



Malawi Revenue Authority

Private Bag 247

Blantyre

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: MRA/SFM/2020/07/30

Date: 30th July, 2020

To:



The Malawi Revenue Authority 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 of Supply and Delivery

a) Supply and delivery of surgical face masks

- 2) Quotation prices should be based on: for goods supplied from within Malawi; EXW – insured and delivered to Main Warehouse Ginnery Corner **or** for goods supplied from outside of Malawi; CIP to main warehouse Ginnery Corner
- 3) The delivery period required is **1** day 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: **N/A** 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: **15:00** Hours on **4th August, 2020**
- 8) Quotations must be returned to:

Head of Supply Chain Management

Malawi Revenue Authority

Private Bag 247

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- 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.

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: George C. Mankhwala Name: **Mr G.C Mankhwala**

Title/Position: **Head of Supply Chain Management**

For and on behalf of the Purchaser

Malawi Revenue Authority

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:
- 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: N/A months.
- 5) We attach the following documents:
 - a) Copy of Republic of Malawi National ID (Citizen Identification) for companies owned by indigenous black Malawians. A domestic preference of 20% will be applied to business owned by indigenous black Malawians.
 - b) Tax clearance certificate for 2019/2020 financial year.
 - c) Valid PPDA certificate.
 - d) Evidence of financial capacity (Recent bank statement for the past three months or line of credit of MK5million)
 - e) Bidders should attach a physical sample of the surgical mask being offered.
- 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:

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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

Malawi Revenue Authority

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

Lot No	Description of Goods (Attach detailed specification if necessary)	Unit of Measure	Quantity	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
1	Surgical Face Mask (Attach physical sample)	Each	50,000		
				Total	

NOTE: price must be tax inclusive.

Authorised by:

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____