAMETER	REFERENCE METHOD	TECHNICAL METHOD	UNIT	TAT (WD)	QTY	DISC	PRICE LIST	PRICE (IDR)	
									UNIT PRICE	TOTAL PRICE
1	N-nitrosodimethylamine (NDMA)	In-House Method	GC-MS (Quantitative)	TBA	8	1	35%	1,000,000	650,000	650,000
*This Pricing Table is ended here								SUB TOTAL PRICE	650,000	
**This Pricing Table is provided for PQ/FOD/1798-REV1/VI/26/HL								VAT 11%	71,500	
								TOTAL PRICE	721,500	

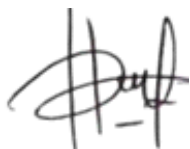
Notes :

1. Definition & Abbreviation : NO=Number, TAT=Turn Around Time (Testing Time), WD=Weekdays, QTY=Quantity, DISC=Discount.
2. Quantity needed is 10 pcs

PT INTERTEK UTAMA SERVICES

JL. RAYA BOGOR KM. 28, PEKAYON, PASAR REBO,
JAKARTA TIMUR, JAKARTA 13710, INDONESIA

PREPARED BY



HANIFA LEGITHA
Office Based Sales Team
(OBS)

CHECKED BY



AGENG PATRIANITA
Sales and Marketing
Manager

PT MERSIFARMA TM

RUKOBRICKHOUSE UNIT 4-5-6 , JL. RAYA BOGOR KM
31 NO. 52, CISALAK, SUKMAJAYA DEPOK, JAWA
BARAT 16414, INDONESIA

CUSTOMER APPROVAL

MS. ELVINA ISKANDAR TANNURAHARDJA



INTERTEK GLOBAL TERMS AND CONDITIONS OF BUSINESS APPLY. BY ACCEPTING THIS QUOTATION OR SUBMITTING SAMPLES UNDER IT, YOU AGREE TO THESE TERMS AND CONDITIONS. FOR THE LATEST GLOBAL TERMS AND CONDITIONS, PLEASE VISIT:

<https://www.intertek.com/terms/>

Intertek Indonesia is committed to delivering the highest quality services. Should you have any questions, please do not hesitate to contact us. We look forward to your favorable response.

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