Our Ref: MJDC/HFR/25/26

Your Ref

Tel/Fax: 01 253 314

All replies to be addressed to The District Commissioner

Mulanje District Council



MULANJE DISTRICT COUNCIL PRIVATE BAG 9 MULANJE MALAWI

DATE: Date: 19th September, 2025

$\pmb{REQUEST\ FOR\ QUOTATIONS\ (For\ Goods)}$

| | ocurement Number: MJDC-HRF-252601-MJDH |
|-------------|---|
| 10: | |
| | |
| Que resi | e Procuring Entity named above invites you to submit your quotation for the goods described herein. Partial otations may be rejected, and the Purchaser reserves the right to award a contract for selected items only. Any ulting order shall be subject to the Government of Malawi General Conditions of Contract for Local Purchase ders (available on request) except where modified by this Request for Quotations. |
| SE | CTION A: QUOTATION REQUIREMENTS: |
| 1) | Description of Supply & Delivery: <u>SUPPLY & DELIVERY OF MEDICAL EQUIPMENTS –</u> <u>FUNDED BY HEALTH FACILITY REHABILITATION 25/26 FY</u> |
| 2) | Quotation prices should be based on: |
| | For services provided from within Malawi; DAP – insured and delivered to Mulanje District Council , P/Bag 9 , Mulanje |
| 3) | The delivery period required is 10 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: 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: 14:00hours on: 26th September, 2025 |
| 8) | Quotations must be returned to: |
| | The Chairman |
| | Internal Procurement and Disposal Committee, |
| | Mulanje District Council Private Bag 9, Mulanje. |
| | Attention: Procurement and Disposal Officer Phone: 0999 414520 or Email: kachingwe04@gmail.com |
| | 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. |
| Que | [List any other requirements e.g. the provision of samples] otations that are responsive, qualified and technically compliant will be ranked according to price. Award of stract will be made to the lowest priced quotation by item or by total through the issue of a Local Purchase der. |
| _ | ned: Name: J. KACHINGWE |
| Pos | sition: Procurement Officer |

MULANJE DISTRICT COUNCIL

| Pr | ocur | ement Number: | | | |
|----|--|--|------------------------|--|--|
| | _ | otation is to be returned on this Form by comer information/certification required within th | - | l returning Sections B and C including | |
| SE | ECTI | ON B: QUOTATION SUBMISSION SH | EET | | |
| 1) | Cur | rency of Quotation: Malawi Kwacha | | | |
| 2) | Deli | ivery period offered: days/weeks/m | onths from | n date of Purchase Order. | |
| 3) | The | validity period of this Quotation is: day | rs from the | date for receipt of Quotations. | |
| 4) | War | rranty period (where applicable): | months | 5. | |
| 5) | We | attach the following documents: | | | |
| | i. | Section C of the Request for Quotations cor | npleted and | d signed; | |
| | ii. | A valid copy of Business Licence, | | | |
| | iii. | MRA Tax Clearance Certificate valid up to | 31 st Marcl | h 2026 | |
| | iv. | A valid copy of PPDAA Certificate | | | |
| | v. Valid Copy of Pharmacy & Medicines Regulatory Authority (PMRA) Certificate | | | | |
| | vi. | Copy of Medium Enterprise Registration | | | |
| 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. | | | | |
| Au | thori | ised By: | | | |
| S | ignatı | ure: | Name: | | |
| P | ositio | on: | Date: | | |
| A | uthor | rised for and on behalf of: | | (DD/MM/YY) | |
| C | ompa | nny: | | | |
| Ad | dress | : | | | |
| | | | | | |

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.

MULANJE DISTRICT COUNCIL

| | Procurement Number: | | | | | | | |
|--|---|--------------------|----------|-----------------------------------|---------------------------------|--|--|--|
| SECTION C: SCHEDULE OF REQUIREMENTS (TO BE PRICED BY BIDDER) | | | | | | | | |
| | Description of Goods (Attach detailed specification if necessary) | Unit of Measure | Quantity | Delivered Unit Price Kwacha | Delivered Total Price Kwacha | | | |
| | Bladder retractor | 24cm | 10 | | | | | |
| | Tissue scissors | Medium | 30 | | | | | |
| | | | | | | | | |

Item

| No | (Attach detailed specification if necessary) | Measure | Quantity | Unit Price Kwacha | Price Kwacha |
|-------|---|---------------------|----------|-------------------|--------------|
| 1 | Bladder retractor | 24cm | 10 | | |
| 2 | Tissue scissors | Medium | 30 | | |
| 3 | Long artery forceps (curved) | 18cm | 9 | | |
| 4 | Artery forceps(cord clamps) | Medium | 32 | | |
| 5 | Green Armitage | Medium (21cm) | 40 | | |
| 6 | Needle holder | 18cm | 22 | | |
| 7 | Needle holders | 24cm | 22 | | |
| 8 | Ovad retractor | | 3 | | |
| 9 | Currete | Size 5 & 6 (3 each) | 6 | | |
| 10 | Teneculum | Each | 3 | | |
| 11 | Theatre lamp | LED | 1 | | |
| 12 | SODA LIME for anaesthesia machine | 5 Kg pack | 5KG | | |
| 13 | Oxygen delivery pressure gauge (60l/min) | Each | 2 | | |
| 14 | Laundry machine (351. 415 volts.3 phase) | Each | 1 | | |
| 15 | Repairing of sterilizing machine | Each | 1 | | |
| | | | | SUB TOTAL | |
| | | | | PPDA 1% | |
| Elect | suppliers who are registered with MRA for Veronic Fiscal Device (EFD) Receipt machine VAT | | | VAT 16.5% | |
| | | | | | |

GRAND TOTAL

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: | | | | |
| Company: Address: | | | | | |