| To: | |
|--|---------------------------------|
| | |
| | |
| | • |
| The Procuring Entity named above invites w | ou to cubmit your quotation for |

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012

The Procuring Entity named above invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Purchaser reserves the right to award a contract for selected items only. Any resulting order shall be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders except where modified by this Request for Quotations.

SECTION A: QUOTATION REQUIREMENTS:

- **1)** Description of Goods the Bidder is bidding to Supply and Deliver: *DRUGS at Rev. John Chilembwe Hospital in Migowi Kambona in Phalombe for DHO under ORT funds.*
- **2)** Quotation prices should be based on: for goods supplied from outside of Malawi; CIP (carriage, Insurance paid) to **Phalombe District Council.**
- **3)** The delivery period required **is 7** days from date of order.
- 4) Quotations must be valid for 30 days from the date for receipt given below.
- 5) The warranty/guarantee offered shall be: 6Months
- **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, not later than 12th September, 2025 10:00AM
- 8) Quotations must be returned to: The Chairperson of IPDC, Phalombe District Council, P/Bag 32, Phalombe.
- **9)** The attached Schedule of Requirements at Section D, details the items to be purchased. You are requested to quote your delivered price for these items by completing and returning Sections C and D.
- **10)**Payment to the supplier shall be made within **45** days from the date of receipt of invoice.
- **11)**You should write your own quotation apart from completing this form. Provide samples where necessary.
- **12)**The detailed descriptions of the goods required are provided in table below. Bidders shall provide full descriptions of the products being offered in Section D Price Schedule.

Your quotation is to be returned by completing and returning this Form and Section C and D including any other information/certification required within this RFQ.

Signed: Date: 5th December, 2025

Name: **Steven Chiwala Banda** Title/Position: **PROCUREMENT OFFICER**

For and on behalf of the Purchaser

(DD/MM/YY)

REQUEST FOR QUOTATIONS: GOODS

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012

| SE | CTION B: QUOTATION SUBMISSION SHEET |
|----|---|
| 1) | Currency of Quotation: Malawi Kwacha |
| 2) | Delivery period offered:days/weeks/months from date of Purchase Order. |
| 3) | The validity period of this Quotation is: days from the date for receipt of Quotations. |
| - | Warranty period (where applicable): months. We attach the following documents: [tick against the document(s) you have attached] |
| | i. Section D of the Request for Quotations completed and signed; ii. A copy of our Business Registration Certificate and Trading License iii. A copy of our Annual Tax Clearance Certificate iv. A list of recent Government contracts performed, attach evidence like LPO, |
| | Payment voucher and contracts. |
| | v. Medium certificate of enterprises registered with Ministry of trade (MSME) |
| | vi. Valid PPDA certificate |
| | vii. Certificate of registration with Medicine & Poisons Board |
| 6) | We confirm that our quotation is based on 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 have examined and have no reservations to the Request for Quotations Document, including Addenda No: (Insert Number and date) of Addenda). |
| - | 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. We declare that our firm, Directors and Beneficial Owners do not engage in corrupt, fraudulent and/or uncompetitive practices whenever participating in procurement proceedings. |
| | THORISED BY: [to be completed by someone who has the power of attorney for the der] |
| S | Signature: Name: |
| Po | osition: Date: |

Authorised for and on behalf of (Company name):

| Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012 | | | | |
|--|--|--|--|--|
| Company: | | | | |
| Registered Address: | | | | |
| | | | | |

If any additional documentation is attached to your quotation, a signature and authorization at Section C and Section D 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.

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012
SECTION C: SCHEDULE OF REQUIREMENTS (TO BE PRICED BY BIDDER)

| Ite m No | Description of Goods (Attach detailed specification if necessary) | Unit of measur e | Quant ity | Delivered Unit Price Kwacha | Delivered Total Price Kwacha |
|----------------|---|------------------------|--------------|-----------------------------------|------------------------------------|
| 1 | Carbimazole 10mg tablets | 100 | 5 | | |
| 2 | Bisacodyl 5mg | 100 | 20 | | |
| 3 | Indomethacin 25mg | 1000 | 30 | | |
| 4 | Furosemide 10mg/ml,2ml | Ampoule | 500 | | |
| 5 | Diclofenac Suppository 100mg | 10/Pack | 1000 | | |
| 6 | SD check glucostics | 50tests/b ottle | 20 | | |
| 7 | EDTA K3 | 100 | 20 | | |
| 8 | GV paint | Each | 50 | | |
| 9 | Nylon sutures size1 | Box of 12 | 15 | | |
| 10 | Nylon sutures size2 | Box of 12 | 15 | | |
| 11 | Polyglactin size 1 round bodied | Box of 12 | 15 | | |
| 12 | Polyglactin size 2 round bodied | Box of 12 | 15 | | |
| 13 | Polyglactin size 2/0 round bodied | Box of 12 | 15 | | |
| 14 | Polyglactin size 2 reverse cutting | Box of 12 | 15 | | |
| 15 | Spironolactone 25mg | 100/pack | 20 | | |
| | | | | | |
| | | | | Sub Total | |
| | | | | | |
| | | | To | tal Bid Price | |
| UTHORI | SED BY: | | | | |
| Signatu | re: | Name: | | | |
| Position | : | | | | |
| Authoris | sed for and on behalf of: | | | (DD/MM/YY) | |

