



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

Procurement Number: 031/MZCH/2024-25/84

To:

Date August 27, 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:

1. **Description of goods and related services:** Supply and Delivery of **Medical Equipment**
2. Quotation prices should be based on: Malawi Kwacha for goods supplied from within Malawi; EXW – insured and delivered to Mzuzu Central Hospital.
3. The delivery period required is within **7 days** from the date of order.
4. Quotations must be valid for **30 days** from the date of the receipt given below.
5. The warranty/guarantee offered shall be **N/A**
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, **CLEARLY MARKED WITH THE PROCUREMENT REFERENCE NUMBER ABOVE** not later than **10:00 hrs** on **3rd September, 2024**.
8. Quotations must be returned to:
The Procurement and Disposal Unit
Mzuzu Central Hospital, P/Bag 209, Luwingu, Mzuzu 2.
Tel: 01 320 620, Fax: 01 320 217
9. 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.
10. 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**

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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. 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: _____

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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 (BIDDERS MUST SUBMIT WITH BRONCHURES FOR ITEMS 1, 2 & 3)	Unit of Measure	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>																		
1	<p>Oncology Chairs</p> <p>Specifications</p> <table border="1" data-bbox="181 743 886 1562"> <thead> <tr> <th data-bbox="181 743 464 779">DESCRIPTION</th> <th data-bbox="464 743 886 779">SPECIFICATIONS</th> </tr> </thead> <tbody> <tr> <td data-bbox="181 779 464 814">Material type</td> <td data-bbox="464 779 886 814">Stainless steel</td> </tr> <tr> <td data-bbox="181 814 464 926">Chair size</td> <td data-bbox="464 814 886 926">Each parameter should be equal or greater than (1950mmx580mmx670mm)</td> </tr> <tr> <td data-bbox="181 926 464 961">Back plate folding</td> <td data-bbox="464 926 886 961">0 to 70°</td> </tr> <tr> <td data-bbox="181 961 464 1031">Seat plate folding angle</td> <td data-bbox="464 961 886 1031">8 to 25°</td> </tr> <tr> <td data-bbox="181 1031 464 1100">Hand rail lift</td> <td data-bbox="464 1031 886 1100">Should be greater than or equal to 100mm</td> </tr> <tr> <td data-bbox="181 1100 464 1211">Hand rail board size (length x width):</td> <td data-bbox="464 1100 886 1211">Each parameter should be equal or greater than (500mmx180mm)</td> </tr> <tr> <td data-bbox="181 1211 464 1457">The chair should have castors for movement of the chair, the castors should have a locking mechanism</td> <td data-bbox="464 1211 886 1457"></td> </tr> <tr> <td data-bbox="181 1457 464 1562">Upward and downward height adjustment</td> <td data-bbox="464 1457 886 1562">Hydraulic mechanism (not Electrical)</td> </tr> </tbody> </table>	DESCRIPTION	SPECIFICATIONS	Material type	Stainless steel	Chair size	Each parameter should be equal or greater than (1950mmx580mmx670mm)	Back plate folding	0 to 70°	Seat plate folding angle	8 to 25°	Hand rail lift	Should be greater than or equal to 100mm	Hand rail board size (length x width):	Each parameter should be equal or greater than (500mmx180mm)	The chair should have castors for movement of the chair, the castors should have a locking mechanism		Upward and downward height adjustment	Hydraulic mechanism (not Electrical)	Each	10		
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2	<p>Patient Trolley</p> <p>Specifications</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DESCRIPTION</th> <th>SPECIFICATIONS</th> </tr> </thead> <tbody> <tr> <td>Function</td> <td>Separated function (Separated stretcher convenient for save patient)</td> </tr> <tr> <td>Material</td> <td>Stainless steel</td> </tr> <tr> <td>Bed size</td> <td>L1950*W600*H800mm (each parameter should be equal or greater than provided)</td> </tr> <tr> <td>Max Loading</td> <td>Greater than or equal to 180KGS</td> </tr> <tr> <td>Bed cushion</td> <td>leather cover</td> </tr> <tr> <td>Backrest function</td> <td></td> </tr> </tbody> </table>	DESCRIPTION	SPECIFICATIONS	Function	Separated function (Separated stretcher convenient for save patient)	Material	Stainless steel	Bed size	L1950*W600*H800mm (each parameter should be equal or greater than provided)	Max Loading	Greater than or equal to 180KGS	Bed cushion	leather cover	Backrest function		Each	15		
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3	<p>Wheel Chairs</p> <p>Specifications</p> <ul style="list-style-type: none"> - Carrying Capacity: Equal or greater than 120Kg - Folding: Manual fold - Chromed plated frame - Fixed armrest, PVC pad - Fixed footrest, flip-up plate with leg strap - 20cm or 8 inches solid front castors 	Each	20		

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	<ul style="list-style-type: none"> - 61cm or 24 inches solid rear wheels - Locking brakes on rear wheels - Large pocket on the back - Seat and backrest providing sitting support for the user - Fixed backrest height at least mid-thoracic height 				
4	Neonatal Oxygen Mask	Each	500		
5	Foetalscope	Each	100		
6	Vacuum Extractors	Each	50		
7	Penguin Suckers	Each	100		
				Sub-total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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: _____

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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]

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We hereby provide the following beneficial ownership information.

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;

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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.

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**

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.

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Signature of the person named above-----

Date signed [insert **ordinal number**] day of [insert **month**], [insert **year**]