

REQUEST FOR QUOTATIONS (FOR WORKS)

Procurement Number: 031/MZCH/2024-25/125

To:	
	Date: 19th November 2024.
The Procuring Entity named above invites you to submit	your quotation for carrying out the
works as described herein. Any resulting order shall be su	bject to the Government of Malawi
General Conditions of Contract for Local Purchase Ord	lers (available on request) except

SECTION A: QUOTATION REQUIREMENTS

where modified by this Request for Quotations.

- 1) Description of Works and Location Maintenance of Wheel Chair and Oncology Chair at Mzuzu Central Hospital Premises
- 2) Works are to commence by: *Seven* (7) *days* from the date of order.
- 3) Works to be completed by: *fourteen (14) days* from the date of order.
- 4) Quotations must be valid for *thirty* (30) days from the date for receipt given below.
- 5) Quotations and supporting documents as specified in Section B must be clearly marked with the Procurement Number given above and must indicate acceptance of the stated terms and conditions.
- 6) Quotations must be received, in sealed envelopes no later than: 10:00AM hrs on 27/11/2024
- 7) Quotations must be returned to:

Att.: IPDC Chairperson, Mzuzu Central Hospital. P/Bag 209, Luwinga, Mzuzu 2. Tel: 01 320 620, Fax: 01 320 217

deposit your quotation to the procurement office RFQs Box

- 8) The attached Activity Schedule at Section C details the works to be performed. You are requested to quote by completing Sections B and C. Quotations shall cover all costs of labour, equipment, profits and all associated costs for performing the works including all taxes and duties. The whole cost of performing the works shall be included in the items stated and the cost of any incidental works 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
- 10) issue of a Local Purchase Order.
- 11) Well filled and Signed Beneficiary ownership Disclosure Form

Signed: Name **Geoffrey B Kayira**



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Title/Position: Ass. Procurement and Supplies Officer.

For and on behalf of the Purchaser.

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) Works will commence withindays/weeks/months from date of Purchase Order.
- 3) Works will 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 attach the following documents:
 - 1. Section C of the Request for Quotations completed and signed;
 - 2. A copy of our Trading Licence,
 - 3. A copy of Tax Clearance Certificate,
 - 4. A copy a VAT registration certificate,
 - 5. A copy of valid PPDA certificate,
 - 6. A copy of valid NCIC certificate.
- 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.
- 8) Well fill and signed Ownership Disclosure Form

Quatation Authorisation

Quotation Authorisation.		
Signed	Date:	
Name:	Title/Position:	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y name and seal):	
Registered	A	ddress



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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: ACTIVITY SCHEDULE (TO BE PRICED BY BIDDER)

tem Io.	Descr	iption of Activity	QUANTITY	Prince in Kwacha
	Lot 1L	abour Charge only for Small Maintenance works		
	Α.	Maintenance of Wheel Chair	23	
		Scope of work	23	
		Foot Pate replacement		
		➤ Front folk +Caster Wheel		
		Rear wheel replacement		
		Back upholstery replacement		
		> Arm rest replacement		
		Hand grip replacement		
		Side Panel replacement		
	В.	Maintenance of Oncology Chairs		
		Scope of work	12	
		➤ Replacement of worn out Cushions		
		> Repair and Replace of broken frames		
		IMPORTANT NOTE		
		Interested Bidders are encouraged to visit our Premises and assess the works		
			Sub-Total	
			NCIC 1%	



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Vat 16.5%	
Total Lamp sum	

The following attachments are appended to clari Authorised By:	fy the Desc	cription of Activity:
Signature:	Name:	
Position:	Date:	(DD (1014W)
Authorised for and on behalf of:		(DD/MM/YY)
Company:		



REQUEST FOR QUOTATIONS (FOR WORKS)

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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 kore 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 to

tal number of pages] pages.

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



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Procurement Number: 031/MZCH/2024-25/125 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.

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]			



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- (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, 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,



MZUZU CENTRAL HOSPITAL Private Bag 209, Luwinga, Mzuzu 2 REQUEST FOR QUOTATIONS (FOR WORKS)

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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 yes

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.