



MZUZU CENTRAL HOSPITAL  
Private Bag 209, Luwingu, Mzuzu 2.  
**REQUEST FOR QUOTATIONS (for Goods)**  
Procurement Number: 031/MZCH/2023-24/174

To:

Date February 22, 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 **Drugs**
- 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 **N/A**
- 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 THE PROCUREMENT REFERENCE NUMBER ABOVE** not later than **10:00 hrs** on **5th March, 2024**.
- 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**
- 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, Luwinga, Mzuzu 2.  
**REQUEST FOR QUOTATIONS (for Goods)**

Procurement Number: 031/MZCH/2023-24/174

*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: \_\_\_\_\_

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

Procurement Number: 031/MZCH/2023-24/174

*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	Unit of Measure	QTY	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Dexamethasone 0.1% and Neomycin 0.35% (as sulphate) eye drops, 5ml	EACH	3000		
2	Gentamicin 0.3% eye drops, 5ml	Each	2000		
3	Ciprofloxacin eye drops, 0.3%, 5ml	EACH	2000		
4	Dexamethasone eye drops 0.1%, 5ml	EACH	3000		
5	Latanoprost eye drops 0.005%, 5ml	Each	500		
6	Sodium Carboxymethyl Cellulose ophthalmic solution IP 0.5% w/v 10ml	10ml	2000		
				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: \_\_\_\_\_

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

Procurement Number: 031/MZCH/2023-24/174

**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]

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

Procurement Number: 031/MZCH/2023-24/174

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.

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

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

Procurement Number: 031/MZCH/2023-24/174

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.

**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**]<sup>1</sup>

---

<sup>1</sup> 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.

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

Procurement Number: 031/MZCH/2023-24/174

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**]<sup>2</sup>

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**]

---

<sup>2</sup> 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.