

Tel. No. 01525156  
Fax No. 01524538  
Email:



Zomba Central Hospital,  
P.O Box 21, Zomba.  
MALAWI

## REQUEST FOR QUOTATIONS (FOR GOODS)

**Procurement Number: ZCH/RFQ/MAT-COVER/07/25/001**

**Date: 3<sup>RD</sup> JULY, 2025**

.....

.....

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:** Procurement of Mattress Cover for Hospital use

**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 Central Hospital**

**3) The Delivery 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: Thursday, 9<sup>th</sup> July, 2025 at 10.00am and deposited in the Tender Box in the Procurement and Disposal Unit, Zomba Central Hospital.**

**8) Quotations must be returned to: The Chairman, Internal Procurement and Disposal Committee, Zomba Central Hospital, P.O. Box 21, 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** through the issue of a Local Purchase Order.

Signed: .....

Date: **3<sup>rd</sup> July, 2025**

Name: **L.Chikwiri** Title/Position: Procurement and Disposal Officer. **(0888860689)** for and on behalf of the Purchaser.

# Zomba Central Hospital

Procurement Number: ZCH/RFQMAT-COVER/06/25/001

*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 License,
  - 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 ix. PMRA 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.

### Authorized By:

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

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YY)

Authorized for and on behalf of:

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

Address: .....  
.....

*If any additional documentation is attached to your quotation, a signature and authorisation at*

# Zomba Central Hospital

Procurement Number: ZCH/RFQMAT-COVER/06/25/001

*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	Bidders specification compliance offered  (Comply with specification in the column below for item quoted )	Qty	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Mattress cover for Hospital Use <ul style="list-style-type: none"><li>• Should be waterproof</li><li>• PVC leather cloth</li><li>• 1.0mm thick with zip</li><li>• Size 135 inches long, 38 inches wide, 4 inches side.</li></ul> <b>NB:</b> we shall need sample for fitting before the rest of the covers are made.	Each		550		
<b>Sub Total</b>						
<b>16.5% VAT</b>						
<b>Grand Total</b>						

**Authorized By:**

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

# Zomba Central Hospital

Procurement Number: ZCH/RFQMAT-COVER/06/25/001

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized for and on behalf of: (DD/MM/YY)

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

Tel. No. 01525156  
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Email:



Zomba Central Hospital,  
P.O Box 21, Zomba.  
MALAWI

## 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.

To: Zomba Mental Hospital

## Zomba Central Hospital

Procurement Number: ZCH/RFQMAT-COVER/06/25/001

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.

## Zomba Central Hospital

Procurement Number: ZCH/RFQMAT-COVER/06/25/001

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**

(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