

| 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/44/2025/PHARM(TC) | SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES FOR A PERIOD OF THREE(3) YEARS | 3 YEARS | DEPARTMENT OF PHARMACEUTICAL SERVICES | \$10.00 | 3 RD JUNE 2025 | 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 |

TENDER REFERENCE NO.: DRG/44/2025/PHARM(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

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

TENDER FEES : \$10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 03RD JUNE 2025

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(NON CLUSTERING)

SECTION 2

SPECIFICATIONS

TENDER REFERENCE NO.: DRG/44/2025/PHARM(TC)

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

| NO. | ITEM | ESTIMATED ANNUAL USAGE | BUFFER STOCK REQUIRED | PACKING / PRESENTATION | PACK SIZE | SHELF LIFE | DELIVERY PERIOD |
|-----|--|------------------------|-------------------------------|--|-----------|--|--|
| 1 | Bisacodyl suppository 10mg | 100 x 50's | 20% of Estimated Annual Usage | Suppository in individual blister packs preferred | - | Minimum of 2 years' shelf life upon receipt. Any period less than 2 years to provide Letter of Undertaking | First order within 2 months upon receipt of purchase order, subsequent order 1 month |
| 2 | Budesonide 100mcg/dose oral inhalation preparation preferably in an appropriate, easy to use delivery device | 250 x 1's | 20% of Estimated Annual Usage | Unit in individual box preferred | - | Minimum of 2 years' shelf life upon receipt. Any period less than 2 years to provide Letter of Undertaking | First order within 2 months upon receipt of purchase order, subsequent order 1 month |
| 3 | Levothyroxine 50mcg oral solid preparation preferably scored tablet | 4,000 x 100's | 20% of Estimated Annual Usage | Blister pack with 10's per strip preferred. Preference will be given to suppliers quoting item where the name and strength of the product appears over each blister pocket or be | - | Minimum of 2 years' shelf life upon receipt. Any period less than 2 years to provide Letter of Undertaking | First order within 2 months upon receipt of purchase order, subsequent order 1 month |

| | | | | | | | |
|--|--|--|--|--------------------|--|--|--|
| | | | | oriented centrally | | | |
|--|--|--|--|--------------------|--|--|--|

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. <u>A CLEAR QUALITY PICTURE</u> 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 | |

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/44/2025/PHARM(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES MINISTRY OF HEALTH 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 | Bisacodyl suppository 10mg | | | | | | |
| 2 | Budesonide 100mcg/dose oral inhalation preparation preferably in an appropriate, easy to use delivery device | | | | | | |
| 3 | Levothyroxine 50mcg oral solid preparation preferably scored tablet | | | | | | |
| 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 _____ 2025.

.....
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/44/2025/PHARM(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL
SERVICES MINISTRY OF HEALTH 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 | Bisacodyl suppository 10mg | | |
| 2 | Budesonide 100mcg/dose oral inhalation preparation preferably in an appropriate, easy to use delivery device | | |
| 3 | Levothyroxine 50mcg oral solid preparation preferably scored tablet | | |

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/44/2025/PHARM(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL
SERVICES MINISTRY OF HEALTH 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 | Bisacodyl suppository 10mg | | |
| 2 | Budesonide 100mcg/dose oral inhalation preparation preferably in an appropriate, easy to use delivery device | | |
| 3 | Levothyroxine 50mcg oral solid preparation preferably scored tablet | | |

Dated this _____ day of _____ 2025.

.....
Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp: