

| BIL | Quotation Reference                    | Description   | Advertisement Date | Closing Date<br>(Not Later Than<br>2.00PM) | Quotation Fee | Requesting Department   | Focal Person   |
|-----|--|---|--------------------|--|---------------|---|--|
| 4   | (64) IKLAN-<br>QTN/UPP.HRIPAS/2022/UPP | <p><b>SUPPLY AND DELIVERY A4<br/>WHITE PAPER (1,000 REAMS)<br/>FOR STATIONERY UNIT AT RAJA<br/>ISTERI PENGIRAN ANAK<br/>SALEHA HOSPITAL</b></p> <p><u>PLACE OF SUBMISSION:</u><br/>QUOTATION BOX (GROUND FLOOR)<br/>MINISTRY OF HEALTH<br/>COMMONWEALTH DRIVE<br/>BANDAR SERI BEGAWAN, BB 3910<br/>NEGARA BRUNEI DARUSSALAM</p> | 08/12/2022         | 24/12/2022                                 | \$5.00        | STATIONERY UNIT,<br>HOSPITAL RAJA ISTERI<br>PENGIRAN ANAK SALEHA. | <p>HAJI NOOR IMAN<br/>BIN HAJI RAMLI.</p> <p>PENOLONG<br/>PEGAWAI<br/>KEWANGAN<br/>TINGKAT I</p> <p>TEL: 2242424 ext.<br/>1217</p> |

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

|                                |   |
|--------------------------------|---|
| QUOTATION/TENDER REFERENCE NO: | (64)IKLAN-QTN/UPP.HRIPAS/2022/STATIONERY  |
| QUOTATION/TENDER NAME          | SUPPLY AND DELIVERY A4 WHITE PAPER (1,000 REAMS) FOR STATIONERY UNIT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL |

| USER'S REQUIREMENTS                             |   |              |                      | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---|---|--------------|----------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO  | ITEM DESCRIPTIONS AND SPECIFICATIONS  | PACKING SIZE | TOTAL QUANTITY USAGE | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 1.  | <ul style="list-style-type: none"> <li>Color: White</li> <li>Type of paper: High quality 80 gsm thick paper</li> <li>1 ream (500 sheets)</li> </ul> | PER REAM     | 1000 REAMS           |                                      |                                  |              |                        |                                     |                   |
| <b>TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE</b> |   |              |                      |                                      |                                  |              |                        |                                     |                   |

| NO | <u>TERMS AND CONDITIONS</u>  | VENDOR'S OFFER<br>(PLEASE STATE)          |
|----|--|---|
| 1  | QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF QUOTATION/TENDER.   |   |
| 2  | 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.  |   |
| 3  | QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF QUOTATION/TENDER.   |   |
| 4  | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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 <b>fourteen (14 days)</b> of the quotation/tender closing date (if applicable).  |   |
| 7  | DELIVERY PERIOD: (Please state)<br><br>Not later than 4 weeks (STAGGERED DELIVERY)   | (Yes / No)<br><br>(If No, please specify) |
| 8  | PRICE VALIDITY:<br><br>The quotation shall remain valid for <b>12 MONTHS</b> 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). |   |

|                   |          |                       |  |
|-------------------|----------|-----------------------|--|
| Section/Unit      |          | Section/Unit Ref No.: |  |
| Person to Contact | Name :   | Tel.No. :             |  |
|                   | E-mail : | Fax No.:              |  |

FOR QUOTATION ONLY

| TERMS AND CONDITIONS |  |   |
|----------------------|--|---|
| a.                   | Tenderer must be registered with the Ministry of Health  | <p>Company's Official Stamp</p>   |
| b.                   | Please fill in the <b>QUOTATION FORM</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</b> |   |
| 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 <b>DISQUALIFICATION OF QUOTATION</b>                  |   |
| d.                   | Please do not use <b>TIPPEX</b> for amendment  |   |
|                      |  | <p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i> .....</p> <p>I hereby certify the above quote to be correct.</p> <p>Signature: .....</p> <p>Name: .....</p> <p>Designation: .....</p> <p>Date: .....</p> |