

Cell: 01 292 348

All correspondence
to be addressed to
The District Commissioner.



Nkhotakota District Council
Private Bag 48
Nkhotakota

Request for Quotations (FOR GOODS)

Procurement Number: KKDC/ HEALTH/PHARMACY/DRUGS/GOODS/ORT/25-2026

To:

.....

..... Date: 3rd July, 2025

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 (available on request) except where modified by this Request for Quotations.

SECTION A: QUOTATION REQUIREMENTS:

- 1) Supply and delivery of **assorted medical drugs for Health at Nkhotakota District Hospital under ORT Funds.**

Quotation prices should be based on: for goods supplied from outside of Malawi; CIP (carriage, Insurance paid) to **Nkhotakota District Council.**

- 2) The delivery period required **is 5 days** from date of order.
- 3) Quotations must be valid for **30 days** from the date for receipt given below
- 4) The warranty/guarantee offered shall be: **12 Months**
- 5) 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
- 6) Quotations must be received, in sealed envelopes, not later than 4pm on **10th July, 2025.**
- 7) Quotations must be returned to: **The Procurement Unit, Nkhotakota District Council, P.O. Box 48, Nkhotakota. Contact: 0888115716.**
- 8) 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.
- 9) You should write your own quotation apart from completing this form. Provide samples where necessary.

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: **Godfrey Chipanda**

Title/Position: **DISTRICT PROCUREMENT OFFICER**

For and on behalf of the Procuring and Disposing Entity (PDE)

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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/certification required within this RFQ.

SECTION 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.
- 4) Warranty period (where applicable):..... months.
- 5) We enclose the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A Copy of Trading Licence,
 - iii. A Copy of Pharmacy and Medicine Regulatory Authority certificate
 - iv. A Copy of Annual Tax Clearance Certificate (for the last Financial Year)
 - v. A Copy of PPDA Certificate
 - vi. A list of recent Government contracts performed,
 - vii. Attach coloured copies of National ID.
- 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 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:

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 REQUIREMENTS (TO BE PRICED BY BIDDER)

| Item No | Description of Goods (Attach detailed specification if necessary) | Unit of measure | Qty | Unit Price | Total Price |
|----------------|--|------------------------|------------|-------------------|--------------------|
| 1 | Cetirizine 25mgTablet (Pack of 100) | packs | 50 | | |
| 2 | Bisacodyl 5mgTablet (pack of 1000) | Bottles | 5 | | |
| 3 | Griseofulvin 250mgTablet (pack of 1000) | Bottles | 10 | | |
| 4 | Ketoconazole200mgTablet (pack of 100) | Packs | 100 | | |
| 5 | Loperamide2mgTablet (pack of 1000) | Bottles | 5 | | |
| 6 | Isosorbide dinitrate10mg Tablet (pack of 100) | packs | 10 | | |
| 7 | Simvastatin 10mg Tablet (pack of 28) | Packs | 20 | | |
| 8 | Misoprostol 200mcg Tablet (Pack of 100) | packs | 50 | | |
| 9 | Dexamethasone 4mg/ml injection | Each | 1000 | | |
| 10 | Chlorpromazine HCL, Injection | Each | 500 | | |
| 11 | Flucloxacillin 250mg vial, Injection | Each | 1000 | | |
| 12 | Haemacel, infusion/ Injection | Each | 15 | | |
| 13 | Hydralazine HCL 20mg/ml 1ml, Injection | Each | 500 | | |
| 14 | Pethidine HCL 50mg/ml 2ml, Injection | Each | 500 | | |
| 15 | Promethazine HCL 25mg/ml 2ml, Injection | Each | 500 | | |
| 16 | Chlorhexidine 1.5% 5Litre, solution | Each | 10 | | |
| 17 | Weak Iodine solution 0.5% 500ml, solution/ tincture | Each | 50 | | |

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| | | | | | |
|----|--|------|-----|--|--|
| 18 | Gentian violet paint 1% 500ml, solution | Each | 10 | | |
| 19 | Hydrocortisone skin ointment, Galenicals | Each | 300 | | |
| 20 | Isoflourane 100 ml, Galenicals | Each | 4 | | |
| 21 | Salbutamol inhaler, Galenicals | Each | 200 | | |
| 22 | Catheter/ Urine bag, Surgical | Each | 500 | | |
| 23 | Catheter tube size 18 , surgical | Each | 500 | | |
| 24 | Needle spinal disposable 25 G, Surgical | Each | 300 | | |
| 25 | Hepatitis C Test kits, Test | Each | 500 | | |
| | Sub Total | | | | |
| | VAT 16.5% | | | | |
| | PPDA 1% | | | | |
| | Grand Total | | | | |

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

[List any attachments providing additional specification of the goods required]

Authorised By:

Position: _____

Date: _____
(DD/MM/YY)

Authorised for and on behalf of:

Company: