



MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwingu, Mzuzu 2

REQUEST FOR QUOTATIONS (for Services)

Procurement Number: 031/MZCH/2025-26/31

To:
.....
.....

Date: 26th June, 2025.

The Procuring Entity named above invites you to submit your quotation for carrying out the services as described herein. 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 Services and Location; SERVICING AND MAINTENANCE OF VOLVE PENTA 300KV AND KIRLOSKAR 320 GENERATORS**
- 2) Services are to commence within **2days** from the date of reporting.
- 3) Services are to be delivered for a period of **12 months**.
- 4) Quotations must be valid for **30 days** from the date for receipt given below.
- 5) Quotations and supporting documents as specified in Section B must be marked with the Procurement Number given above and indicate acceptance of the stated terms and conditions.
- 6) Quotations must be received, in sealed envelopes no later than: **10:00hrs on 08th July ,2025**. Electronic submission **shall not** be permitted.
- 7) Quotations must be returned to:

Att.: Internal Procurement and Disposal Committee
Mzuzu Central Hospital,
P/Bag 309,
Luwingu, Mzuzu 2.
- 8) The attached Schedule of Rates and Prices at Section C together with any Terms of Reference or other documentation mentioned in Section C and appended, detail the services to be performed. You are requested to quote by completing Sections B and C. Quotations shall cover all costs of labour, materials, equipment, overheads, profits and all associated costs for performing the services including all taxes and duties. The total cost of performing the services shall be included in the items stated and the cost of any incidental services or materials shall be deemed to be included in the prices quoted.
- 9) 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 the issue of a Local Purchase Order.



MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwingu, Mzuzu 2

REQUEST FOR QUOTATIONS (for Services)

Procurement Number: 031/MZCH/2025-26/31

Signed:

Name.: **Geoffrey B Kayira**

Title/Position: **Ass. Procurement and Supplies Officer.**

For and on behalf of the Purchaser

Procurement Number: 031/MZCH/2025-26/31

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 withindays/weeks/months from date of Purchase Order.
- 3) Services to be completed bydays/weeks/months from date of Purchase Order
- 4) Validity period of this quotation isdays 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) A copy of our Trading Licence
 - (iii) A copy of our Annual Tax Clearance Certificate (for the last financial year)
 - (iv) Ownership Beneficial Form
 - (v) Proof to show experience in Serving /maintenance of Generator -380volt 350KVA -minimum of 3yrs .
- 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.

Procurement Number: 031/MZCH/2025-26/31

SECTION C: SCHEDULE OF REQUIREMENTS (TO BE PRICED BY BIDDER)

(YOU ARE FREE TO INSPECT THE GENERATORS BEFORE SUBMITTING YOUR QUOTATION AT YOUR OWN COSTS)

Item No	Description of Goods (Attach detailed specifications if necessary)	Unit of Issue	Qty	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
	A. SERVICING OF GENERATORS GENERATOR 350 KVA VOLVE The servicing shall require the following items;				
1	Oil filter	Each	02		
2	Diesel filter (Changing of Lube filters)	Each	02		
3	High lube engine oil (Changing of prime Diesel fieter)	1 liters	45		
4	Replacement of air filter	Each	2		
5	Radiator coolant	1liters tin	40		
6	Generator inspection and testing charge; including <ul style="list-style-type: none"> • Radiator service • Testing battery voltage • Testing DC (direct current and AC (alternate current system) • Checking the automatic change over switches performance • Any other jobs • Inspecting Fuel Injector Pump • Resetting the service milage of the power controller • Generator Cleaning • Inspectiong the operation of power wizand • Inspecting metering gauge,Alternator belts and radiator horse and fin 	Each	1		

Procurement Number: 031/MZCH/2025-26/31

	<ul style="list-style-type: none"> Testing the starter motor and Alternator Performance Testing earth Leakage System Charging Filters Charging Oils 				
	Labour charge For serving Volve KVA 350		1		
	The servicing shall require the following items; B. KIRLOSKAR 320KVA				
01	Oil filter By pass and Main	Each	2		
02	Diesel filter Prelined, Primary and Secondary	Each	3		
03	High lube engine	Ltrs	60		
05	Radiator coolant (Changing of Radiator Coolant)	Ltrs	40		
06	Generator inspection and testing charge; including <ul style="list-style-type: none"> Radiator service Testing battery voltage Testing DC (direct current and AC (alternate current system) Checking the automatic change over switches performance Any other jobs Inspecting Fuel Injector Pump Resetting the service milage of the power controller Generator Cleaning Inspecting the operation of power wizzard Inspecting metering gauge, Alternator belts and radiator hose and fan Testing the starter motor and Alternator Performance Testing earth Leakage System Charging Filters 				

Procurement Number: 031/MZCH/2025-26/31

	• Charging Oils				
				Sub total	
				VAT 16.5%	
				PPDA 1%	
				Total	

Procurement Number: 031/MZCH/2025-26/31

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

The supplier's quoted price shall be fixed for a period of contract whereby Mzuzu Central Hospital will sign a "Framework Agreement with the successful bidder. All relevant taxes will be applied on all payments accordingly.

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____
(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

Procurement Number: 031/MZCH/2025-26/31

BENEFICIAL OWNERSHIP DISCLOSURE FORM

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 a joint venture, the Bidder must submit a separate Form for each member of the Joint Venture.

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.

Date: [insert date]

Procurement Reference No.: [insert procurement reference number]

Page [insert page number] of [insert total number of pages] pages.

To: [insert complete name of Procuring and Disposing Entity]

In response to the invitation for bid dated [insert date of invitation for bid] we hereby submit beneficial ownership information: [select one option as applicable and delete the options that are not applicable]

We hereby provide the following beneficial ownership information.

Procurement Number: 031/MZCH/2025-26/31

Details of beneficial ownership

Identity 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 Board of Directors or an equivalent governing body of the Bidder (Yes/No)
[Include full name (Last, middle, first), nationality, country of residence, telephone number(s), email address, and postal and physical addresses]			

OR

- (i) We declare that there is no Beneficial Owner who has not been disclosed 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,

Procurement Number: 031/MZCH/2025-26/31

control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.

OR

- (ii) 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]
7. Directly or indirectly holding 5% or more of the shares
 8. Directly or indirectly holding 5% or more of the voting rights
 9. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 10. 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;
 11. Has a significant stake in a company and on whose behalf activity of a company is conducted; or
 12. 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: [insert **complete name of the Bidder**]¹

Name of the person duly authorized to sign the Bid on behalf of the Bidder:
[insert **complete name of person duly authorized to sign the Bid**]²

Title of the person signing the Bid [Insert **complete title of the person signing the Bid**

Signature of the person named above-----

-- Date signed [insert **ordinal number**] day of [insert **month**], [insert **ye**

¹ In the case of the Bid submitted by a Joint Venture specify the name of the Joint Venture as Bidder. In the event that the Bidder is a Joint venture, each reference to "Bidder" in the Beneficial Owner Disclosure Form (including this Introduction thereto) shall be read to refer to the Joint venture member.

² Person signing the Bid shall have the Power of attorney given by the Bidder. The power of attorney shall be attached with the Bid Schedules.

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2

Procurement Number: 031/MZCH/2025-26/31

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2

Procurement Number: 031/MZCH/2025-26/31