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In reply please quote No  
Ref.....  
Mangochi District Council,  
Private Bag 138,  
Mangochi,  
MALAWI.

All communications should  
be addressed to:  
The District Commissioner

## REQUEST FOR QUOTATIONS DHO/G2G

**Procurement Number: MHDC/DHO/G2G/G/2023-24/3250**

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

Date: **20/02/2024**

The Procuring Entity named above invites you to submit your quotation for the Service 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) **Description of Services: Procurement of Medical Equipment –Milestone #2.12**

- 2) Quotation prices should be based on:
- 3) For goods supplied from within Malawi; EXW – insured and delivered to Mangochi District Hospital **or** for goods supplied from outside of Malawi; CIP to Mangochi District Hospital
- 4) The delivery period required is **5 days** from date of order.
- 5) Quotations must be valid for **30 days** from the date for receipt given below.
- 6) The warranty/guarantee offered shall be: **12 months**.
- 7) 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.
- 8) Quotations must be received, in sealed envelopes, no later than: **2:00 p.m. on 26/02/2024**
- 9) Quotations must be returned to: The District Procurement Officer, Mangochi District Council, P/Bag 138, Mangochi
- 10) 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.
- 11) [List any other requirements e.g. the provision of samples]

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: Judith K Maseya

Title/Position: **District Procurement 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/certification required within this RFQ.

**SECTION B: QUOTATION SUBMISSION SHEET**

- 1) Currency of Quotation: Malawi Kwacha
- 2) Delivery period offered: ..... 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 attach 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. A list of recent Government contracts performed,
  - v. A valid copy of MSE Certificate
  - vi. *[Insert any other documentation required by the Procuring Entity]*.
- 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: \_\_\_\_\_

Authorised for and on behalf of:

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

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.*

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

Item No	Description of Goods	Unit of Measure/ Days	Quantity	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Delivery beds	each	10		
2	Standard hospital mattress	each	20		
3	Mobile patient monitor	each	01		
				<b>SUB-TOTAL</b>	
				<b>VAT 16.5%</b>	
				<b>PPDA 1%</b>	
				<b>TOTAL</b>	

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

**Authorised by:**

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

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

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

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

Authorised for and on behalf of:

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