

TENDER REFERENCE NO.: KK/116/2026/PPN(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF MEDICAL CONSUMABLE
ITEMS FOR DEPARTMENT OF DENTAL SERVICES,
MINISTRY OF HEALTH FOR A PERIOD OF THREE (3)
YEARS**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 16th June 2026

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**

(CLUSTERING)

SECTION 2

SPECIFICATIONS

TENDER REF.: KK/116/2026/PPN(TC)

**INVITATION TO TENDER
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SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

DELIVERY PERIOD	NOT MORE THAN 60 DAYS UPON CONFIRMATION
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NO.	ITEM DESCRIPTION	QUANTITY
1.	<p>Disposable Saliva Ejector</p> <p>Specifications:</p> <ul style="list-style-type: none">▪ Flexible clear plastic▪ Smooth edges and comfortable▪ Tip designed to ensure the enhanced suction coupled with maximum patient comfort▪ Single use▪ Latex-free▪ Phthalate-free▪ Samples must be submitted no later than 30 days from the closing date for accurate evaluation	<p>200,000 pieces (2000 boxes of 100s)</p>
2.	<p>Disposable Tips For Air Water Syringe</p> <p>Specification:</p> <ul style="list-style-type: none">▪ Single use, non sterile▪ Flexible tips (easy to bend) for the multi-function syringe▪ Non shape-memory: keep the ideal curve▪ To fit 3 in 1 syringe nozzle for our existing Belmont Clesta II, Adec and Kavo chairs▪ No risk of ingestion: safety-locking device▪ Environmentally-friendly▪ Samples must be submitted no later than 30 days from the closing date for accurate evaluation	<p>75,000 tips (300 boxes of 250 tips)</p>

**SECTION 3
FORMS TO BE USED**

CONTENTS

SCHEDULE 1 – TENDER FORM1

SCHEDULE 2 – INFORMATION SUMMARY6

SCHEDULE 3 –SUB-CONTRACTS7

SCHEDULE 4 –COMPANY BACKGROUND8

SCHEDULE 5 –REFERENCES9

SCHEDULE 6 –SUBMISSION OF SAMPLE10

SCHEDULE 7 - LETTER OF DECLARATION13

SECTION 3

TENDER FORM

To:

TENDER REF.: KK/116/2026/PPN(TC)

INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICAL CONSUMABLE ITEMS FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH FOR A PERIOD
OF THREE (3) YEARS

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

DELIVERY PERIOD	
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NO.	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (B\$)	TOTAL PRICE (B\$)
1.	Disposable Saliva Ejector Specifications: <ul style="list-style-type: none">▪ Flexible clear plastic▪ Smooth edges and comfortable▪ Tip designed to ensure the enhanced suction coupled with maximum patient comfort▪ Single use▪ Latex-free▪ Phthalate-free▪ Samples must be submitted no later than 30 days from the closing date for accurate evaluation	200,000 pieces (2000 boxes of 100s)				

NO.	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (B\$)	TOTAL PRICE (B\$)
2.	<p>Disposable Tips For Air Water Syringe</p> <p>Specification:</p> <ul style="list-style-type: none"> ▪ Single use, non sterile ▪ Flexible tips (easy to bend) for the multi-function syringe ▪ Non shape-memory: keep the ideal curve ▪ To fit 3 in 1 syringe nozzle for our existing Belmont Clesta II, Adec and Kavo chairs ▪ No risk of ingestion: safety-locking device ▪ Environmentally-friendly ▪ Samples must be submitted no later than 30 days from the closing date for accurate evaluation 	75,000 tips (300 boxes of 250 tips)				
TOTAL PRICE PER YEAR (B\$)						
TOTAL PRICE FOR THREE (3) YEARS (B\$)						

NO.	USER REQUIREMENTS		YES	NO	PLEASE SPECIFY THE SPECIFICATION/ SCOPE OFFERED FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON-COMPLIANCE TO THE OFFER
1.	Disposable Ejector Saliva	Flexible clear plastic			
		Smooth edges and comfortable			
		Tip designed to ensure the enhanced suction coupled with maximum patient comfort			
		Single use			
		Latex-free			
		Phthalate-free			
		Samples must be submitted no later than 30 days from the closing date for accurate evaluation			
		200,000 pieces (2000 boxes of 100s)			
2.	Disposable Tips For Air Water Syringe	Single use, non-sterile			
		Flexible tips (easy to bend) for the multi-function syringe			
		Non shape-memory: keep the ideal curve			
		To fit 3 in 1 syringe nozzle for our existing Belmont Clesta II, Adec and Kavo chairs			
		No risk of ingestion: safety-locking device			
		Environmentally-friendly			
		Samples must be submitted no later than 30 days from the closing date for accurate evaluation			
		75,000 tips (300 boxes of 250 tips)			

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. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, _____.

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 & Delivery of Consumables Items*
- 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 4.1 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 REF.: KK/116/2026/PPN(TC)

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SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

SUBMISSION OF SAMPLE FORM OF *(NAME OF TENDERER)*

ITEM NO.	DESCRIPTION	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
1.	DISPOSABLE SALIVA EJECTOR			
2.	DISPOSABLE TIPS FOR AIR WATER SYRINGE			

We understand as stated in the Instructions to Tenderers that Tenders without samples shall not be considered.

.....
(Signature of authorized officer of Tenderer)

Tenderer's official stamp:

Name:

Designation:

Date:

FOR OFFICE USE

Date of Receipt: _____

Receiving Officer: _____