

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/263/2023/SSBH(TC)	TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION FOR CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE	3 YEARS	SURI SERI BEGAWAN HOSPITAL KUALA BELAIT	\$10.00	26 th DEC 2023	Abdul Aziz bin Awg Ahmad Penolong Pusat Perkhidmatan Pembasmian Kuman Hospital Suri Seri Begawan, Kuala Belait Ministry Of Health Negara Brunei Darussalam Contract No: 3335331 Ext 5114

NOMBOR TAWARAN: KK/263/2023/SSBH(TC)

**KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM**

**TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION
FOR CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD), SURI
SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A
PERIOD OF THREE (3) YEARS USAGE**

YURAN TAWARAN : \$10.00

NOMBOR RESIT :

TARIKH TUTUP : HARI SELASA, 26HB DEC 2023

JAM : 2.00 PETANG

KEPADA :

**PENGERUSI LEMBAGA TAWARAN KECIL
PETI TAWARAN, TINGKAT BAWAH
BANGUNAN KEMENTERIAN KESIHATAN
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB 3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2
SPECIFICATIONS

TENDER REFERENCE NO: KK/263/2023/SSBH(TC)

INVITATION TO TENDER

TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION FOR CENTRAL STERILE
SUPPLIES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF
HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE

DELIVERY PERIOD	NOT LATER THAN 8 WEEKS STAGGERED DELIVERY UPON REQUEST (EVERY 3 MONTHS USAGE)
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NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE 1 YEAR (BOTTLES)	TOTAL QUANTITY USAGE FOR 3 YEAR (BOTTLES)
1	2% FORMALDEHYDE SOLUTION ➤ 1 LITRE PER BOTTLE ➤ BOTTLE SIZE COMPATIBLE WITH MM FORMOMAT LOW TEMPERATURE PRESSURE STABILIZER	400	1,200

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION/TENDER.
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery . Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.
5	Brochures / catalogues should be submitted / attached with quotation/tender document.
6	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).
7	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request (Every 3 months usage)
8	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

QUOTATION/TENDER REFERENCE NO:	
QUOTATION/TENDER NAME:	TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION FOR CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE.

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE 1 YEAR (BOTTLES)	TOTAL QUANTITY USAGE FOR 3 YEAR (BOTTLES)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	2% FORMALDEHYDE SOLUTION > 1 LITRE PER BOTTLE > BOTTLE SIZE COMPATIBLE WITH MM FORMOMAT LOW TEMPERATURE PRESSURE STABILIZER	400	1,200						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									
TOTAL PRICE (B\$) FOR THREE (3) YEARS USAGE									

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
4	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION/TENDER.	
5	All consumables supplied throughout this tender shall have a minimum expiry date of twelve (12) months / on delivery. Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.	
6	Brochures / catalogues should be submitted / attached with quotation/tender document.	
7	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
8	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request (Every 3 months usage)	(Yes / No) (If No, please specify)
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

FOR QUOTATION ONLY

TERMS AND CONDITIONS

a.	Tenderer must be registered with the Ministry of Health.	<i>Acknowledgement:</i>	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION .	<i>Company Ref. No.:</i> I hereby certify the above quote to be correct.	
c.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION .	Signature:	
d.	Please do not use TIPPEX for amendment.	Name: Designation: Date:	

SECTION 3
FORMS TO BE USED

CONTENTS

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/263/2023/SSBH(TC)

INVITATION TO TENDER
TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION FOR CENTRAL STERILE SUPPLIES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE 1 YEAR (BOTTLES)	TOTAL QUANTITY USAGE FOR 3 YEAR (BOTTLES)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	2% FORMALDEHYDE SOLUTION > 1 LITRE PER BOTTLE > BOTTLE SIZE COMPATIBLE WITH MM FORMOMAT LOW TEMPERATURE PRESSURE STABILIZER	400	1,200						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE 1 YEAR (BOTTLES)	TOTAL QUANTITY USAGE FOR 3 YEAR (BOTTLES)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									
TOTAL PRICE (B\$) FOR THREE (3) YEARS USAGE									

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
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7	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request (Every 3 months usage)	(Yes / No) (If No, please specify)
8	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12) MONTHS** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, 20_____.

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

1.1 Tenderers shall provide in this Schedule the following information:

- (a) Management summary
- (b) Company profile (including Contractor and sub-contractor(s), if any)
- (c) Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - *Supply and Delivery of Medical Supplies*
- (d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE 4 – COMPANY’S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company’s background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE 5 - REFERENCES

- 5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
 - a. identical in packing and manufacture to the items to be offered by the Tenderer; and
 - b. marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO: KK/263/2023/SSBH(TC)

**INVITATION TO TENDER
TO SUPPLY AND DELIVER 2% FORMALDEHYDE SOLUTION FOR CENTRAL STERILE
SUPPLIES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF
HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE**

SUBMISSION OF SAMPLE FORM OF *(NAME OF TENDERER)*

ITEM NO.	DESCRIPTION	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/NOT OFFERED (indicate as appropriate)
1	2% FORMALDEHYDE SOLUTION			

We understand as stated in the Instructions to Tenderers that Tenders without samples shall not be considered.

[Signature of authorized officer of Tenderer]

Name:

Designation:

Date:

Tenderer's official stamp:

FOR OFFICE USE

Date of receipt : _____

Receiving Officer : _____