

Telephone: +265 1 753 555  
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All Communications should be  
addressed to:  
**The Hospital Director**



In reply please quote No:  
**031/IPDC/KCH/G/ 25-26/267**  
**MINISTRY OF HEALTH,**  
**KAMUZU CENTRAL HOSPITAL,**  
**P.O. BOX 149,**  
**LILONGWE,**  
**MALAWI.**

## **Request for Quotations (for Goods)**

**Procurement Reference Number: 031/IPDC/KCH/G/25-26/267      Date: 26<sup>th</sup> January, 2026**

To: .....

The Procuring and Disposing Entity named above invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Procuring and Disposing Entity 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 except where modified by this Request for Quotations.

### **SECTION A: QUOTATION REQUIREMENTS**

1. Description of Goods the Bidder is bidding to Supply and Deliver;

#### **Oil Free Dental Compressor**

Quotation prices should be based on

*(a)* For goods supplied from within Malawi; EXW – insured and delivered to;  
**Kamuzu Central Hospital, Stores Department Lilongwe.**

*(b)* For goods supplied from outside of Malawi; CIP or DDP ..... [*point of delivery*].

.....

2. The delivery period required is **14 days** from date of order.... /...../.....
3. Quotations must be valid for **30 days** from the deadline for submission.
4. The warranty/guarantee offered shall be: **6 months**.
5. Quotations and supporting documents as specified in Section C must be marked with the Procurement Reference Number given above, and indicate your acceptance of the terms and conditions.
6. Quotations must be received, in sealed envelopes, not later than: **10:00am, on 03<sup>rd</sup> February, 2026**
7. Quotations must be returned to the Chairperson of IPDC: **Kamuzu Central Hospital Procurement and Disposal Unit, White Prefabricated Building Opposite OPD II, Adjacent to Eye Department, P.O. Box 149, Lilongwe.**

8. The attached Schedule of Requirements in Section D, details the items to be procured. You are requested to quote your delivered price for these items by completing and returning Sections C and D.
9. Payment to the supplier shall be made within .....days from the date of receipt of invoice.
10. *[List any other requirements e.g. the provision of sample.*  
.....
11. The detailed descriptions of the goods required are provided in table below. Bidders shall provide full descriptions of the products being offered in Section D - Price Schedule.

*Your quotation is to be returned by completing and returning this Form and Section C and D 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 from date of the Local 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:
  - (a) Section D of the Request for Quotations completed and signed; ☐
  - (b) A copy of our Business Registration Certificate and Trading Licence; ☐
  - (c) A copy of our Annual Tax Clearance Certificate (for the last Financial Year 2025/2026); ☐
  - (d) A copy of PPDA Certificate
  - (e) A list of recent Government contracts performed; ☐
  - (f) *[Insert any other documentation required by the Procuring and Disposing Entity].*  
.....
6. We offer to supply in conformity with the Request for Quotations Documents and in accordance with the delivery schedule required in Section D: Schedule of Requirements]
7. We have examined and have no reservations to the Request for Quotations Document, including Addenda No: *(Insert Number and date)* of Addenda).
8. Our price shall be fixed for the duration of the validity period
9. We declare that our firm, Directors and Beneficial Owners do not engage in corrupt, fraudulent and/or uncompetitive practices whenever participating in procurement proceedings.

AUTHORISED BY: *[to be completed by someone who has the power of attorney for the bidder]*

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

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YY)

Authorised for and on behalf of (Company name):

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

Registered \_\_\_\_\_ Address: \_\_\_\_\_

*If any additional documentation is attached to your quotation, a signature and authorisation at Section C and Section D 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<br>[Attach detailed specification if necessary] | Unit of Measure | Quantity | Delivered Unit Price<br>Kwacha | Delivered Total Price<br>Kwacha |
|------------------------|----------------------------------------------------------------------|-----------------|----------|--------------------------------|---------------------------------|
|                        |                                                                      |                 |          |                                |                                 |
| 1.                     | Oil Free Dental Compressor (240Volts, 150 Litres, 10 bars)           | Each            | 3        |                                |                                 |
| <b>Sub-Total</b>       |                                                                      |                 |          |                                |                                 |
| <b>VAT 17.5%</b>       |                                                                      |                 |          |                                |                                 |
| <b>PPDA Levy (1%)</b>  |                                                                      |                 |          |                                |                                 |
| <b>Total Bid Price</b> |                                                                      |                 |          |                                |                                 |

*Notes: The Procurement Levy is calculated based on Sub-total before taxes.*

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

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

.....

Technical Compliance Sheet: *List any attachments providing additional specification of the goods required*

| No | DESCRIPTION | TECHNICAL | BIDDER'S | COMPLIANCE |
|----|-------------|-----------|----------|------------|
|----|-------------|-----------|----------|------------|

|    | <b><i>OF GOODS</i></b>     | <b><i>SPECIFICATIONS</i></b> | <b><i>SPECIFICATIONS</i></b> | <b><i>YES/ NO</i></b> |
|----|----------------------------|------------------------------|------------------------------|-----------------------|
| 1. | Oil Free Dental Compressor |                              |                              |                       |

## **SECTION D: 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 joint venture, the Bidder must submit a separate Form for each member. 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 your request in the Letter of Acceptance dated [insert date of letter of Acceptance] to furnish additional information on beneficial ownership: [select one option as applicable and delete the options that are not applicable]

(i) we hereby provide the following beneficial ownership information.

Details of beneficial ownership

| <b>Identity of Beneficial Owner</b>                                          | <b>Directly or indirectly holding 5% or more of the shares<br/>(Yes / No)</b> | <b>Directly or indirectly holding 5 % or more of the Voting Rights<br/>(Yes / No)</b> | <b>Directly or indirectly having the right to appoint a majority of the board of the directors or an equivalent governing body of the Bidder<br/>(Yes / No)</b> |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [include full name (last, middle, first), nationality, country of residence] |                                                                               |                                                                                       |                                                                                                                                                                 |

**OR**

(ii) We declare that there is no Beneficial Owner meeting one or more of the following conditions:

- directly or indirectly holding 5% or more of the shares
- directly or indirectly holding 5% or more of the voting rights
- directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
- 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;
- has a significant stake in a company and on whose behalf activity of a company is conducted; or
- 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**

(iii) 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]

- directly or indirectly holding 5% or more of the shares
- directly or indirectly holding 5% or more of the voting rights
- directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder]”
- 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;
- has a significant stake in a company and on whose behalf activity of a company is conducted; or
- 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>

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**]

## **SECTION E: EVALUATION OF QUOTATIONS:**

1. Quotations will be evaluated to determine their compliance to technical specifications.
2. Quotations that are responsive, qualified and technically compliant will be ranked according to price. Compliant quotations shall meet the following conditions listed in the technical compliance sheet:
3. Award of contract will be made to the lowest evaluated quotation [*by item or by total*] through the issue of a Local Purchase Order.

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<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 Ownership Disclosure Form (including this Introduction thereto) shall be read to refer to the joint venture member.

<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.

Signed: ..... Name.....

Title/Position: .....

For and on behalf of the Procuring and Disposal Entity.

**AUTHORISED BY:**

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

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YY)

Authorised for and on behalf of:

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

Date Stamp and to be signed by one with power of attorney

