

MZUZU CENTRAL HOSPITAL Private Bag 209,Luwinga, Mzuzu 2

## REQUEST FOR QUOTATIONS (for Services)

The Procuring Entity named above invites you to submit your quotation for carrying out the whole of the services as described herein. 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**

Procurement Number: 031/MZCH/2025-26/08

- 1) Description of Services and Location; Provision of tailoring Services
- 2) Services are to commence by 2days from the date of order.
- 3) Services are to be delivered in 21days from the date of order.
- 4) Quotations must be valid for 30 days from the date for receipt given below.
- 5) Quotations and supporting documents as specified in Section B must be marked with the Procurement Number given above and indicate acceptance of the stated terms and conditions.
- 6) Quotations must be received, in sealed envelopes no later than: 10:00hrs on May 12,2025. Electronic submission shall not be permitted.
- 7) Ouotations must be returned to:

Att.: Internal Procurement and Disposal Committee
Mzuzu Central Hospital,
P/Bag 309,
Luwinga, Mzuzu 2.

- 8) The attached Schedule of Rates and Prices at Section C together with any Terms of Reference or other documentation mentioned in Section C and appended, detail the services to be performed. You are requested to quote by completing Sections B and C. Quotations shall cover all costs of labour, materials, equipment, overheads, profits and all associated costs for performing the services including all taxes and duties. The total cost of performing the services shall be included in the items stated and the cost of any incidental services or materials shall be deemed to be included in the prices quoted.
- 9) 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 the issue of a Local Purchase Order.

Signed: Name.: Geoffrey B Kayira

Title/Position: Ass.Procurement and Supplies Officer.

For and on behalf of the Purchaser

Your quotation is to be returned on this Form by completing and returning Sections B and C including any other information and certification as stated within this RFQ.

## **SECTION B: QUOTATION SUBMISSION SHEET**

- 1) Currency of Quotation: Malawi Kwacha
- 2) Services will commence within ......days/weeks/months from date of Purchase Order.
- 3) Services to be completed by ......days/weeks/months from date of Purchase Order
- 4) Validity period of this quotation is ......days from the date for receipt of Quotations.
- 5) We enclose the following documents:

**Authorised By:** 

- (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) Ownership Beneficial Form
- 6) We confirm that our quotation is subject to 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.

•		
Signature:	Name:	
Position:	Date:	
Authorised for and on behalf of:		(DD/MM/YY)
Company:		
Registered 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	<b>Description of Goods</b> (Attach detailed specifications if necessary)	Unit of Issue	Qty	Deliver ed Unit Price Kwacha	Delivered Total Price Kwacha
01	Labour Charges only for sewing (Tailoring Services) Theater Gowns	Each	150		
02	Labour Charges only for sewing(Tailoring Services ) Theater Drapes	Each	100		
			Sub Total		
			VAT 16	.5%	
			PPDA 1	%	
			Total		

The following attachments are appended to clarify the Description of Services: The supplier's quoted price shall be fixed for a period of contract whereby Mzuzu Central Hospital will sign a "Framework Agreement with the successful bidder. All relevant taxes will be applied on all payments accordingly.

Authorised By:	
Signature:	Name:

## MZUZU CENTRAL HOSPITAL Private Bag 209, Luwinga, Mzuzu 2

Position: \_\_\_\_\_ Date: \_\_\_\_\_\_(DD/MM/YY)

Authorised for and on behalf of:

Company:

Procurement Number: 031/MZCH/2025-26/08

#### 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 kore 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 dat	e]			
Procurement Refe	rence No.: <b>[inse</b> r	rt procureme	nt reference	number1
Page [insert pag	_	-		_
To: [insert comp	nete name of Pi	ocuring and	Disposing En	utyj
In response to the <b>bid</b> ] we hereby		_		
option as app		•	<del>-</del>	

Details of beneficial ownership

We hereby provide the following beneficial ownership information.

applicable]

Procurement Number: 031/MZCH/2025-26/08

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
  - 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.
  - 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>

signing the Bid
Signature of the person named above
Date signed [insert <b>ordinal number</b> ] day of [insert <b>month</b> ],
[insert <b>ye</b>

Title of the person signing the Rid [Insert complete title of the person

<sup>&</sup>lt;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>&</sup>lt;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.