

REQUEST FOR QUOTATIONS (FOR GOODS)
Procurement Number:MPS/CR/ORT/RFQ/24/25/35
To:
Date13/08/24
The Procuring Entity named above invites you to submit your quotation for the Goods/Services described Here in. 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 were modified by this Request for Quotations.
SECTION A: QUOTATION REQUIREMENTS: 1) Description of Supply and Delivery:(STATIONERY))
2) Quotation prices should be based on: for goods supplied from within Malawi; EXW – insured and delivered to CORRECTION OFFICE HEADQUARTES] or for goods supplied from outside of Malawi; CIP to [PRISONS
 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: 12 months. 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: 2 PM ON 20 /08/24 8) Quotations must be returned to:

THE IPC CHAIRMAN, PRISON HEADQUARTERS, P/BAG 28, LILONGWE

9) The attached Schedule of Requirements at Section C, details the Services to be purchased. *You are*

Requested to quote your delivered price in lots for the goods by completing and returning Sections B and C.

10) [List any other requirements e.g. the provision of samples]

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 NameDET Thy	Signed		Ν	Namel	В	ET	T	IN	1/	١
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MGAMPHULA	
Title/Position: PROCUREMENT OFFICER	
Name of Procuring Entity: Prison Headquarter	
Procurement Number: MPS/CR/ORT/RFQ/24/2	25/35
Your quotation is to be returned on this Form by control Including any other information/certification requirements.	
SECTION B: QUOTATION SUBMISSION SH	EET
1) Currency of Quotation: Malawi Kwacha	
2) Delivery period offered: 7 days from date of Pu	rchase Order.
3) The validity period of this Quotation is: 30 Days	s from the date for receipt of Quotations.
4) Warranty period (where applicable): 12 months.	
5) We attach the following documents: i. Section C of the Request for Quotations complete ii. A copy of our Business Registration Certificate, iii. A copy of our valid MRA Certificate of Registr iv. A copy of our valid MRA Withholding Tax Exe v A copy of our valid Tax Clear Certificate v. A list of recent Government contracts performed vi. [Insert any other documentation required by the	, PPDA vation for VAT, mption Certificate,
- ,	0 1
 6) We confirm that our quotation is based on the terfor Quotations referenced above, and that any result Government of Malawi General Conditions of Contract for Local 	ing contract will be subject to the
7) We confirm that the prices quoted are fixed and and will not be subject to revision or variation.	firm for the duration of the validity period
Authorised By:	
Signature:	Name:
Position:	Date:

(DD/MM/YY)

uthorised for and on behalf of:
ompany:
ddress:
any additional documentation is attached to your quotation, a signature and
uthorisation at exection C is still required as confirmation that the terms and conditions of
is RFQ
revail over any attachments. If the Quotation is not authorised in Section B and Section
the Jotation may be rejected.

Name of Procuring Entity: **Prison Headquarters**

Procurement Number: MPS/CR/ORT/RFQ/24/25/35

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

DELIVERY POINT: [PRISON HEADQUARTERS

No				DELIVERE	DELIVERED
Item				D UNIT	TOTAL PRICE
		UNIT OF		PRICE	KWACHA
	DESCRIPTION GOODS	MEASURE	QTY	KWACHA	
1	DESKTOP	EACH	1		
2	OFFICE CHAIRS	EACH	2		
3	OFFICE DESKS	EACH	2		
4	PRINTER	EACH	1		
5	FILE CABNET	EACH	1		
6	DESK COMPUTER	EACH	1		
7	EXTETION	EACH	2		
	•	•	•	SUB	

SUB	
ΓΟΤΑL	
VAT 16.5%	
PPDA 1%	
LEVY	
GRAND	
ΓΟΤΑL	

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

The following attachments are appended to clarify the Description of Goods/Service: [List any attachments providing additional specification of the goods required]