Company:

Date Stamp and to be signed by one with power of attorney

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012 **SECTION D: BENEFICIAL OWNERSHIP DISCLOSURE FORM**

| Date: |
|----------------------------|
| Procurement Reference No.: |

INSTRUCTIONS TO BIDDERS: DELETE THIS BOX ONCE YOU HAVE COMPLETED THE FORM

This Beneficial Ownership Disclosure Form ("Form") is to be completed by the Bidder. In case of joint venture, the Bidder must submit a separate Form for each member. The beneficial ownership information to be submitted in this Form shall be current as of the date of its submission.

For the purposes of this Form, a Beneficial Owner of a Bidder is any natural person who ultimately owns or controls the Bidder by meeting one or more of the following conditions:

- 1. directly or indirectly holding 5% or more of the shares
- 2. directly or indirectly holding 5% or more of the voting rights
- 3. directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
- 4. directly or indirectly, has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
- 5. has a significant stake in a company and on whose behalf activity of a company is conducted; or
- 6. exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee (s), beneficiaries, or anyone who controls the trust.

Page **5** of **8** pages

To: Phalombe District Council

In response to your request in the Letter of Acceptance dated [insert date of letter of Acceptance] to furnish additional information on beneficial ownership: [select one option as applicable and delete the options that are not applicable]

(i) we hereby provide the following beneficial ownership information.

Details of beneficial ownership

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012

| Identity of Beneficial Owner | Directly or indirectly holding 5% or more of the shares (Yes / No) | Directly or indirectly holding 5 % or more of the Voting Rights (Yes / No) | Directly or indirectly having the right to appoint a majority of the board of the directors or an equivalent governing body of the Bidder (Yes / No) |
|--|--|---|--|
| [include full name (last, middle, first), nationality, country of residence] | | | |

OR

- (ii) We declare that there is no Beneficial Owner meeting one or more of the following conditions:
 - directly or indirectly holding 5% or more of the shares
 - directly or indirectly holding 5% or more of the voting rights
 - directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 - directly or indirectly, has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
 - has a significant stake in a company and on whose behalf activity of a company is conducted; or
 - exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee (s), beneficiaries, or anyone who controls the trust.

OR

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012

- (iii) We declare that we are unable to identify any Beneficial Owner meeting one or more of the following conditions. [If this option is selected, the Bidder shall provide explanation on why it is unable to identify any Beneficial Owner]
 - directly or indirectly holding 5% or more of the shares
 - directly or indirectly holding 5% or more of the voting rights
 - directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder]"
 - directly or indirectly, has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
 - has a significant stake in a company and on whose behalf activity of a company is conducted; or
 - exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee (s), beneficiaries, or anyone who controls the trust.

| Name of the Bidder: | | | | | | | | | | | | |
|---------------------|-----------|--------|--------------|-----|------|-----|-----|----|--------|----|-----|---------|
| Name of the | person | duly | authorized | to | sign | the | Bid | on | behalf | of | the | Bidder: |
| Title of the per | rson sign | ing th | e Bid: | | | | | | | | | |
| Signature of the | ne perso | n nan | ned above: _ | | | | | | | | | |
| Date signed | da | v of S | Sentember 2 | ი25 | ; | | | | | | | |

Procurement Number: PEDC/DHO/GOODS/DRUGS/ORT/012

SECTION E: EVALUATION OF QUOTATIONS:

(D) 0-

Date Stamp and to be signed by one with power of attorney

- **1.** Quotations will be evaluated to determine their compliance to technical specifications.
- **2.** Quotations that are responsive, qualified and technically compliant will be ranked according to price. Compliant quotations shall meet the following conditions listed in the technical compliance sheet:
- **3.** Award of contract will be made to the lowest evaluated quotation [by item or by total] through the issue of a Local Purchase Order.

| Signed: Title/Position: PROCUI | REMENT OFFICER | Name: STEVEN CHIWALA BANDA |
|--------------------------------|-----------------------|----------------------------|
| For and on behalf of the | Procuring and Disposa | l Entity. |
| AUTHORISED BY: | | |
| Signature: | | Name: |
| Position: | | Date: |
| Authorized for and on beha | alf of: | (DD/MM/YY) |
| Company: | | |