

Procurement Number: LUANAR/01/001/2024



Knowledge Innovation and Excellence

To:

Request for quotation for Goods

Date: 2ND 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 REQUIREMENT:

- 1) **Description of Supply and Delivery : *MEDICAL DRUGS***
- 2) Quotation prices should be based on: MWK for goods supplied from within Malawi; EXW – insured and delivered to :
- 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 MONTHS** for capital goods.
- 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: **8TH OCTOBER, 2024**
- 8) Quotations must be returned to;

Bunda College,

PO Box 219,

Lilongwe (Procurement and Disposal Unit Office)

Quotation sealed and labelled LUANAR /MED DRUGS/10/2024 must be recorded at Procurement and Disposal Unit Office and deposited in the tender box for opening at Bunda College Hall at 12:00hrs on 18TH OCTOBER, 2024

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 or by total through the issue of a Local Purchase Order.

Signed:Date 2/10/2024

Name: Innocent Makhambera.

PROCUREMENT MANAGER

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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 Government contracts performed,
 - v. **ISSUING OF EFD (MRA)** receipt after payment is a must.
- 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 (Attach detailed specification if necessary)	Unit of Measure	Quantity	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Depo Medrol injection	Each	20		
2	Amoxicillin syrup	Each	20		
3	Paracetamol syrup 100ml	1000	5		
4	Ampicillin syrup	100	20		
5	Erythromycin syrup	Each	20		
6	Cotrimoxazole syrup	Each	50		
7	Metronidazole syrup	Each	300		
8	Dacof dry syrup	Each	500		
9	Vifex syrup	100	10		
10	Broxol syrup	100	10		
11	Zecuff syrup	100	10		
12	Nicof syrup	200	20		
13	Nystatin oral drops	100	10		
14	Dr Kold syrup	100	10		
15	Iron syrup 100ml	100	50		
16	Paracetamol 500mg tab	100	20		
17	Brufen 200mg	100	10		
18	Brufen 400mg	1000	10		
19	Lofnac 100mg	100	20		
20	Lofnac P	Each	500		
21	Lofnac AP	each	100		
22	Ibuplus	Each	50		
23	Junior Aspirin	Box	50		
24	Lofnac MR	200	20		
25	BG Glutamin (Box 20x12)	Box	10		
26	Vitamin B Complex	100ml	100		
27	Ibupar	100	50		
28	Acenac p	each	200		
29	Lysoflam	Each	100		
30	Lumartem	Each	100		
31	Lonart DS	Each	100		
32	Amoxicillin caps	Each	100		
33	Ampicillin caps	Each	100		
34	Cefuroxime 500mg	Each	100		
35	Metronidazole tablet	Each	100		
36	Penicillin tab 250mg	each	100		
37	Azithromycin tab	Each	100		
38	Antagit DS 100ml	Each	100		

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39	Stopacid syrup	Each	50		
40	Allugel syrup 100ml	Each	30		
41	Relcer Gel 100ml	Each	100		
42	Libitus syrup	each	200		
43	Nifedipine 20mg	Each	100		
44	Lisinopril 10mg	Each	100		
45	Enalapril 10mg	Each	100		
46	Furosemide 40mg	Each	20		
47	Prednisolone 5mg	Each	100		
48	Beclomethasone inhaler	Each	100		
49	Dacold caps	Each	100		
50	Coldfu caps	Each	100		
51	Coldril caps	Each	50		
52	Canula 24G	Each	50		
53	Canula 20G	100	20		
54	Caplofen gel	1000	5		
55	Ketoconazole cream	Each	50		
56	Clotrimazole cream	100	10		
57	Anomex suppository	100	10		
58	Promethacin injection	1000	15		
59	Diazepam injection	1000	15		
60	Phenobarbitone injection	Each	100		
61	Ceftriaxone injection	10	100		
62	Ringer's lactate 1000ml	100	10		
63	Normal Saline 0.9% 1000ml	100	10		
64	5% Dextrose 1000ml	20ml	20		
65	Iodine 500ml	Each	20		
66	Eusol 2.5l	1000	2		
67	Gauze bandages 10cm	1000	3		
68	Cotton wool 500g	Each	100		
69	Drep	Each	100		
70	Dexacoral eye/ear drops	150	10		
71	Dolsara	Each	50		
72	Magnesium triscilicate	Each	50		
73	Mucoasthalin syrup	Each	100		
74	Mucolyn adult syrup	Each	100		
75	Dawahist syrup	Each	30		
76	Dacof mucolytic	100	10		
77	Cetirizine	Box	10		
78	Xerin tab	90	10		
79	Clindamycin 500mg	Each	100		
80	Pantoprazole 20mg	Each	50		
81	Dacof pediatric	Each	50		

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82	Qwaderm cream	10	50		
83	Moleben tab	10	50		
84	Insulin syringes	Each	50		
85	Blood lancets	Each	10		
86	CRP	Box	5		
87	FBC lyse	Box	5		
88	FBC detergent	Box	3		
89	FBC diluent	100	10		
90	Syphilis rapid test	Each	100		
91	H. Pylori rapid test -Fortress	Each	60		
92	Eusol 2.5L	Each	5		
93	Glibenclamide 5mg	1000	2		
94	Sinurhon tab	120	10		
95	Cipro 500mg	100	20		
96	Cipro 250mg	100	10		
97	Cefalexin caps	100	20		
98	Folic acid	1000	2		
99	Piriton	1000	2		
100	Lonart DS	Each	50		
101	Lumartem	Each	100		
102	Fanterm forte	Each	50		
103	D-artepp	Each	20		
104	P-Alaxin DS	Each	20		
105	Lysoflam gel	Each	50		
106	Augumentin Tab	Each	100		
	LABORATORY REAGENTS				
106	MRDT (first response/ bioline)	Box	50		
107	H. pylori test kits	Box	20		
108	Hepatitis B rapid test kit	Box	2		
109	Syphilis rapid test kit	box	4		
110	EDTA tubes	100	10		
111	Urine sample bottles	Each	500		
112	CRP	Box	2		
113	HB301 microcuvettes	25	10		
114	Pasture pipettes	packet	5		
					PPDA 1%
					VAT 16.5%
					TOTAL

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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: _____

BENEFICIAL OWNERSHIP DISCLOSURE FORM

Date:..... (insert Date)

Procurement Reference Number:..... (insert Procurement Reference Number)

Page :.....(insert page number) of :.....(insert number of pages)

To:(insert complete name of the procuring and disposing Entity) In response to the Invitation for bid dated (insert date of the invitation for bid) we hereby submit beneficial ownership information :.....(select one option applicable on the form and delete those not applicable)

i. We hereby provide the following beneficial ownership information.

Details of Beneficial Ownership

Identity of Beneficial Owner. (yes or No)	Directly or indirectly holding 5% of more of the shares. (yes or No)	Directly or indirectly holding 5% of more of the voting rights. (yes or No)	Directly or indirectly having the right to appoint a majority of the board of directors or an equivalent governing body of the bidder. (yes or No)

Name of the Bidder:..... (insert a full name of the bidder)

Name of the person duly authorized to sign the bid on behalf of the bidder:.....
(insert complete name of the person duly authorized to sign)

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Title of the person signing the bid:..... (*insert the title of the person signing the bid*)

Signature of the person named

above:..... Date Signed:.....day
of (month, year)