



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

Procurement Number: 031/MZCH/2025-26/006


To:

March 5th, 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 **Medicine and Surgicals**
- 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 **13th, May, 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: NUTRITION PROGRAM THERAPEUTIC PRODUCTS

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Fresubin Original fibre, 1000ml	each	75		
2	Fresubin HP Energy 500ml (code ETF75000H)	each	75		
3	Fresubin 2kcal Vanilla, 200ml (code ESE241KVD)	each	50		
4	Fresubin 1200 Complete, 1000ml (code ETF12000C)	each	50		
5	Giving set for Amika (code EGV0004AM)	each	200		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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LOT 2: DENTAL ITEMS

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Alg+C183:E186inate impression material (supreme)	454g	30		
2	Amalgam capsule no. 1, non-gamma	50	10		
3	Absorbent Paper points size 15-40	set	10		
4	Fast Speed 4hole push button Hand Piece	each	6		
5	Portable Autrasonic Scaller machine	each	2		
6	Two layer Sythetic Resin teeth	set	30		
7	NiTi Brackets archwire upper & lower sizes 012, set of 10 pcs	pack	20		
8	NiTi Brackets archwire upper & lower sizes 014, set of 10 pcs	pack	20		
9	NiTi Brackets archwire upper & lower sizes 016, set of 10 pcs	pack	20		
11	NiTi Brackets archwire upper & lower sizes 018, set of 10 pcs	pack	20		
12	NiTi Brackets archwire upper & lower (sizes 020, set of 10 pcs	pack	20		
13	Denture Base Material type II (Self curing, Liquid), 500ml	each	10		
14	Self cure Acrylic Denture Base material, 1kg	each	10		
15	Hemostatic powder	each	20		
16	Ligature wire .014" (0.356mm)	roll	10		
17	Ligature wire .015" (0.381mm)	roll	10		
18	Ligature wire .016" (0.406mm)	roll	10		
19	Avogyl anticeptic paste, 100gm pack of 10	Each	5		
20	Aavin Composite kit	set	6		
21	Calcium hydroxide liner, light cure 1g	set	10		
22	Glass ionomer cement powder & liquid fuji 9	Each	10		
23	Gutter percha points sizes 15-40	pack	10		
24	POP dental stone white, 1kg	Each	50		
25	POP dental stone yellow, 1kg	Each	30		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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LOT 3: X-RAY FILMS AND EQUIPMENT

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Iohexiol 350mg/ml, 50ml	Each	100		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

LOT 4: LABORATORY REAGENTS AND MATERIALS (SUPPLIES)

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 Plain Plastic Vacuatainer, 5ml pack of 100	Each	300		
2	Bottle ,Blood Collecting Vacuated, 4ml With EDTA K3 Tubes, pack of 100	Each	300		
3	Microscope slide Frosted End ,75mm x 25mm, pack of 50	Each	100		
4	Multistix, 10 Parameters	50	100		
5	SD checks Gluco sticks, pack of 50	Each	300		
6	Tranfution Set Blood Administration With Needle,18g X1 1/2 (with integral screen Filter Of 170-200 Micron)	Each	2000		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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LOT 5: SURGICAL AND HOSPITAL EQUIPMENT

Item No.	Description of goods	Unit of issue	QTY	Delivered Unit Price <i>Kwacha</i>	Delivered Total Price <i>Kwacha</i>
1	Catheter Foley's retention 10cc FG 8	Each	1500		
2	Catheter Foley's retention 10cc FG 10	Each	1500		
3	Catheter Foley's retention 10cc-30cc FG 6	Each	1500		
4	Catheter Foley's retention 30cc FG 16	Each	2500		
5	Central Venous Catheters (3 lumen) Adult	Each	20		
6	Central Venous Catheters (3 lumen) Padiatric	Each	20		
7	Colostomy Bags, disposable with convenient hook & loop closure	Each	10,000		
8	Digital Thermomemeter	Each	500		
9	Endotracheal PVC tube size 7.5mm cuffed	Each	1000		
11	Endotracheal PVC tube size 7mm cuffed	Each	1000		
12	Endotracheal PVC tube size 8mm cuffed	Each	1000		
13	Guedel Airway (oral pharyngeal) 00	Each	200		
14	Guedel Airway (oral pharyngeal) 0	Each	200		
15	Guedel Airway (oral pharyngeal) 1	Each	200		
16	Guedel Airway (oral pharyngeal) 2	Each	200		
17	Guedel Airway (oral pharyngeal) 3	Each	200		
18	Guedel Airway (oral pharyngeal) 4	Each	200		
19	KY Jelly (Water based personal Lubricant)	Each	300		
20	Suction tube with tip 6fr	Each	1500		
21	Suction tube with tip 8fr	Each	1500		
22	Suction tube with tip 10fr	Each	1500		
23	Suction tube with tip 16fr	Each	1500		
24	Suction tube with tip 18fr	Each	1500		
25	Syringe, autodestruct, 5ml, disposable, hypoluer with 21g ne	Each	10,000		
26	Tube, feeding CH 6	Each	2500		
27	Tube, nasogastric FG 16	Each	2500		
28	Tube, nasogastric FG 18	Each	2500		
29	Stethoscope, double dual head	Each	100		
				Sub-Total	
				VAT 16.5%	
				PPDA 1%	
				Grand Total	

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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**]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**

Signature of the person named above-----

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

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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