

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
DRG/24/2024/PHARM(TC)	SUPPLY AND DELIVERY OF MEDICINES FOR DEPARTMENT OF PHARMACEUTICAL SERVICES FOR A PERIOD OF THREE(3) YEARS	3 YEARS	DEPARTMENT OF PHARMACEUTICAL SERVICES	\$500.00	17 TH DEC 2024	<p>Lenny Marliani binti Haji Ramli Ahli Kimia Ubat Bahagian Perolehan Farmasi Jabatan Perkhidmatan Farmasi Ministry of Health Negara Brunei Darussalam Contact No: 2393298 Ext 228 email: lenny.ramli@moh.gov.bn</p>

NOMBOR TAWARAN: DRG/24/2024/PHARM(TC)

**KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF MEDICINES FOR DEPARTMENT OF
PHARMACEUTICAL SERVICES FOR A PERIOD OF THREE(3)
YEARS**

YURAN TAWARAN: \$500.00

NOMBOR RESIT :

TARIKH TUTUP : HARI SELASA, 17HB DECEMBER 2024

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**

(NON CLUSTERING)

SECTION 2
SPECIFICATIONS

TENDER REFERENCE NO.: DRG/24/2024/PHARM(TC)

INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL
SERVICES FOR A PERIOD OF THREE (3) YEARS

NO.	ITEM	ESTIMATED ANNUAL USAGE	BUFFER STOCK REQUIRED	PACKING / PRESENTATION	PACK SIZE	SHELF LIFE	DELIVERY PERIOD
1	Heparin 1,000 iu/mL Injection x 5mL	14,500 x 10's	20% of Estimated Annual Usage	-	5-20 ampoules per tray preferred	Minimum of 2 years' shelf life upon receipt. Any period less than 2 years to provide Letter of Undertaking	First order 2 months upon receipt of purchase order, subsequent order 1 month

Please note that only medicinal products registered with the Ministry of Health, Brunei Darussalam will be considered unless they meet the criteria for medicinal product registration exemptions.

The following documents and/or information are required with each offer. Failure to comply with the requirement may cause unnecessary delay in processing for approval from the relevant authority.

1. Validity of offer price shall be at least 12 months from the closing date of submission of quote.	
2. Sample of the actual product being offered in untampered original pack including package insert. (For Controlled drugs and Psychotropic drugs see item 3)	
3. A CLEAR QUALITY PICTURE of the primary and secondary packaging of the product being offered; showing name / brand of item, strength and form / preparation, from all sides/ angle. Each picture is to be printed in colour, and this document stamped with supplier's / tenderer's official stamp. Additionally, pictures of the following: <ul style="list-style-type: none"> ▪ For tablets/ capsules <ul style="list-style-type: none"> ○ Appearance of individual tablets / capsules; ○ If the item is in strip pack, the back and front of the strip. ▪ For Injections: Appearance of individual vial / ampoule/ syringe 	
4. Certificate of Analysis.	
5. A copy of any of the following: <ul style="list-style-type: none"> ▪ Product Licence Certificate 	
6. A written declaration that the products offered do not infringe any existing patents, if applicable.	
7. Proof of registration in any of the reference countries.	
8. Letter of authorization from the Product Licence Holder, where applicable.	
9. Justification on price increase if the same product has been previously supplied to Ministry of Health from the same supplier/distributor.	
10. Latest local content.	
11. Product Shelf-life information.	
12. On delivery, goods should have a minimum expiry date of 24 months unless item has short expiry (eg: vaccines) or agreed to be accepted by MOH. Any period less than 24 months shall provide Letter of Undertaking.	
13. The storage labelling should be in accordance with ASEAN stability guideline and should be based on the stability evaluation of the drug product. Specific storage temperature should be highlighted.	

14. Tax compliance certificate, if applicable	
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Note:

*** The reference countries are Australia, Canada, Malaysia, Singapore, United Kingdom, United States of America, France, Sweden, Japan, Switzerland, Republic of Korea & European Union.**

Preference will be given to medicinal products already:

- **Registered with the BDMCA.**

SECTION 3
FORM TO BE USED

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO.: DRG/24/2024/PHARM(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES FOR A PERIOD OF THREE (3) YEARS

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

NO.	ITEM	BRAND NAME	MANUFACTURER	PACKING/ PRESENTATION	PACK SIZE	UNIT PRICE (B\$)	TOTAL PRICE (B\$)
1	Heparin 1,000 iu/mL Injection x 5mL						
DELIVERY PERIOD: First order 2 months upon receipt of purchase order, subsequent order 1 month							
DELAY AND LIQUIDATED DAMAGES: If the Supplier fails or is unable to deliver the Goods or any parts thereof on the Delivery Date within the time specified, the Government shall be entitled, without prejudice to claim from the Supplier by way of liquidated damages for each day of such delay, a sum of equal to one percent (1%) of the price of the Goods as stated in the relevant Purchase Order in respect of the delayed delivery, provided that the total liquidated damages shall not exceed ten percent (10%) the Purchase Order Price.							

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. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDER MONTHS FROM THE TENDER CLOSING DATE. Where the price validity period differs from that required by the Government i.e. 12 months, the **LONGER VALIDITY PERIOD** will be taken as the final validity period.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this _____ day of _____ 2024.

.....
Signature of authorised officer of Tenderer
Name:
Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

- 2.1 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 Medicines.*
 - 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: DRG/242024/PHARM(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL
SERVICES FOR A PERIOD OF THREE (3) YEARS**

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

NO.	ITEM	SAMPLE SUBMITTED (indicate ✓)	SAMPLE NOT SUBMITTED (indicate x with a reason)
1	Heparin 1,000 iu/mL Injection x 5mL		

We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered unless they meet the criteria for sample exemptions.

.....
(Signature of authorized officer of Tenderer)
Name:
Designation:
Date:

Tenderer's official stamp:

FOR OFFICE USE

Date of receipt: _____

Receiving Officer: _____

SCHEDULE 7
LETTER OF DECLARATION

SCHEDULE 8

PRICE JUSTIFICATION FORM

TENDER REFERENCE NO.: DRG/24/2024/PHARM(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL
SERVICES FOR A PERIOD OF THREE (3) YEARS**

SUBMISSION OF PRICE JUSTIFICATION LETTER OF (NAME OF TENDERER)

Please attach price justification letter if brand offered in this tender had been supplied previously to the Ministry of Health and has increased in price.

NO.	ITEM	Price justification letter submitted (Indicate ✓ or X or Not offered)	Letter reference (if applicable)
1	Heparin 1,000 iu/mL Injection x 5mL		

Dated this _____ day of _____ 2024.

.....
Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp: