



MZUZU CENTRAL HOSPITAL  
Private Bag 209, Luwingu, Mzuzu 2.  
**REQUEST FOR QUOTATIONS (for Goods)**  
Procurement Number: 031/MZCH/2025-26/058


To:

August 25<sup>th</sup>, 2025

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 **Surgicals, medicine and injectables**
- 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, no later than **10:00 hrs** on **2<sup>nd</sup>, September, 2025**.
- 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**

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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 your 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***

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*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)**

**LOT 1: CANCER MEDICATION**

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	5 - Fluorouracil 500mg/10ml	Each	200		
2	Carboplatin 10mg/ml, 45ml (450mg) injection	Each	200		
3	Cisplatin 50mg PFR	Each	200		
4	Doxorubicin 50mg vial	Each	200		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

**LOT 2: INJECTABLES**

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Dexamethasone sodium phosphate 4mg/ml	Each	2000		
2	Furosemide (Frusemide) 20mg/ml	Each	3000		
3	Insulin Biphasic(Intermediate and short acting Insulin 30/70 % 100IU/ml),10ml	Each	2000		
4	Mannitol 20%, 250ml	Each	500		
5	Propofol 10mg/ml,10ml	Each	1000		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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**LOT 3: LABORATORY**

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Bottle ,Blood Collecting Vacuated, 4ml With EDTA K3 Tubes	100'S	300		
2	Iopamidol 370mg/ml, 50ml	Each	100		
3	Ultrasound Jel, 5L	Each	50		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

**LOT 4: RAW MATERIAL AND GALENICAL**

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Medical grade Soda Lime (granules),Carbon dioxide absorbent	5Kg	20		
2	Methylated spirit	5L	200		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

**LOT 5: SURGICALS**

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Bandage, crepe 10cm x 4m long, when stretched	Each	5000		
2	Gauze, swabs 8-ply 10cm x 10cm	Each	500		
3	Nebuliser Maks, adult	Each	5000		
4	Nebuliser mask, paediatric	Each	3000		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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## LOT 6:

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Cannula iv (winged with injection pot) 24	Each	10000		
2	Colostomy Bags, disposable with convenient hook & loop closure	Each	5000		
3	Nasal Prongs (cannula), Adult	Each	5000		
4	Nasal Prongs (cannula), Paediatric	Each	3000		
				<b>Sub-Total</b>	
				<b>VAT 16.5%</b>	
				<b>PPDA 1%</b>	
				<b>Grand Total</b>	

## LOT 7: TABLETS AND CAPSULES

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Carbimazole 20mg, tablets	100's	200		
2	Folic acid 5mg, tablets	100's	500		
3	Hydroxyurea 500mg, Capsule	100's	200		
4	Methyldopa 250mg	100's	300		
5	Nifedipine 20mg (slow release)	100's	1000		
6	Risperidone 1mg	100's	300		
7	Tripride 2 (Metformin 500mg/Pioglitazone 15mg/Glimepiride 2mg)	30's	400		
				<b>Sub-Total</b>	
				<b>VAT 16.5%</b>	
				<b>PPDA 1%</b>	
				<b>Grand Total</b>	

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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]

We hereby provide the following beneficial ownership information.

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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



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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>

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**]

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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 Owner 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.

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