

All Communication be directed to :
The District Commissioner
Phone :+265 01 235 431
Fax :+265 01 235 462



NTCHEU DISTRICT COUNCIL

In reply Please quote No.....

NTCHEU DISTRICT COUNCIL,
Private Bag 1,
NTCHEU
MALAWI

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: RFQ2024-2025-07-18-WC12

To:

.....
.....

Date: **18th July, 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) Supply and delivery of *Medical Drugs and Assorted Medical Supplies* for Ntcheu District Council (**Health**) to be paid under **ORT**
- 2) Quotation prices should be based on: For goods supplied from within Malawi; **DAP** – insured and delivered to **Ntcheu District Council – Headquarters**
- 3) The delivery period required is...**5... Days** from date of order.
- 4) Quotations must be valid for **...30...days** from the date of receipt given below.
- 5) The warranty/guarantee offered shall be: **...6...months**.
- 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, no later than: **2:00PM on 25th July, 2024**.
- 8) Quotations must be returned to: **The Chairperson, Internal Procurement Committee Ntcheu District Council, P.O Box 1, Ntcheu. Attention: Mr Wongani Chinula Cell 0883425748/0994515709**
- 9) The attached Schedule of Requirements at 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.

Application of Domestic Preference

- 10) The Procuring Entity shall grant a **Twenty percent (20%) margin of preference to Indigenous Black Malawians on this Tender**. Bidders to be considered for this margin of Preference shall be required to prove their business ownership by attaching to their bids **coloured copies of their Malawi National Identity Cards**.

APPLICATION OF MSME 2020

- 11) The procuring entity shall grant **15% margin** of preference to Medium Enterprises on this tender. Bidders to be considered for this margin of preference shall be required to provide evidence of Medium Enterprises registration with the Ministry of trade.

- 12) [List any other requirements e.g. the provision of samples]

Quotations that are responsive, qualified and technically compliant will be ranked according to price. Award of contract will be made to the lowest priced quotation by item or by total through the issue of a Local Purchase Order.

Signed:

Name: **Wongani Chinula**

Position **Procurement Officer**

For and on behalf of the Purchaser

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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) Warranty period (where applicable):months.
- 5) We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A copy of our Trading Licence,
 - iii. A copy of our Annual Tax Clearance Certificate (for the last Financial Year),
 - iv. A list of recent Government contracts performed, attach Local Purchase Orders, Receipts as evidence
 - v. Coloured copy of National Identity Card
 - vi. Pharmacy and Medicines Regulatory Authority License Certificate
 - vii. MSME Registration Certificate
 - viii. PPDA Registration Certificate
- 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 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.

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____
(DD/MM/YY)

Authorised for and on behalf of:

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 prevail over any attachments. If the Quotation is not authorised in Section B and Section C, the quotation may be rejected.

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

Item No	Description of Goods (Further details of specifications on the attach copy)	QTY	Unit of measure	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Glibenclamide 5mg	20000	Tab		
2	Adrenaline 1/1000, 1ml	500	Each		
3	Dexamethasone 4ng/ml	3000	Each		
4	Ephedrine Sulphate 30mg/ml	1000	Each		
5	Metronidazole 5mg/ml, 100ml	5000	each		
6	Water for injection	3000	each		
7	Calamine Lotion 15%, 500ml	50	Bottle		
8	Beclomethazone Dipropionate Inhalation, 50mcg/dose	100	each		
9	Dexamethazone eye drops 0.1%	1000	Each		
10	Hydrocortisone Skin Ointments 1%, 20gm/15gm	500	each		
11	Salbutamol Solution Aerosol Inhalation 100mcg/dose, 200 doses	200	each		
12	Salbutamol Solution for Nebulising 5mg/ml	50	each		
13	Bandage, Plaster of Paris 15cm*2.7m	1200	each		
14	Bandage Soft Pad Orthopandedic	1200	Each		
15	Gauze, Absorbent 90cm* 100m	200	Each		
16	Catgut Chromic Sature 0	50	Each		
17	Scalpel Blade Size 24	3000	20L		
18	Tube Feeding CH 6	2000	Each		
19	Blood grouping Serum Anti-A, Monoclonal, 10ml	5	Each		
20	Blood grouping Serum Anti-B, Monoclonal, 10ml	5	Each		
21	Blood grouping Serum Anti-AB, Monoclonal, 10ml	5	Each		
22	Blood grouping Serum Anti-D, Monoclonal, 10ml	5	Each		
23	Giemsa Stain	3	Each		

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24	Lignocaine 2%, Adrenaline 1/80,000	5000	Each		
25	Glucosticks, Sd Check	2000	Each		
26	Sysmex Cell Pack DCL 1 *20L	4	Each		
27	Chlorhexidine 1.5% Solution, 5ml	20	5L		
	Transport				
				Sub-total	
				VAT 16.5%	
				PPDA Levy 1%	
				Grand Totals	

The following attachments are appended to clarify the Description of Goods:
[List any attachments providing additional specification of the goods required]

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company _____