: + 265 01 876 928

All Communications should be addressed to: The Hospital Director



31/OECH/G/19/09/24-172 Ministry of Health, **Queen Elizabeth Central Hospital** P.O. Box 95, BLANTYRE MALAWI.

To:		 	
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	• • • • • • • • • • • • • • • • • • • •	 	

Date: 3RD DECEMBER, 2024.

The Procuring Entity named above invites you to submit your quotation for carrying out the whole of the services as described herein. 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 and Location AN OFFER FOR A TUCKSHOP FOR USE AS A SHOP ON RENTAL
- 2) Services are to commence by 3 days from the date of order.
- 3) Services are to be completed by **7 days** from the date of order.
- 4) Quotations must be valid for 30 days from the date for receipt given below.
- 5) Quotations and supporting documents as specified in Section B must be marked with the Procurement Number given above and indicate acceptance of the stated terms and conditions.
- Quotations must be received, in sealed envelopes no later than: 15:00 Hrs. on 9TH DECEMBER, 2024.
- 7) Quotations must be returned to: The Internal Procurement Committee, Queen Elizabeth Central Hospital, P.O. Box 95, Blantyre. Att: The Procurement Officer, Tel; 01 880 882;
- 8) The attached Schedule of Rates and Prices at Section C together with any Terms of Reference or other documentation mentioned in Section C and appended, detail the services to be performed. You are requested to quote by completing Sections B and C. Quotations shall cover all costs of labour, materials, equipment, overheads, profits and all associated costs for performing the services including all taxes and duties. The total cost of performing the services shall be included in the items stated and the cost of any incidental services or materials shall be deemed to be included in the prices quoted.
- 9) 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 the issue of a Local Purchase Order.

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Title/Position Procurement Officer For and on behalf of the Purchaser

Authorised By:

+ 265 01 876 928

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31/OECH/G/19/09/24-172 Ministry of Health, **Queen Elizabeth Central Hospital** P.O. Box 95, BLANTYRE MALAWI.

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 RFO.

SECTION B: QUOTATION SUBMISSION SHEET

- 1) Currency of Quotation: Malawi Kwacha
- 2) Services will commence withindays/weeks/months from date of Purchase Order.
- 3) Services to be completed bydays/weeks/months from date of Purchase Order
- 4) Validity period of this quotation isdays from the date for receipt of Quotations.
- 5) We enclose the following documents:
 - (i) Section C of the Request for Quotations completed and signed;
 - (ii) A copy of our Trading Licence
 - A copy of our Annual Tax Clearance Certificate (for the last financial year) (iii)
 - A copy of PPDA Certificate of registration (iv)
 - A copy of City Council Licence. (v)
- 6) We confirm that our quotation is subject to 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.

Signature:	Name:	
Position:	Date:	
Authorised for and on behalf of:		(DD/MM/YY)
Company:		
Registered 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 RFO 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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31/QECH/G/19/09/24-172 Ministry of Health, **Queen Elizabeth Central Hospital** P.O. Box 95, **BLANTYRE**

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

	l I			I
Item No.	Description of Services (Append detailed specifications, requirements, explanations and/or Terms of Reference as necessary)	Minimum monthly Rental charge	Our charge per month	Quarterly monthly rentals
	Rental charge for the tuck-shop. Room size			
1	is 3.040 x 3. 040 m.	60,000.00		
	Monthly fixed water bill contribution if not			
2	cooking and any other high use of water	20,000.00		
	Monthly fixed water bill contribution if you			
	choose to use for cooking and any other high			
3	use.	50,000.00		
	Monthly fixed electricity bills contribution if			
4	not cooking and any other high use	20,000.00		
	Monthly fixed electricity bills contribution if			
	you choose to use for cooking and any other			
5	high use.∖	50,000.00		
When	filling the columns for monthly charge and q	uarterly ch	arge for water	
	lectricity, make sure that you select only appli	cable rows f	for you that is	
	are to also be cooking or not.			
	ote that for the higher the rental charge you	• •	_	
you ge	et to win the offer, while utility charge shall be	e the same a	is indicated	
above.				
			SUB TOTALS	
			VAT 16.5%	
			PPDA LEVY	
			TOTALS	

The following attachments are appended to clarify the Description of Services: [List each attachment e.g. detailed schedule of services, or terms of reference]

Authorised By:		
Signature:	Name:	
Position:	Date:	(DD/MM/YY)
Authorised for and on behalf of:		(DD/MM/11)
Company:		

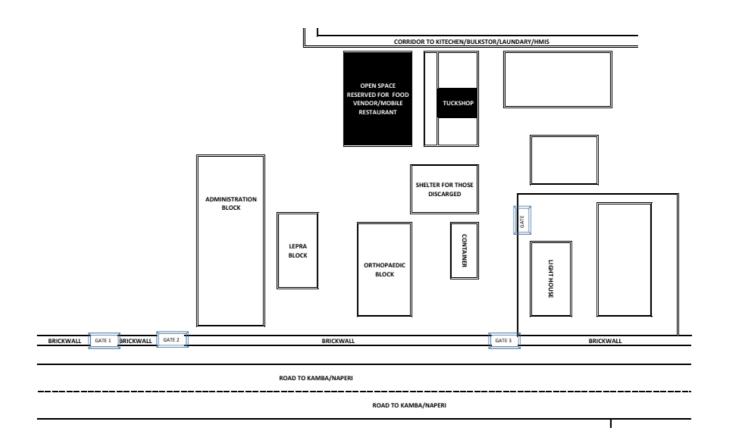
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SECTION D: AN OFFER FOR A TUCKSHOP FOR USE AS A SHOP ON RENTAL



: + 265 01 876 928

All Communications should be addressed to: The Hospital Director



In reply please quote No.
31/QECH/G/19/09/24–172
Ministry of Health,
Queen Elizabeth Central Hospital
P.O. Box 95,
BLANTYRE
MALAWI.

SECTION E: SCOPE OF SERVICES:

1. Operation of Tuck-shop:

- Manage and operate a tuck-shop within the hospital premises.
- Provide a range of food and beverage options, including snacks, beverages, and light meals.
- Ensure compliance with all health and safety regulations.

2. Rental Terms:

- The tuck-shop will be available for lease for a period of **6 months** i.e. from October **2024 to March 2025** but subject to renewal
- Rent will be Quarterly at a rate of ______ payable in advance.
- Additional terms and conditions will be outlined in the lease agreement.

3. Hours of Operation:

- Monday to Friday, 6:00 AM to 9:00 PM
- Saturday & Sundays, 8:00 AM to 6:00 PM

4. Maintenance and Cleanliness:

- Maintain high standards of cleanliness and hygiene.
- Regularly clean and sanitize the tucks hop area.

5. Stock Management:

- Manage inventory to ensure adequate supply of products.
- Handle procurement, storage, and handling of goods.