

Our Ref:

Our Ref:

Your Ref

Tel/Fax:

All replies to be addressed to
The District Commissioner



NTCHISI DISTRICT COUNCIL

NTCHISI DISTRICT COUNCIL
P.O BOX 1
NTCHISI
MALAWI

DATE: 23rd September, 2026

Request for Quotations (for Goods)

Procurement Reference Number: NSDC/HEALTH/ORT/2026-2027/025

To:

The Procuring and Disposing Entity named above invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Procuring and Disposing Entity 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 except where modified by this Request for Quotations.

SECTION A: QUOTATION REQUIREMENTS—

1. Description of Goods the Bidder is bidding to Supply and Deliver
SUPPLY AND DELIVERY OF MAIZE MEAL FLOUR, SOYA PIECES AND KITCHEN SALT FOR NTCHISI DISTRICT HOSPITAL UNDER HEALTH SECTOR
2. Quotation prices should be based on **Malawi Kwacha**
(a) for goods supplied from within Malawi; EXW – insured and delivered to;
Ntchisi District Council, P.O Box 1, Ntchisi
(b) for goods supplied from outside of Malawi; CIP or DDP **Ntchisi District Council, P.O Box 1, Ntchisi**
3. The delivery period required is **5 days** from date of order
4. Quotations must be valid for **30 days** from the deadline for submission.
5. The warranty/guarantee offered shall be: **12 months.**
6. Quotations and supporting documents as specified in Section C must be marked with the Procurement Reference Number given above, and indicate your acceptance of the terms and conditions.
7. Quotations must be received, in sealed envelopes, no later than: **14:00 hours on 28th September, 2026**
8. Quotations must be returned to the Chairperson of IPDC: **Ntchisi District Council, P.O Box 1, Ntchisi**

Procurement Reference Number NSDC/HEALTH/ORT/2026-2027/025

9. The attached Schedule of Requirements in Section D, details the items to be procured. You are requested to quote your delivered price for these items by completing and returning Sections C and D.

10. Payment to the supplier shall be made within **30 days** from the date of receipt of invoice.

11. *[List any other requirements e.g. the provision of sample.*

.....
.....

12. The detailed descriptions of the goods required are provided in table below. Bidders shall provide full descriptions of the products being offered in Section D - Price Schedule.

Your quotation is to be returned by completing and returning this Form and Section C and D including any other information/certification required within this RFQ.

SECTION B: QUOTATION SUBMISSION SHEET

1. Currency of Quotation: *Malawi Kwacha*
2. Delivery period offered: [*insert a number*] days/weeks/months from date of the Local Purchase Order.
3. The validity period of this Quotation is: [*insert a number*] days from the date for receipt of Quotations.
4. Warranty period (where applicable): [*insert a number*] months.
5. We attach the following documents: [*tick against the document(s) you have attached*]
 - (a) Section D of the Request for Quotations completed and signed; ☐
 - (b) A copy of our Business Registration Certificate and Trading Licence; ☐
 - (c) A copy of our Annual Tax Clearance Certificate (for the last Financial Year); ☐
 - (d) A copy of our PPDA certificate
 - (e) MSME Certificate
 - (f) A list of recent Government contracts performed; ☐
 - (g) [*Insert any other documentation required by the Procuring and Disposing Entity*].

6. We offer to supply in conformity with the Request for Quotations Documents and in accordance with the delivery schedule required in Section D: Schedule of Requirements]
7. We have examined and have no reservations to the Request for Quotations Document, including Addenda No: (*Insert Number and date*) of Addenda).
8. Our price shall be fixed for the duration of the validity period
9. We declare that our firm, Directors and Beneficial Owners do not engage in corrupt, fraudulent and/or uncompetitive practices whenever participating in procurement proceedings.

AUTHORISED BY: [*to be completed by someone who has the power of attorney for the bidder*]

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

Authorised for and on behalf of (Company name):

Company: _____

Registered Address:

If any additional documentation is attached to your quotation, a signature and authorisation at Section C and Section D 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.

13.

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

Item No	Description of Goods [Attach detailed specification if necessary]	Unit of Measure	Quantity	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Maize flour	50Kg	24		
2	Soya pieces	Bale	44		
3	Kitchen salt(10*2kg)	Each	3		
<i>Sub-Total</i>					
<i>VAT 17.5%</i>					
<i>PPDA Levy (1%)</i>					
<i>Total Bid Price</i>					

Notes: The Procurement Levy is calculated based on Sub-total before taxes.

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

[List any attachments providing additional specification of the goods required]

.....

.....

Technical Compliance Sheet: *List any attachments providing additional specification of the goods required]*

No	DESCRIPTION OF GOODS	TECHNICAL SPECIFICATIONS	BIDDER'S SPECIFICATIONS	COMPLIANCE YES/ NO
1				
2				
3				
4				
5				

6				
7				

SECTION D: BENEFICIAL OWNERSHIP DISCLOSURE FORMDate: **[insert date]**Procurement Reference No.: **[insert procurement reference number]**Page **[insert page number]** of **[insert total number of pages]** pagesTo: **[insert complete name of Procuring and Disposing Entity]**

In response to your request in the Letter of Acceptance dated [insert date of letter of Acceptance] to furnish additional information on beneficial ownership: [select one option as applicable and delete the options that are not applicable]

(i) we hereby provide the following beneficial ownership information.

Details of beneficial ownership

Identity of 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 the board of the directors or an equivalent governing body of the Bidder (Yes / No)
[include full name (last, middle, first), nationality, country of residence]			

Procurement Reference Number NSDC/HEALTH/ORT/2026-2027/025

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 **year**]

SECTION E: EVALUATION OF QUOTATIONS:

1. Quotations will be evaluated to determine their compliance to technical specifications.
2. Quotations that are responsive, qualified and technically compliant will be ranked according to price. Compliant quotations shall meet the following conditions listed in the technical compliance sheet:
3. Award of contract will be made to the lowest evaluated quotation [*by item or by total*] through the issue of a Local Purchase Order.

Signed:

Name: Lillian Thindwa

Title/Position: Procurement Officer

For and on behalf of the Procuring and Disposal Entity.

AUTHORISED BY:

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

Date Stamp and to be signed by one with power of attorney

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 Ownership 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.

NTCHISI DISTRICT COUNCIL

Procurement Reference Number NSDC/HEALTH/ORT/2026-2027/025