

Telephone: +265 111 624 344

Email: [zombamental@gmail.com](mailto:zombamental@gmail.com)

Communications should be addressed to:



Zomba Mental Hospital

P.O. Box 38

Zomba

Malawi.

## REQUEST FOR QUOTATIONS (FOR SERVICES)

Procurement Number: ZMH/RFQ/FUMIGATION/25/01

Date: 19<sup>th</sup> May, 20245

To .....

.....

The Procuring Entity named above invites you to submit your quotation for 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. **20% of Margin of preference will be given to indigenous black Malawians. And Provide Coloured Identity Photo**

### SECTION A: QUOTATION REQUIREMENTS:

- 1) **Description of Goods:** Fumigation Services at Zomba Mental hospital wards
- 2) Quotation prices should be based on: **Malawi Kwacha**  
For goods supplied from within Malawi: **DDP/ DAP (Delivery at Place) - Insured and delivered at Zomba Mental Hospital**
- 3) The Service period required is **7** days from date of order.
- 4) Quotations must be valid for **30 days** from the date for receipt given below.
- 5) The warranty/guarantee offered shall be:
- 6) 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.
- 7) Quotations must be received, in sealed envelopes, no later than: **Friday, 23<sup>rd</sup> May, 2025 at 2:00 Pm and deposited in the Tender Box in the Procurement and Disposal Unit, Zomba Mental Hospital.**
- 8) Quotations must be returned to: **The Chairman, Internal Procurement and Disposal Committee, Zomba Mental Hospital, P.O. Box 38, ZOMBA**  
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.

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: .....

Date: 19<sup>th</sup> May, 2025

Name: **Ishmael Jangia** Title/Position: Procurement and Disposal Officer. (0996 314 629)

For and on behalf of the Purchaser

# Zomba Mental Hospital

**Procurement Number: ZMH/RFQ/FUMIGATION/25/01**

*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) Service 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 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 three similar Government contracts performed for the past three years.
  - v. A copy of a Coloured Identity Photo
  - vi. A copy of PPDA Certificate
  - vii. A Copy of VAT certificate if applicable
  - viii. A copy of Company registration certificate
- 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:

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.*

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

Item No.	Description of goods ( Attach detailed specifications if required)	Unit of measure	Qty.	Unit Price	Total Price Kwacha
1.	Provision of Fumigation Services at the Hospital. The Bidder should have the following for safe delivery of the services for 8 wards: i.e New Wing, MA1, FA, FB, MAW2, MRW2, paying ward or Infirmary ward and the service provider should have the materials including the following for effective service delivery: <ul style="list-style-type: none"> <li>• Alphacypemethrin 15Litres</li> <li>• Aluminium phosphate 5Kg</li> <li>• Chloropyritos 10L</li> <li>• Tapolins sheet, 4 sheets</li> <li>• Plastic paper DPC 4 rolls</li> <li>• Waster 5 Rolls</li> <li>• Masking tape 6 rolls</li> <li>• Surf detergent 15kgs</li> <li>• 20litres 2 buckets</li> <li>• 50 N95 face masks</li> <li>• 3 Adjustable pallets</li> </ul>	Wards (47m X 15m)	8		
				<b>SUB TOTAL</b>	
				<b>16.5% VAT</b>	
				<b>GRAND TOTAL</b>	

**Authorised By:**

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

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

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

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

Authorised for and on behalf of:

(DD/MM/YY)

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

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Communications should be addressed to:



Ministry of Health

Zomba Mental Hospital

P.O. Box 38

Zomba

## **BENEFICIAL OWNERSHIP 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 at 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: .....

Procurement Reference No.: .....

Page ..... of ..... pages.

## Zomba Mental Hospital

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To: Zomba Mental Hospital

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

### DETAILS OF BENEFICIAL OWNERSHIP

<b>Identity of Beneficial Owner</b>	<b>Directly or indirectly holding 5% or more of the shares (Yes / No)</b>	<b>Directly or indirectly holding 5 % or more of the Voting Rights (Yes / No)</b>	<b>Directly or indirectly having the right to appoint a majority of the Board of the Directors or an equivalent governing body of the Bidder (Yes / No)</b>
Full Name nationality, country of residence, telephone number(s), email address, postal and physical addresses]			

**OR**

(ii) 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

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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**

(iii) 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: .....

Name of the person duly authorized to sign the Bid on behalf of the Bidder: .....

Title of the person signing the Bid: .....

Signature of the person named above: \_\_\_\_\_

Date signed ..... day of.....\_20