

Rujukan Kami: (10) MOH/HQ/P/IKLAN-SH/2025

| BIL | Quotation Reference | Description | Advertisement Date | Closing Date (Not Later Than 02.00PM) | Quotation Fee | Requesting Department | Focal Person |
|-----|----------------------------|---|--------------------|---------------------------------------|---------------|---|--|
| 2 | (08) PSD/QTN/2025 – (SSBH) | <p>MEMBEKAL DAN MENGHANTAR JAMUAN BAGI KURSUS-KURSUS, LATIHAN-LATIHAN, TAKLIMAT DAN MESYUARAT RASMI DI HOSPITAL SURI SERI BEGAWAN (SSB), KEMENTERIAN KESIHATAN BAGI TEMPOH SATU (01) TAHUN (CLUSTERING)</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> | 30/01/2025 | 15/02/2025 | \$5.00 | HOSPITAL SURI SERI BEGAWAN, KUALA BELAIT, | <p>HAJAH SUJIMAWATI BINTI MEJARI</p> <p>PENOLONG PEGAWAI PERBEKALAN</p> <p>TEL: 3335331 ext. 3163/4110</p> |

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

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|--------------------------------|---|
| QUOTATION/TENDER REFERENCE NO: | |
| QUOTATION/TENDER NAME: | MEMBEKAL DAN MENGHANTAR JAMUAN BAGI KURSUS-KURSUS, LATIHAN-LATIHAN, TAKLIMAT DAN MESYUARAT RASMI DI SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH BAGI TEMPOH SATU (01) TAHUN (CLUSTERING) |

| NO. | USER'S REQUIREMENTS | VENDOR'S OFFER | | | | |
|-----|--|---------------------------------|---------------------------------|--------------|------------------|-------------------|
| | | APPROX QUANTITY USAGE PER MONTH | TOTAL QUANTITY USAGE FOR 1 YEAR | PACKING SIZE | UNIT PRICE (B\$) | TOTAL COSTS (B\$) |
| 1 | <p>SARAPAN PAGI / MINUM PETANG</p> <p>PILIHAN 1:</p> <ul style="list-style-type: none"> • NASI LEMAK AYAM • MINUMAN PANAS • AIR MINERAL <p>PILIHAN 2:</p> <ul style="list-style-type: none"> • MEE GORENG • AYAM GORENG • MINUMAN PANAS • AIR MINERAL <p>PILIHAN 3:</p> <ul style="list-style-type: none"> • KELUPIS • KARI AYAM / DAGING • MINUMAN PANAS • AIR MINERAL <p>PILIHAN 4:</p> <ul style="list-style-type: none"> • 3 JENIS KUJIH • MINUMAN PANAS • AIR MINERAL | 300 PAX/MONTH | 3600 PAX | | | |

| | | | | | | |
|--|---|-----------------|---------|--|--|--|
| 2 | MAKANAN TENGAHARI <ul style="list-style-type: none"> • NASI PUTIH • 1 MASAKAN PILIHAN (AYAM / IKAN) • SAYUR • BUAH-BUAHAN • MINUMAN SEJUK / SOFT DRINK • AIR MINERAL | 40 PAX/MONTH | 480 PAX | | | |
| TOTAL PRICE (B\$) FOR ONE (01) YEAR USAGE | | | | | | |

SPESIFIKASI / KERERLUAN:

1. Kemungkinan ada perubahan/pengurangan bilangan keperluan pembekalan. Tuntutan adalah berdasarkan kepada jumlah keramaian dalam sesuatu majlis atau kursus/latihan yang dianjurkan.
2. Sijil Pendaftaran Perniagaan yang sah.
3. Sijil Pengendali Makanan dari Autoriti Makanan Brunei Darussalam (BDFA) yang sah bagi semua pekerja-pekerja Syarikat yang bertugas sebagai pengendali makanan.
4. Memastikan pengendali makanan sudah mendapatkan suntikan Tifoid.
5. Senarai pekerja-pekerja tempatan dan pekerja-pekerja asing.
6. Lesen pekerja asing (LD).
7. Buku pendaftaran kenderaan disertakan (hendaklah didaftarkan di bawah nama Syarikat sendiri ATAU menyertakan surat kebenaran bagi Syarikat untuk menggunakan kenderaan).
8. Mendapatkan Penilaian Permarkahan Premis dari pihak Autoriti Makanan Brunei Darussalam (BDFA).
9. Sijil-sijil Halal daripada Majlis Ugama Islam Brunei (MUIB).

DELIVERY PERIOD:

Satu (1) jam sebelum kursus-kursus, latihan-latihan, taklimat dan mesyuarat rasmi.

(if Yes, please specify)

(if No, please specify)

PRICE VALIDITY:

*The quotation shall remain valid for **ONE 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 provided that such extension to the quotation validity period shall have the written consent of the suppliers.*

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: Name: | |
| d. | Please do not use TIPPEX for amendment. | Designation: Date: | |