Our Ref: MJDC/HFR/24/25

Your Ref

Tel/Fax: 01 253 314

All replies to be addressed to

The District Commissioner

MULANJE DISTRICT COUNCIL
PRIVATE BAG 9
MULANJE
MALAWI

DATE: 19th November, 2025

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: MJDC-HRF-252602-GO-MJDH

To: _____

_____

_____

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) **Description: SUPPLY & DELIVERY OF MEDICAL EQUIPMENTS – HFR 25/26**
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 **5 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) 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: **28/11/ 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

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.

10) [*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: **J. KACHINGWE** Position: **Procurement Officer**
Mulanje District Council

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 valid copy of Business Licence,

iii. A valid copy of MRA Tax Clearance Certificate valid up to **31st March 2026**

iv. A valid copy of PPDAA Certificate

v. A valid Copy of **Pharmacy & Medicines Regulatory Authority** (PMRA) Certificate

vi. Valid 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.

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.

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

Item No	Description of Goods (Attach detailed specification if necessary)	Unit of Measure	Quantity	Delivered Unit Price *Kwacha*	Delivered Total Price *Kwacha*
1	Bladder retractor 24cm	Each	10		
2	Tissue Scissors (Medium size)	Each	30		
3	Long artery cord curved	Each	9		
4	Artery forceps (cord clamp) (Medium size)	Each	32		
5	Green Amitage 21cm (Medium size)	Each	40		
6	Needle holders 24cm	Each	22		
7	Needle holders 18cm	Each	22		
8	Ovad retractor	Each	3		
9	Currete size 5	Each	3		
10	Currete size 6	Each	3		
11	Teneculum	Each	3		
12	Theatre Lamp Led	Each	1		
13	Soda Lime (for anesthesia Machine)	Each	5		
14	Oxygen Delivery pressure gage	Each	2		
15	Washing Machine (35L,415volts 3phase)	Each	1		
16	Oxygen Sensor for mindry machine model number WATO EX-35	Each	1		
17	Heavy duty heating Element for sterilizing machine-3kw	Each	4		
				SUB TOTAL	
				PPDA 1%	
Only suppliers registered with **MRA** and produce **Electronic Fiscal Device (EFD) Receipt** upon payment shall be entitled for **16.5% VAT**				**VAT 16.5%**	
				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: …….

List of Goods and Delivery Schedule (Mulanje District Hospital)

[The Purchaser shall fill in this table, with the exception of the column "Bidder's offered Delivery date" to be filled by the Bidder]

Line Item N°	Description of Goods	Qty	Unit Measure	Final Destination (Project Site) as specified in BDS	Delivery (as per Incoterms) Date		
					Earliest Delivery Date	Latest Delivery Date	Bidder's offered Delivery date [*to be provided by the Bidder*]
1	Bladder retractor 24cm	10	Each	District Hospital	1 Week	3 Weeks	
2	Tissue Scissors (Medium size)	30	Each	District Hospital	1 Week	3 Weeks	
3	Long artery cord curved	9	Each	District Hospital	1 Week	3 Weeks	
4	Artery forceps (cord clamp) (Medium size)	32	Each	District Hospital	1 Week	3 Weeks	
5	Green Amitage 21cm (Medium size)	40	Each	District Hospital	1 Week	3 Weeks	
6	Needle holders 24cm	22	Each	District Hospital	1 Week	3 Weeks	
7	Needle holders 18cm	22	Each	District Hospital	1 Week	3 Weeks	
8	Ovad retractor	3	Each	District Hospital	1 Week	3 Weeks	
9	Currete size 5	3	Each	District Hospital	1 Week	3 Weeks	
10	Currete size 6	3	Each	District Hospital	1 Week	3 Weeks	
11	Teneculum	3	Each	District Hospital	1 Week	3 Weeks	
12	Theatre Lamp Led	1	Each	District Hospital	1 Week	3 Weeks	
13	Soda Lime (for anesthesia Machine)	5	Kgs	District Hospital	1 Week	3 Weeks	
14	Oxygen Delivery pressure gage	2	60L/min	District Hospital	1 Week	3 Weeks	
15	Washing Machine (35L,415volts 3phase)	1	Each	District Hospital	1 Week	3 Weeks	
16	Oxygen Sensor for mindry machine model number WATO EX-35	1	Each	District Hospital	1 Week	3 Weeks	
17	Heavy duty heating Element for sterilizing machine-3kw	4	Each	District Hospital	1 Week	3 Weeks	

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____

Company: _____