

TENDER REF. NO.: KK/220/2026/SMS

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF 3M™ AURA HEALTH CARE
PARTICULATE RESPIRATOR AND SURGICAL MASK
1870+, N95**

TENDER FEE : \$50.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 13th October 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 AND REQUIREMENTS

TENDER REFERENCE NO.: KK/220/2026/SMS

INVITATION TO TENDER
SUPPLY AND DELIVERY OF 3M™ AURA HEALTH CARE PARTICULATE RESPIRATOR AND
SURGICAL MASK 1870+, N95

NO	DESCRIPTION OF ITEM	QUANTITY	UNIT PRICE (\$)
1.	3M™ AURA HEALTH CARE PARTICULATE RESPIRATOR AND SURGICAL MASK 1870+, N95	134,000 PCS	(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)

3M™ AURA HEALTH CARE PARTICULATE RESPIRATOR AND SURGICAL
MASK 1870+, N95

ITEM SPECIFICATIONS
• NIOSH Approved N95 rating
• FDA cleared for use as a surgical mask
• Bacterial Filtration Efficiency F2102 >99% BFE
• Fluid Resistant 160 mmHg
• Flammability Rating Class I
• Adjustable nose clip
• 3-Panel, flat-fold of design for convenient storage and portability
• Embossed top panel to prevent eyewear fogging
• Collapse resistant

• Soft nose foam and smooth inner material
• Stapled headbands
• Individually packed to prevent contamination

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.

NO	COMPULSORY REQUIREMENTS
1	Price Validity Validity of offer price shall be at least twelve (12) months from the closing date of submission of quote.
2	Price Offered The price offered should not have more than two (2) decimal places.
3	Sample Vendor is required to submit sample in untampered original pack including package insert and Summary of Product Characteristics (in English).
4	Sample Submission • Submitted samples <u>MUST NOT</u> be expired. • Submitted samples <u>MUST</u> show proper labelling details (Tender Ref. and Item No.) and clearly display product details and the expiry date. • Sample <u>MUST</u> be submitted within two (2) weeks after the closing date: otherwise, participation will be considered invalid.
5	Product Catalogue / Brochure Vendor is required to submit a clear and detailed product catalogue or brochure that includes the product description and specifications.
6	Presentation Vendor is to submit: • Clear colour-printed photo of the product offered with company's official stamp. Photo must show label details of the packaging from all sides/angles including name / brand of item.
7	Authorization Letter Vendor is required to submit a letter of authorization as a distributor.
8	Letter of Authenticity Vendor is required to submit a letter of authenticity to certify the genuineness, origin or legitimacy of a product.

9	Price Justification Vendor is to submit letter of justification on price increase if the same product has been previous supplied to Ministry of Health from the same supplier / distributor.
10	Local content & Tax Compliance Certificate Vendor is to provide a copy of the latest content of the company as well as the updated tax compliance certificate, if applicable.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/220/2026/SMS

INVITATION TO TENDER

SUPPLY AND DELIVERY OF 3M™ AURA HEALTH CARE PARTICULATE RESPIRATOR AND SURGICAL MASK 1870+, N95

NO	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (\$)	TOTAL PRICE (\$)
1.	3M™ AURA HEALTH CARE PARTICULATE RESPIRATOR AND SURGICAL MASK 1870+, N95	134,000 PCS			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
DELIVERY PERIOD: <i>First delivery: Within 2 weeks</i> <i>Subsequent delivery: Ex-stock (buffer stock), then staggered deliveries will occur continuously throughout the quotation (if required).</i>		☐ ☐ YES NO IF NO, PLEASE STATE: _____				
PRICE VALIDITY : <i>The quotation shall remain valid for 1 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.</i>						

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.

NO	COMPULSORY REQUIREMENTS	ENTER RESPONSE HERE
1	Price Validity Validity of offer price shall be at least twelve (12) months from the closing date of submission of quote.	
2	Price Offered The price offered should not have more than two (2) decimal places.	
3	Sample Vendor is required to submit sample in untampered original pack including package insert and Summary of Product Characteristics (in English).	
4	Sample Submission - Submitted samples MUST NOT be expired. - Submitted samples MUST show proper labelling details (Tender Ref. and Item No.) and clearly display product details and the expiry date. - Sample MUST be submitted within two (2) weeks after the closing date: otherwise, participation will be considered invalid.	
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10	Local content & Tax Compliance Certificate Vendor is to provide a copy of the latest content of the company as well as the updated tax compliance certificate, if applicable.	

ITEM SPECIFICATIONS	YES (PLEASE /)	NO (PLEASE X)	REMARKS
• NIOSH Approved N95 rating			
• FDA cleared for use as a surgical mask			
• Bacterial Filtration Efficiency F2102 >99% BFE			
• Fluid Resistant 160 mmHg			
• Flammability Rating Class I			
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• 3-Panel, flat-fold of design for convenient storage and portability			
• Embossed top panel to prevent eyewear fogging			
• Collapse resistant			
• Soft nose foam and smooth inner material			
• Stapled headbands			
• Individually packed to prevent contamination			

TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	Acknowledgement: Company Ref. No.: I hereby certify the above quote to be correct. Signature: Name: Designation: Date : Telephone No. :(O/Hp).....(Fax) Email :	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>may</u> cause DISQUALIFICATION OF QUOTATION		
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		
d.	The labeling of the item quoted MUST BE IN ENGLISH		
e.	FULL PACK WITH ORIGINAL PACKAGING sample MUST be submitted for each quoted item. Failure to do so before or on the closing of quotation <u>may</u> cause DISQUALIFICATION OF QUOTATION unless otherwise agreed by the Evaluation Committee. Submission of relevant documents such as agency appointment/brochure/picture of the quoted item to support your quotation is encouraged.		
f.	Delivery Period: AS PER STATED		
g.	Please do not use TIPPEX for amendment		

