

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
1	(133) PSD/QTN/2022 – (PEROLEHAN)	<p>TO SUPPLY, DELIVER, INSTALL AND COMMISSION ONE (1) UNIT OF HEAVY-DUTY PHOTOCOPY MACHINE FOR MINISTRY OF HEALTH BY LEASE FOR A PERIOD OF SIX (6) MONTHS</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	28/11/2022	10/12/2022	\$5.00	UNIT PEMBELIAN, BAHAGIAN PEROLEHAN, KEMENTERIAN KESIHATAN.	<p>SAIFUL BAHRIN BIN HAJI OTHMAN</p> <p>PEGAWAI PERBEKALAN</p> <p>TEL: 2381640</p> <p>EXT 7649</p> <p>EMAIL: saiflbahrin.othman@moh.gov.bn</p>

NO.	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	PRICE PER MONTH (\$)	TOTAL PRICE FOR 6 MONTHS (\$)
<p>1.</p> <p>1a)</p> <p>1b)</p> <p>1c)</p> <p>1d)</p> <p>1e)</p>	<p><b>HEAVY-DUTY PHOTOCOPY MACHINE</b></p> <p>Provision of service by lease for a period of six (6) months:</p> <ul style="list-style-type: none"> <li>- One (1) unit</li> <li>- Heavy-duty</li> <li>- Can do copy, print, scan and email</li> </ul> <p>The supplier is responsible for the following:</p> <ul style="list-style-type: none"> <li>- To supply, deliver, transport, install the photocopier machine</li> <li>- To provide routine check-up and maintenance on the photocopier machine (for the period of lease period) including to response and fix any issues and or complaint arise relevant to the photocopier machine and provide remedy not more than 24 hours.</li> </ul> <p>Place of installation:</p> <ul style="list-style-type: none"> <li>- Ministry of Health Headquarter Building (Level 3)</li> </ul> <p>Please state details of any free charges inclusive or extra charges in the services. (papers, all parts, toner, maintenance, etc.). * You may use separate papers if needed.</p> <p>Please provide a brochure of the photocopier machine being offered.</p>	<p><b>1 UNIT</b></p>				

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<b>DELIVERY PERIOD:</b> <i>NOT MORE THAN 14 DAYS UPON CONFIRMATION</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, PLEASE STATE:</b> <hr/>				
<b>PRICE VALIDITY :</b> <i>The quotation shall remain valid for 1 YEAR 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 the written consent of the suppliers.</i>					<hr/>	

**TERMS AND CONDITIONS**

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