



---

## LILONGWE DISTRICT COUNCIL

---

**DISTRICT HEADQUARTERS, P.O. BOX 93, LILONGWE**

All communications to be addressed to:

*The District Commissioner*

TEL: + (265) 1 756 110 | 759 730

FAX: +(265) 1 759 730

### Request for Quotations (RFQ)

**Procurement Ref. Number: DHO/PHARMACY/DRUGS/ORT/2026/Q3/002C**

To:

..... **Date: 20<sup>th</sup> January, 2026**

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 except where modified by this Request for Quotations.

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

- 1) Description of Goods the Bidder is bidding to Supply and Deliver: *Supply and delivery of DRUGS for PHARMACY DEPT at HEALTH SECTOR under ORT funds.*
- 2) Quotation prices should be based on: for goods supplied from within or outside of Malawi; DDP to **Lilongwe District Council (BWAILA DHO)**.
- 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: **12Months**
- 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, not later than **26<sup>th</sup> January, 2026. 10:00AM**
- 8) Quotations must be returned to: **The Chairperson of IPDC, Lilongwe District Council, P/Bag 32, Phalombe. Att: The Procurement Officer, 0999 000 383**
- 9) The attached Schedule of Requirements at Section D, details the items to be purchased. You are requested to quote your delivered price for these items by completing and returning Sections C and D.
- 10) Payment to the supplier shall be made within **45** days from the date of receipt of invoice.
- 11) You should write your own quotation apart from completing this form. Provide samples where necessary.
- 12) 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.

Signed:

Date: 20<sup>th</sup> January, 2026

Name: **Steven Chiwala Banda**

For and on behalf of the Purchaser

Title/Position: **PROCUREMENT OFFICER**

## 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: [tick against the document(s) you have attached]
  - i. Section D of the Request for Quotations completed and signed;
  - ii. A copy of our Business Registration Certificate and Trading License
  - iii. A copy of our Annual Tax Clearance Certificate
  - iv. A list of recent Government contracts performed, attach evidence like LPO, Payment voucher and contracts.
  - v. Medium certificate of enterprises registered with Ministry of trade (MSME)
  - vi. Valid PPDA certificate
  - vii. Certificate of registration with Medicine & Poisons Board

- 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 have examined and have no reservations to the Request for Quotations Document, including Addenda No: (Insert Number and date ) of Addenda).
- 8)** 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.
- 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 authorization 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 authorized in Section B and Section C, the quotation may be rejected.

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

<b>Item No</b>	<b>Description of Goods</b> (Attach detailed specification if necessary)	<b>Unit of measure</b>	<b>Quantity</b>	<b>Delivered Unit Price Kwacha</b>	<b>Delivered Total Price Kwacha</b>
1	Pethidine injection, ampoule	1000	Each		
2	Catheter size 16, piece	500	Each		
3	SD Glucostics	50	50's		
4	Vicryl size 2	50	12's		
5	Hydrochloric acid 37%, 2.5L	5	Each		
6	Diclofenac 100mg Suppository	50	10's		
7	Umbilical cord clips	4000	Each		
8	EDTA Purple tubes	90	100's		
9	Silk size 2 round bodied	10	12's		
10	Weak Iodine solution, 0.5%, 500ml	100	Each		
11	Calcium citrate 800mg + magnesium 400mg + vitamin D-3 20mcg tablets	50	180's		
	<b>Sub Total</b>				
	PPDA Levy 1%				
	VAT 17.5%				
	<b>Total Bid Price</b>				

**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

**SECTION D: BENEFICIAL OWNERSHIP DISCLOSURE FORM**

Date:.....

Procurement Reference No.:.....

To: Lilongwe District Council

In response to your request in the Letter of Acceptance dated ..... to furnish additional information on beneficial ownership:

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

Details of beneficial ownership

<b>Identity of Beneficial Owner</b> [include full name (last, middle, first), nationality, country of residence]	<b>Directly or indirectly holding 5% or more of the shares</b> <b>(Yes / No)</b>	<b>Directly or indirectly holding 5 % or more of the Voting Rights</b> <b>(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</b> <b>(Yes / No)</b>

**OR**

[include full name (last, middle, first), nationality, country of residence]

(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

**Procurement Ref. Number: DHO/PHARMACY/DRUGS/ORT/2026/Q3/002C**

- 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: \_\_\_\_\_

Name of the person duly authorized to sign the Bid on behalf of the Bidder: \_\_\_\_\_

Title of the person signing the Bid: \_\_\_\_\_

Signature of the person named above: \_\_\_\_\_

Date signed ..... day of January, 2026

**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.



**Signed:**

**Name:** STEVEN CHIWALA BANDA

**Title/Position:** PROCUREMENT OFFICER

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