NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar

P.O. BOX 30361
CAPITAL CITY

LILONGWE 3
MALAWI
265 887 87 96 51
Email:
nmcm@nmcm.org.mw

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: G001-11-2026

Date: 02/11/2026

To:

NMCM 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

Supply and Delivery of Security Steel Door

2) Quotation prices should be based on:
for goods supplied from within Malawi; EXW – insured and delivered to **NMCM.**
or for goods supplied from outside of Malawi; CIP to **NMCM**.

3) The delivery period required is. **5** Days/weeks/months from the date of order.

4) Quotations must be valid for [***30 days***] from the date of receipt given below.

5) The warranty/guarantee offered shall be: **N/A**.

6) Quotations and supporting documents specified in Section B must be marked with the Procurement Number above, and indicate your acceptance of the terms and conditions.

7) Quotations must be received, in sealed envelopes, no later than 9th **November 2026**

8) Quotations must be returned to:

The Chairperson, Internal Procurement Committee
NMCM, P.O Box 30361, Lilongwe 3.

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.

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar

P.O. BOX 30361
CAPITAL CITY

LILONGWE 3
MALAWI
265 887 87 96 51
Email:
nmcm@nmcm.org.mw

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: G001-11-2026

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: Eunice Phiri**

Title/Position: **Assistant Procurement Officer**

For and on behalf of the Purchase

S6

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar

P.O. BOX 30361
P.O. BOX 30361
CAPITAL CITY

LILONGWE 3
MALAWI
265 887 87 96 51
Email:
nmcm@nmcm.org.mw

REQUEST FOR QUOTATIONS (FOR SERVICES)

Procurement Number: G001-11-2026

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 copy of our Trading Licence,

iii. A copy of our valid Annual Tax Clearance Certificate,

iv. A copy of a valid Public Procurement and Disposal of Public Assets (PPDA)Certificate

v. Coloured copies of valid National Identity Cards for Directors and Board Members of the company.

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's 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:

S6

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar

P.O. BOX 30361
P.O. BOX 30361
CAPITAL CITY

LILONGWE 3
MALAWI
265 887 87 96 51
Email:
nmcm@nmcm.org.mw

REQUEST FOR QUOTATIONS (FOR SERVICES)

Procurement Number: G001-11-2026

Company: _____

Address: ……

……..…..

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

Item No	**Description of Goods**	**UOM**	**QTY**	**UNIT AMOUNT**	**TOTAL AMOUNT**	
1	Fabrication and installation of standard security door	**Each**				
	SUB TOTAL					
	VAT 17.5%					
	GRAND TOTAL					

The following attachments are appended to clarify the Description of the Goods:

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____

S6

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar

P.O. BOX 30361
P.O. BOX 30361
CAPITAL CITY

LILONGWE 3
MALAWI
265 887 87 96 51
Email:
nmcm@nmcm.org.mw

REQUEST FOR QUOTATIONS (FOR SERVICES)

Procurement Number: G001-11-2026

(DD/MM/YY)

Authorised for and on behalf of:

Company: