



MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinga, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

Procurement Number: 031/MZCH/2024-25/142

To:

Date December 19, 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:

- Description of goods and related services:** Supply and delivery of **Laptops and Office Furniture**
- Quotation prices should be based on: Malawi Kwacha for goods supplied from within Malawi; EXW – insured and delivered to Mzuzu Central Hospital.
- The delivery period required is within **7 days** from the date of order.
- Quotations must be valid for **30 days** from the date of the receipt given below.
- The warranty/guarantee offered shall be **1Year on ICT Equipment**
- 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.
- Quotations must be received, in sealed envelopes, clearly marked with procurement reference number no later than **10:00 hrs on 8th January, 2025**
- Quotations must be returned to:

The Procurement and Disposal Unit

Mzuzu Central Hospital, P/Bag 209, Luwinga, Mzuzu 2.

Tel: 01 320 620, Fax: 01 320 217

- The attached Schedule of Requirements in 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 evaluated priced quotation by item or by total through the issue of a Local Purchase Order.

Signed  :
Title/Position: **Principal Procurement Officer**
For and on behalf of the Purchaser

Name: **Dominic Chimaliro**

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwiringa, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

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. We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. Beneficial ownership disclosure form;
 - iii. Proforma invoice/quotation on company letterhead;
 - iv. A copy of our Trading Licence;
 - v. A copy of a Tax Clearance Certificate;
 - vi. A copy of a valid PPDA certificate;
 - vii. A copy of the VAT registration certificate
5. 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's General Conditions of Contract for Local Purchase Orders.
6. 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.
7. Drugs Expiry Date _____

Authorised by:

Signature: _____ Name: _____
Position: _____
Date: _____

Authorised for and on behalf of: _____ (DD/MM/YY)

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.

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

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

Item No.	Description of goods		Unit of Measure	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>																				
	LOT 1: ICT EQUIPMENT (Attach Brochures/Picture of the items to be supplied). Bidders MUST provide own specifications on this lot.	BIDDER'S SPECIFICATIONS																								
1	<p>Laptops i5</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #e0e0e0;">GENERAL SPECS</td> </tr> <tr> <td style="width: 30%;">Processor Type</td> <td>Intel Core i5 12th Generation</td> </tr> <tr> <td>Processor Speed</td> <td>3.50 GHz</td> </tr> <tr> <td>Hard drive size</td> <td>SSD hard drive 1TB</td> </tr> <tr> <td>Installed RAM</td> <td>16GB</td> </tr> <tr> <td>Operating system (Primary)</td> <td>Windows</td> </tr> <tr> <td colspan="2" style="background-color: #e0e0e0;">PROCESSOR</td> </tr> <tr> <td>Processor Type</td> <td>Intel Core i5 12th Generation</td> </tr> <tr> <td>Processor Speed</td> <td>3.50 GHz</td> </tr> <tr> <td>Max Turbo Frequency</td> <td>Turbo Boost 3.4 GHz</td> </tr> </table>	GENERAL SPECS		Processor Type	Intel Core i5 12th Generation	Processor Speed	3.50 GHz	Hard drive size	SSD hard drive 1TB	Installed RAM	16GB	Operating system (Primary)	Windows	PROCESSOR		Processor Type	Intel Core i5 12th Generation	Processor Speed	3.50 GHz	Max Turbo Frequency	Turbo Boost 3.4 GHz		Each	10		
GENERAL SPECS																										
Processor Type	Intel Core i5 12th Generation																									
Processor Speed	3.50 GHz																									
Hard drive size	SSD hard drive 1TB																									
Installed RAM	16GB																									
Operating system (Primary)	Windows																									
PROCESSOR																										
Processor Type	Intel Core i5 12th Generation																									
Processor Speed	3.50 GHz																									
Max Turbo Frequency	Turbo Boost 3.4 GHz																									

MZUZU CENTRAL HOSPITAL
Private Bag 209,Luwinga, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

Processor Bits	64 Bits					
L2 cache						
L3 cache	6MB Cache					
MEMORY						
Number of memory slots	3 Slots					
Installed RAM	16GB/32GB					
Type of memory	DDR4 2666MHz RAM					
STORAGE						
Hard drive size	500GB/1TB					
Hard drive speed	5400 rpm					
Optical Drive	No					
Type of hard drive	SATA					
Card Reader	Yes					
SSD	No					
GRAPHICS						

