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#### CENTRAL REGION WATER BOARD

#

#  P/Bag 59

 **Lilongwe**

 **Email:crwb@Malawi.net**

 **Tel : 01 758182/044/045**

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**Your Ref:**



## Our Ref:

**Your Ref:**

## Purc. Req No: 2787

 To: *(****Insert Name of Supplier)***

**P.O. Box**

**Lilongwe** Date: ***12.12.2022***

**Request for Quotation (Goods)**

Central Region Water Board invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Board reserves the right to award a contract for selected quantity only. Any resulting order shall be subject to the Board’s General Conditions of Contract for Local Purchase Orders except, where modified by this Request for Quotations.

**Section A: Quotation Requirements:**

1. **Description of Supply(s)and Delivery point**: ***LABORATORY EQUIPMENT FOR KASUNGU***
2. Quotation prices should be based on:

for goods supplied from within Malawi: EX - Stock– insured and delivered to CRWB

**or** for goods supplied from outside of Malawi; **DDP to CRWB**.

1. The delivery period required is **1 day** from date of order.
2. Quotations must be valid for **30 *days*** from the date for receipt given below.
3. The warranty/guarantee offered shall be **12 months**.
4. 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.
5. Quotations must be received, in sealed envelopes, not later than: **14.00 hours** on ***16.12.2022***
6. Quotations must be returned to: **The Procurement and Disposal Manager**

Attention: “**Internal Procurement and Disposal Committee**’’

**Central Region Water Board, Private Bag 59, Lilongwe**

1. 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 and subsequently payment Cheque.

Signed: *…………………………..* Name: *…****Time Nyalapa****……………*

Title: **Procurement and Disposal Officer**

For and on behalf of :

**Central Region Water Board**

 **Central Region Water Board**

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

Delivery period offered: ………… days/weeks/months from date of Purchase Order.

1. The validity period of this Quotation is: …… days from the date for receipt of Quotations.
2. Warranty period (where applicable):…………………….. months.
3. We attach the following documents:
4. Section C of the Request for Quotations completed and signed;
5. A copy of our Trading Licence, N/A
6. A copy of our Annual Tax Clearance Certificate (for the last Financial Year),
7. A list of recent Government contracts performed,
8. [*Insert any other documentation required by the Procuring Entity*].
9. 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 Board’s General Conditions of Contract for Local Purchase Orders.
10. 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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized for and on behalf of: |  | *(DD/MM/YY)* |
| 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** | Qty |  **Unit Price *Kwacha*** |  **Total Price** **Malawi *Kwacha*** |
|  | 1 | HT 13 CHLORIDE T1 | Each | 3 |  |  |
|  | 2 | HT 14 CHLORIDE T2 | Each | 3 |  |  |
|  | 3 | HT 34 SPADNS LIQUID reagent | Each | 3 |  |  |
|  | 4 | HT PhosphateNo 2LR Tablet | Each | 3 |  |  |
|  | 5 | HT 70 Sulphate Tablet | Each | 3 |  |  |
|  | 6 | HT 77Zinc LR Tablet | Each | 3 |  |  |
|  | 7 | HT 78 EDTA T | Each | 3 |  |  |
|  | 8 | HT 64 Potassium Tablet | Each | 3 |  |  |
|  | 9 | HT 68 CHLORINE HT (KI) Tablet | Each | 3 |  |  |
|  | 10 | HT 69 Acidifying GP Tablet | Each | 3 |  |  |
|  | 11 | Trace 20 Chomium test Kit | Each | 3 |  |  |
|  | 12 | Ph Buffer Powder,250 ml solution powder,ph 4.0,7.0 and 10.01 @25ºC | Each | 6 |  |  |
|  | 13 | Glass Centered disc membrane support for a field microbiological test kit(Aquasafe WSL 50 Premium)  | Each | 3 |  |  |
|  | 14 | 5 Litres Ethanol 70 % for Surface sterilization | Each | 1 |  |  |
|  | 15 | 5 Litres Methanol for Surface sterilization by flamming | Each | 1 |  |  |
|  | 16 | Membrane Filters with Pore Size width of 0.45 um | Each | 3 |  |  |
|  |  |  |  |  |  |  |
|  | **Sub Total**  |  |
|  | **VAT 16.5%** |  |
|  | **Procurement Levy 1%** |  |
|  | **Total Bid Price** |  |

**Notes: The Procurement Levy is calculated based on Sub-total before taxes**

**Authorised by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized for and on behalf of: |  | *(DD/MM/YY)* |
| Company: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |