



	Location (pharmacy)	Contact Person	Quantity
BRUNEI-MUARA	Berakas Health Centre pharmacy	Hjh Hasunah Hj Hassan (Tel: 2340319)	4
	PAPHMWHB Health Centre, Gadong pharmacy	Sia Poh Geck (Tel: 7180991)	4
	Muara Health Centre pharmacy	Md Azmie Suhaimi (Tel: 2770124)	1
	PAPHR SB Health Centre, Sg Asam pharmacy	Dk Lina Maziyyah Pg Metussin (Tel: 2201026)	1
	Jubli Perak Health Centre, Sengkurong pharmacy	Siti Raihanah Asy-Syahidah Hj Sa'adi (Tel: 2662076)	2
	Jubli Emas Health Centre, Bunut pharmacy	Chua Wee Pao (Tel: 2652714)	1
	Pengkalan Batu Health Centre pharmacy	Hjh Nur Afifah Hj Matassim (Tel: 2683190)	1
	Rimba Dialysis Centre pharmacy	Amal Farrahiya HJ Abdul Latif (Tel: 2454802 ext 419/114 )	1
TUTONG	PMMPMHAMB Hospital, Tutong pharmacy	Azizan Hj Brahim (Tel: 4260721 ext 123/124/125)	1
	Telisai Health Centre pharmacy	Hjh Umi Kalsom Hj Haroun Al Rashid (4244457)	1
BELAIT	SSB Hospital, Kuala Belait pharmacy	Dk Siti Zarinah Pg Hj Zainal (Tel: Tel: 3335331 ext 5005)	1
	Seria Health Centre pharmacy	Felicitas Sim (Tel: 3224727)	1
	Sg Liang Health Centre pharmacy	Lee Huan Yee (Tel: 3230830)	1

**DELIVERY PERIOD:**

Not more than 60 days upon confirmation

**(Yes/ No)**

**(If No, please specify)**

**PRICE VALIDITY :**

*The quotation shall remain valid for (1) 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 necessary provided that such extension to the quotation validity period shall have the written consent of the suppliers.*

**TERMS AND CONDITIONS**

a.	Tenderer must be registered with the Ministry of Health	<p><i><b>Acknowledgement:</b></i></p> <p><i><b>Company Ref. No.:</b></i> .....</p> <p><i><b>Company Name:</b></i></p> <p>.....</p> <p><b>I hereby certify the above quote to be correct.</b></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>Company's Official Stamp</b></p>
b.	This quotation is seeking offer(s) for health product. Only SERIOUS and COMMITTED tenderers are to participate in this quotation.		
c.	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		
d.	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		
e.	Delivery Period: <b>NOT MORE THAN 60 DAYS</b>		
f.	Please do not use TIPPEX for amendment		

g.	Tenderers shall submit sample of the product being offered and/or brochure contains product details for evaluation. Failure to submit the requirement and submission of 'copy and paste' picture may cause the offer cannot be considered.		
h.	The quantity stated in this quotation may be requested via ONE or MORE PURCHASE ORDERS for ONE TIME /STAGGERED DELIVERY		
g.	Delivery location and quantity <ul style="list-style-type: none"><li>• Please see above.</li></ul>		