

Telephone: + 265 1 223 113  
Facsimile: + 265 1 223 328



*In reply please quote No.*  
DZDC/DHO-ORT/G/2024-25/01  
**Dedza District Council**  
**P.O Box 140,**  
**Dedza.**

*All Communications should  
be addressed to:  
The District Commissioner*

## REQUEST FOR QUOTATIONS

**Procurement Number:** DZDC/DHO-ORT/G/2024-25/01

To: .....  
.....

**Date: 11<sup>th</sup> October, 2024**

The Procuring Entity named above invites you to submit your quotation for the goods 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.

### SECTION A: QUOTATION REQUIREMENTS:

#### SUPPLY AND DELIVERY OF DRUGS AND AT DEDZA DISTRICT HOSPITAL UNDER ORT.

- 1) Quotation prices should be based on:  
For goods supplied from within Malawi; EXW – insured and delivered to **Dedza District** or for goods supplied from outside of Malawi; DDP to **Dedza District**  
The delivery period required is **5 days** from date of order.
- 2) Quotations must be valid for **30 days** from the date for receipt given below.
- 3) The warranty/guarantee offered shall be: ...**12** months.
- 4) 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.
- 5) Quotations must be received, in sealed envelopes, no later than: **14:00hrs 18<sup>th</sup> October, 2024**
- 6) Quotations must be returned to: **The District Procurement Officer, Dedza District Council, P.O Box 140, Dedza.**
- 7) 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.[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: .....

Name **.Esther Kaluwa [ekaluwa27@gmail.com]**

Position: **Procurement Officer**

**For and on behalf of the Purchaser**

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) Delivery 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 related Government contracts performed .e.g. LPO or payment voucher**
  - v. **Valid Certificate of Office of Director of Public Procurement and Disposal of Assets Authority (PPDA) .**
- 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.*

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

Item No.	Description of Goods	Qty	Unit of Measure	Delivered Unit Price in Kwacha	Total Price in Kwacha
1	Surgical blades size 23	100	pack		
2	Surgical blades size 15	30	pack		
3	Isofluerane 250ml	10	Bottle		
4	Drep wax ear drops	100	each		
5	Phenobarbitone 30mg	100000	Tablets		
6	Salbutamol inhaler	200	Each		
7	Dexamethasone eye/ear drops	500	Each		
8	Antihuman globulin	2	Bottle		
9	SD check gluco sticks	100	Pack of 50		
10	Blood grouping serium, anti A,B,AB,D	5	Set		
11	Chest drain set	10	Each		
12	Urine dipsticks (multicolour)	10	Bottle of 50		
13	Calamine lotion aqueous 500ml	200	Bottle		
14	10% povidone iodine 500ml	100	Bottle		
15	Spinal needles 23g	500	Each		
16	Nifedipine 20mg tablets	200	10*10 pack		
17	Benzyl peroxide 500ml	50	Bottle		
18	Foetal scope plastic	10	Each		
18	Penguin suckers	20	Each		
20	Endotracheal tubes size 7.5	500	Each		

21	Tablet counting trays	10	Each		
22	NASG- Adult	5	Each		
23	Vitamin A c 200000 units capsules	5	1000 capsules		
24	Heamacel	100	Each		
25	Ciproflaxicillin ear/eye drops	500	Each		
26		1000	Ample		
				<b>Sub-Total</b>	
				<b>16.5% Vat</b>	
				<b>Grand Total</b>	

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

**Authorised By:**

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

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

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

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

*(DD/MM/YY)*

Authorised for and on behalf of:

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