

Telephone: + 265 01 753 555

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*All Communications should
be addressed to:
The Director General*



In reply please quote No.

031/KCH/IPDC/G/24-25/327

**Ministry of Health,
Kamuzu Central Hospital
P.O. Box 149,
LILONGWE,
MALAWI.**

REQUEST FOR QUOTATIONS(FOR GOODS)

Procurement Number: 031/KCH/IPDC/G/24-25/327

TO: All Bidders

Date: 11th December, 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:

Description: Supply and Delivery of Toner

- 1) Quotation prices should be based on DDP: for goods delivered to Kamuzu Central Hospital, Lilongwe.
- 2) The delivery period required is **5 days** from date of order.
- 3) Quotations must be valid for **30 days** from the date for receipt given below.
- 4) The warranty/guarantee offered shall be:
- 5) 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.
- 6) Quotations must be deposited in tender box, no later than: **18th December, 2024- Time: 10:00 Hours local time.**
- 7) **Address for RFQ Submission: The Chairperson, Internal Procurement and Disposal Committee, Kamuzu Central Hospital, Administration Block, Near the Flag Pole, P.O Box 149, Lilongwe.**
- 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 item or by total through the issue of a Local Purchase Order.

Signed: Name: **CHIMWEMWE KOLONDO**

Title/Position: Assistant Procurement Officer. For and on behalf of the Purchaser

Procurement Reference Number: 031/KCH/IPDC/G/24-25/327

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:
Delivery period offered: days/weeks/months from date of Purchase Order.
- 2) The validity period of this Quotation is: days from the date for receipt of Quotations.
- 3) Warranty period (where applicable) ... Months.
- 4) We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A copy of our Trading Licence,
 - iii. Valid MRA, PPDA, MSME Certificates
 - iv. VAT Certificate for goods charged VAT
- 5) 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.
- 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.

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 (TONER) | Unit of Measure | Quantity | Delivered Unit Price <i>Kwacha</i> | Delivered Total Price <i>Kwacha</i> |
|----------------|-------------------------------------|------------------------|-----------------|---|--|
| 1 | Toner HP 106A Original | Each | 3 | | |
| 2 | Toner HP 39A Original | Each | 6 | | |
| 3 | Toner HP 136 Original | Each | 2 | | |
| 4 | Toner HP 59A Original | Each | 14 | | |
| 5 | Toner HP 30A Original | Each | 5 | | |
| 6 | Toner HP 415A Black Original | Each | 8 | | |
| | | | | SUB TOTAL | |
| | | | | 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: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

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BENEFICIAL OWNERSHIP 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 at 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:.....

Procurement Reference No.:

Page of pages.

To: Kamuzu Central Hospital

In response to the invitation for bid dated.....we hereby submit beneficial ownership information: [**select one option as applicable and delete the options that are not applicable**]

DETAILS OF BENEFICIAL OWNERSHIP

| Identity of 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 the Board of the Directors or an equivalent governing body of the Bidder (Yes / No) |
|--|---|---|---|
| Full Name nationality, country of residence, telephone number(s), email address, postal and physical addresses] | | | |

OR

(ii) 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

(iii) 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:.....

Name of the person duly authorized to sign the Bid on behalf of the Bidder:

Title of the person signing the Bid:

Signature of the person named above: _____

Date signed day of....._20