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

Dedicated graphics	No					
Graphics processor	Intel					
DISPLAY						
Aspect ratio	16:9					
Backlight	LED					
Screen size	14"					
Screen surface	15.6" Full HD 1080p Antiglare					
Screen resolution	1920 x 1080					
Touchscreen	Yes					
DESIGN						
Colors	Platinum Silver (Optional but not black)					
Dimensions (WxHxD)	Height: 0.89" (22.7 mm) x Width: 14.96" (380.0 mm) x Depth: 10.16" (258.0 mm)					

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

	Weight	2.2 KG					
	Fingerprint Reader	No					
	Numeric keyboard	Yes					
	CONNECTIVITY						
	Bluetooth	Yes					
	Type of bluetooth	v4.1					
	LAN	Yes					
	Speed	Integrated 10/100/1000 GbE LAN					
	Wireless/Wifi	Yes					
	Type	802.11a/b/g/n/ac					
	Infrared						
	CONNECTORS						
	Headphone output	Yes					
	Microphone input	Yes					

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

	Parallel port						
	USB	Yes					
	USB 2.0	Yes					
	USB 3.0	Yes					
	USB Ports (Total)	2 or 3					
	HDMI	Yes					
	Number of outputs	1 HDMI					
	network	RJ-45					
	VGA Output	No					
	POWER						
	Battery life	42WHr (Integrated)					
	Battery type						
	No of cells	3-Cell Battery					
	MISCELLANEOUS						

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

	Camera	Yes					
	No. of effective pixels	HD					
	Remote Control	No					
	SOFTWARE						
	System type	64-bit					
	Operating system (Primary)	Windows					
	LINKS						
	Warranty	1 Year Local Warranty					
							Sub-total
							VAT 16.5%
							PPDA 1%
							Grand Total
2	Office Chairs			Each	66		
	Specifications						
	<ul style="list-style-type: none"> • Executive High back swivel • Black colour 						
							Sub-total
							VAT 16.5%
							PPDA 1%
							Grand Total

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

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

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

Authorised by:

Signature: _____

Name: _____

Position: _____

Date: _____

MZUZU CENTRAL HOSPITAL
Private Bag 209,Luwinga, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

BENEFICIAL OWNERSHIP DISCLOSURE FORM

INSTRUCTIONS TO BIDDERS: DELETE THIS BOX ONCE YOU HAVE COMPLETED THE FORM

This Beneficial Ownership Disclosure Form (“Form”) is to be completed by the Bidder. In case of a joint venture, the Bidder must submit a separate Form for each member of the Joint Venture.

The beneficial ownership information to be submitted in this Form shall be current as of the date of its submission.

For the purposes of this Form, a Beneficial Owner of a Bidder is any natural person who ultimately owns or controls the Bidder by meeting one or more of the following conditions-

- 1. Directly or indirectly holding 5% or more of the shares*
- 2. Directly or indirectly holding 5% or more of the voting rights*
- 3. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.*
- 4. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;*
- 5. Has a significant stake in a company and on whose behalf activity of a company is conducted; or*
- 6. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.*

Date: [insert date]

Procurement Reference No.: [insert procurement reference number]

Page [insert page number] of [insert total number of pages] pages.

To: [insert complete name of Procuring and Disposing Entity]

In response to the invitation for bid dated [insert date of invitation for bid] we hereby submit beneficial ownership information: [select one option as applicable and delete the options that are not applicable]

We hereby provide the following beneficial ownership information.

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

Details of beneficial ownership

Identity 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 Board of Directors or an equivalent governing body of the Bidder (Yes/No)
[Include full name (Last, middle, first), nationality, country of residence, telephone number(s), email address, and postal and physical addresses]			

OR

- (i) We declare that there is no Beneficial Owner who has not been disclosed meeting one or more of the following conditions-
1. Directly or indirectly holding 5% or more of the shares
 2. Directly or indirectly holding 5% or more of the voting rights
 3. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 4. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
 5. Has a significant stake in a company and on whose behalf activity of a company is conducted; or

MZUZU CENTRAL HOSPITAL
Private Bag 209,Luwinga, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)

6. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.

OR

- (ii) We declare that we are unable to identify any Beneficial Owner meeting one or more of the following conditions. [If this option is selected, the Bidder shall provide explanation on why it is unable to identify any Beneficial Owner]
 7. Directly or indirectly holding 5% or more of the shares
 8. Directly or indirectly holding 5% or more of the voting rights
 9. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 10. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
 11. Has a significant stake in a company and on whose behalf activity of a company is conducted; or
 12. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.

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**]

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 Owner 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.

MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwinda, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)