



NATIONAL HERBARIUM and BOTANIC GARDENS OF MALAWI

P.O. Box 528, ZOMBA

Tel: +265 01 525 388/118/145

## REQUEST FOR QUOTATIONS (FOR SERVICES)

Procurement Number: NHBG/FY24-25/IPDC-3MVINSU/005

20<sup>th</sup> May 2024

TO: .....

National Herbarium and Botanic Gardens of Malawi (NHBG) has budgeted Public funds to be used for the procurement of Insurance Services. The Procuring Entity named above invites sealed bids from eligible Insurance Companies (**NOT BROKERS**) only for the provision of the services indicated above. Any resulting order shall be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders (available on request) except where modified by this Request for Quotations.

### SECTION A: QUOTATION REQUIREMENTS:

#### 1) Description of Supply and Delivery

➤ **COMPREHESIVE INSURANCE COVER FOR THREE MOTOR VEHICLE AS STATED OVERLEAF**

#### 2) Quotation prices should be based on:

- (a) EXW – insured and delivered to the purchaser for goods/services supplied from within Malawi and
- (b) Delivered Duty Paid (**DDP**) to purchaser goods supplied from outside of Malawi. The delivery period required is **Three (3) Days/** months from date of order.

3) The delivery period required is *Seven (7)* days from date of confirmed order.

4) Quotations must be valid for **30 days** from the date for receipt given below.

5) The warranty/guarantee offered shall be **Twelve (12)** months.

6) Quotations and supporting documents as specified in **Section B** must be marked with the Procurement Number given above, and indicate your acceptance of the terms and conditions.

7) Quotations must be received, in sealed envelopes, no later than: **10:00 HRS** on **Friday, 24<sup>th</sup> May 2024 [ALLOW 5 - 7 DAYS.]**

8) Quotations must be returned to:

**The Chairperson,  
Internal Procurement and Disposal Committee,  
National Herbarium and Botanic Gardens of Malawi,  
Livingstone Old Naisi Roads Junction,  
P.O. Box 528, Zomba.**



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- 9) The attached Schedule of Requirements at Section C, details the items to be purchased. You are requested to quote your delivered price for these items by completing and returning Sections B and C.
- 10) [*List any other requirements e.g. the provision of samples*]
- 11) **The terms of payment SHALL be: Within 30 DAYS after delivery and acceptance of goods**
- 12) **APPLICATION OF DOMESTIC PREFERENCE**

The Procuring Entity shall grant a Twenty percent (20%) margin of preference to Indigenous Black Malawians on this Tender. Bidders to be considered for this margin of Preference shall be required to prove their business ownership by attaching to their *bids coloured copies of their Malawi National Identity Cards*

Quotations that are responsive, qualified and technically compliant will be ranked according to price. Award of contract will be made to the lowest priced quotation by item or by total through the issue of a Local Purchase Order.

Signed:

Name: **R. NTEPA GAMAH.**

Title/Position: **PROCUREMENT ASSISTANT.**

For and on behalf of the Purchaser



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Your quotation is to be returned on this Form by completing and returning Sections B and C including any other information and certification as stated within this RFQ.

### SECTION B: QUOTATION SUBMISSION SHEET

- 1) Currency of Quotation: Malawi Kwacha
- 2) Services will commence within .....days/weeks/months from date of Purchase Order.
- 3) Services to be completed by .....days/weeks/months from date of Purchase Order
- 4) Validity period of this quotation is .....days from the date for receipt of Quotations.
- 5) We enclose the following documents:
  - (i) *Section C of the Request for Quotations completed and signed;*
  - (ii) *Copies of Business Registration,*
  - (iii) *A copy of our Annual Tax Clearance Certificate (for the last financial year)*
  - (iv) *A list of recent Government contracts performed*
  - (v) *Audited Accounts for previous Financial Year*
  - (vi) *WHT Exemption Certificate*
  - (vii) *Terms or conditions of the Insurance Policy being offered*
- 6) We confirm that our quotation is subject to the terms and conditions stated in your Request for Quotations referenced above, and that any resulting contract will be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders.
- 7) We confirm that the prices quoted are fixed and firm for the duration of the validity period and will not be subject to revision or variation.

#### Authorised By:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YY)

Authorised for and on behalf of:

Company: \_\_\_\_\_

Registered Address:

.....  
.....  
.....

**If any additional documentation is attached to your quotation, a signature and authorisation at Section B and Section C is still required as confirmation that the terms and conditions of this RFQ prevail over any attachments. If the Quotation is not authorised in Section B and Section C, the quotation may be rejected.**



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**SECTION C: SCHEDULE OF RATES AND PRICES (TO BE PRICED BY BIDDER)**

<b>Item No.</b>	<b>Description of Services</b> (Append detailed specifications, requirements, explanations and/or Terms of Reference as necessary)	<b>Unit of Measure</b>	<b>QTY</b>	<b>Unit Price Kwacha</b>	<b>Total Price Kwacha</b>
1	Comprehensive Insurance Cover for 12 (twelve) months from <b>30<sup>th</sup> May 2024</b> – Toyota Hilux D/Cab, Reg. # <b>41 SC 2</b> ; Brown in Colour. Its Book Value is <b>MK47,848,675.00</b>		1		
2	Comprehensive Insurance Cover for 12 (twelve) months from <b>30<sup>th</sup> May 2024</b> – Toyota Hilux D/Cab, Reg. # <b>41 SC 3</b> ; Silver in Colour. Its Book Value is <b>MK47,848,675.00</b>		1		
3	Comprehensive Insurance Cover for 12 (twelve) months from <b>1<sup>st</sup> July 2024</b> – Nissan NP300 D/Cab, Reg. # <b>41 SC 7</b> White in Colour. Its Book Value <b>MK32,211,511.00</b>		1		
<b>TOTAL</b>					

The following attachments are appended to clarify the Description of Services:

[List each attachment e.g. detailed schedule of services, or terms of reference]

**Authorised By:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

(DD/MM/YY)

Authorised for and on behalf of:

Company: \_\_\_\_\_