

 The Government of Republic of Malawi	Queen Elizabeth Central Hospital
Procurement Reference Number	NCB031IPDCQECHS2025-2026-10

Date of Issue

8th February, 2025

PROCUREMENT NOTICE FOR THE PREQUALIFICATION OF MOTOR VEHICLES MAINTENANCE AND SERVICING

1. Background

Queen Elizabeth Central Hospital is seeking to prequalify experienced garages for the provision of maintenance, and servicing of motor vehicles. This prequalification is part of the organization's ongoing efforts to ensure that only capable and competent service providers are selected to maintain its fleet.

2. Scope of Services

The selected garages will be responsible for performing the following services:

- Carry out maintenance and repairs of motor vehicles in accordance with Malawi Government maintenance regulations.
- Troubleshooting of mechanical and electrical faults.
- Parts replacement and servicing (e.g., engine, transmission, tires, etc.).
- Emergency recovery.
- Carry out body repairs and spray paintings

3. Prequalification Requirements

Interested garages must meet the following minimum qualifications:

- A valid business registration and operating license.
- Proven experience of at least five (5) years in servicing and repairing of motor vehicles.
- Qualified and skilled technicians with relevant certifications in automotive repairs.
- Availability of necessary tools, equipment, and diagnostic machinery.
- A track record of providing quality services to clients.
- Demonstrated capacity to handle fleet maintenance, to handle light goods and heavy goods motor vehicles.
- Ability to offer competitive pricing and clear service delivery timelines.

- The bidder must be ready to carry out repairs and maintenance in Blantyre.

4. Submission of Prequalification Documents

interested garages are required to submit the following documents:

- A completed prequalification application form (available from **QECH Procurement Unit** and PPDA website).
- Proof of business registration and operating license.
- Company profile and description of services offered.
- A list of qualified technical personnel and their respective certifications.
- Details of the garage's facilities, tools, and equipment.
- Evidence of previous experience with similar services (e.g., contracts, client references).
- A copy of the garage's insurance policy.
- Any other relevant documents demonstrating the ability to deliver the required services
- A copy of Certificate from PVHES authorizing to operate

5. Submission Deadline

Prequalification applications must be submitted no later than **10th March, 2025** 10:00AM. Late submissions will not be considered.

6. Submission Address

All prequalification applications should be submitted to:

Attention: **The IPDC Chairperson**
 Physical Address: Queen Elizabeth Central Hospital
 Ginnery Corner, Off Chipembere Highway,
 Chipatala Avenue,
 Postal Code Box 95
 City Blantyre,
 Country Malawi.
 Phone Number + (265) 995 399 754 or (+265)999 280 762
 E mail address gondwe.fred@gmail.com or mgkaunda@gmail.com

7. Evaluation Criteria

Applications will be evaluated based on:

- Experience and capacity to deliver the required services.
- Technical expertise and qualifications of personnel.
- Availability of facilities and equipment.
- Past performance and references.
- Compliance with the applicable legal and regulatory requirements.

PREQUALIFICATION APPLICATION FORM

SECTION 1: GENERAL INFORMATION

1. Name of Garage _____
[Insert Garage Name]
2. Business Registration Number: _____
[Insert Registration Number]
3. Date of Incorporation: (If Applicable) _____
[Insert Date]
4. Address of the Garage:
 - o Street Address: _____
[Insert Address]
 - o City/District: _____
[Insert City]
 - o Postal _____ Code:
[Insert Postal Code]
 - o Country: _____
[Insert Country]
 - o Contact Number: _____
[Insert Phone Number]
 - o Email Address: _____
[Insert Email Address]
5. Type of Business:
 - o Sole Proprietorship _____ Tick if yes and un-tick if No
 - o Partnership _____ Tick if yes and un-tick if No
 - o Corporation _____ Tick if yes and un-tick if No
 - o Other (Specify): _____
[Insert Type]
6. Name of Contact Person:
 - o Name: _____
[Insert Full Name]
 - o Position: _____
[Insert Position]
 - o Telephone: _____
[Insert Phone Number]
 - o Email: _____ [Insert Email Address]

SECTION 3: FACILITIES AND EQUIPMENT

11. Garage Facilities:

- **Location of Garage(s):** _____
[Insert Number and Location of Garages]
- **Size of Garage (in square meters):** _____
[Insert Size]

12. List of Major Tools and Equipment Available:

- Vehicle Lifts _____ Tick if yes and un-tick if No
- Diagnostic Equipment _____ (e.g., OBD scanners)
- Welding Equipment _____ Tick if yes and un-tick if No
- Tire fitting tools _____ Tick if yes and un-tick if No
- Engine Repair Tools _____ Tick if yes and un-tick if No
- Towing vehicle and accessories _____ Tick if yes and un-tick if No
- Other (Specify): _____
[Insert Tool/Equipment]

13. Storage Capacity for Vehicles and Motorcycles:

- _____
[Insert Number of Vehicles that can be stored]

SECTION 4: PAST PERFORMANCE AND REFERENCES

14. Previous Clients (for similar services):

- **Client 1:**
 - Name: _____
[Insert Client Name]
 - Address: _____
[Insert Address]
 - Contact Person: _____
[Insert Name and Position]
 - Phone: _____
[Insert Phone Number]
 - Email: _____
[Insert Email Address]
 - Description of Services Provided: _____
[Insert Description of Services]
- **Client 2:**
 - Name: _____
[Insert Client Name]
 - Address: _____
[Insert Address]

- Contact Person: _____
[Insert Name and Position]
 - Phone: _____
[Insert Phone Number]
 - Email: _____
[Insert Email Address]
 - Description of Services Provided: _____
[Insert Description of Services]
- **Client 3:**
- Name: _____
[Insert Client Name]
 - Address: _____
[Insert Address]
 - Contact Person: _____
[Insert Name and Position]
 - Phone: _____
[Insert Phone Number]
 - Email: _____
[Insert Email Address]
 - Description of Services Provided: _____
[Insert Description of Services]

15. Attach Copies of Relevant Contracts or References:

- Tick if the relevant contracts or References are attached.
- Un-tick if the relevant contracts or References are not available.

SECTION 5: FINANCIAL INFORMATION

16. Bank Reference:

- Name of Bank: _____
[Insert Bank Name]
- Bank Address: _____
[Insert Bank Address]
- Account Number: _____
[Insert Account Number]
- Contact Person at Bank: _____
[Insert Name]
- Phone: _____
[Insert Phone Number]
- Email: _____
[Insert Email Address]

17. Financial Statements:

- Tick if financial statements for the past three years are attached.
- Un-tick if Not available.

SECTION 6: INSURANCE AND LEGAL COMPLIANCE

18. Insurance Coverage:

- Type of Insurance: [Insert Type of Insurance]
- Insurer: [Insert Insurer Name]
- Coverage Amount: [Insert Coverage Amount]
- Expiry Date: [Insert Expiry Date]

19. Compliance with Local Laws:

- We comply with all local laws and regulations applicable to our business activities.
- Attach a copy of relevant licenses and permits.

SECTION 7: DECLARATION

I, the undersigned, declare that the information provided in this prequalification application form is accurate and complete to the best of my knowledge. I understand that false or misleading information may result in the disqualification of my application.

Authorized Representative Name: [Insert Name]

Position: [Insert Position]

Signature: [Insert Signature]

Date: [Insert Date]

ATTACHMENTS:

1. Copy of Business Registration and License
2. Copies of Technicians' Certifications
3. Financial Statements
4. Bank Reference Letter
5. Insurance Certificate
6. Client References and Contracts
7. Any other relevant documents