**TENDER REF. NO.: DRG/282/2026/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, 22nd December 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**

[DRG/282/2026/PHARM(TC)]

# SECTION 2

# SPECIFICATIONS

**TENDER REFERENCE NO.: DRG/282/2026/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 Description | Estimated Annual Requirements | Buffer Stock (Units) | Packing / Presentation | Pack Size | Delivery Period |
|---|---|---|---|---|---|---|
| 1 | Ceftriaxone (as sodium salt) IM Injection 250mg | 50 vials | 20% of Estimated Annual Usage | Vial in individual box preferred | - | First order within 2 months upon receipt of purchase order, subsequent order 1 month |
| 2 | Alprostadil 20mcg per unit injection | 50 vials | 20% of Estimated Annual Usage | Vial in individual box preferred | - | First order within 2 months upon receipt of purchase order, subsequent order 1 month |
| 3 | Sodium Chloride 3% Intravenous infusion BP | 2,000 x 500ml | 20% of Estimated Annual Usage | - | 500ml | First order within 2 months upon receipt of purchase order, subsequent order 1 month |

**Please note that only medicinal products registered with BDMCA will be considered. In cases where the active ingredient is not registered with BDMCA for certain reasons, products registered in other countries, such as those listed as BDMCA-benchmark countries, may then be considered, subject to case-to-case evaluation.**

**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 | Requirements | Enter Response Here |
|---|---|---|
| **1** | Validity of offer price shall be at least 12 months from the closing date of submission of quote. | |
| **2** | **Sample**<br><br>Vendor is required to submit sample in untampered original pack including package insert and Summary of Product Characteristics (in English)<br><br>For Controlled drugs and Psychotropics: In the event that sample cannot be submitted, photos and/or artwork are required. See 'Presentation'. | |
| **3** | **Presentation**<br>Vendor is to submit:<br>i. Clear colour-printed photo of the product offered with company's official stamp. Photo must show label details of the primary and secondary packaging from all sides/angles including name / brand of item, strength and form / preparation.<br><br>ii. High resolution photo of the following<br>• For tablets / capsules:<br>○ Appearance of individual tablets / capsules;<br>○ If the item is in strip pack, the back and front of the strip<br>• For Injections:<br>○ Appearance of individual vial / ampoule / syringe | |
| **4** | **Registration with Brunei Darussalam Medicines Control Authority (BDMCA)**<br><br>A copy of any of the following:<br>• Product Licence Certificate<br>• Letter of authorization from product licence holder, if applicable | |

| | | |
|---|---|---|
| | Priority will be given to medicinal products already registered with the BDMCA. | |
| **5** | **Manufacturer details**<br><br>Please provide manufacturer details with supporting documents.<br><br>If manufacturer details are not available, please provide the following:<br><br>i. Hardcopy of declaration letter from the principal to inform any issues related to product safety, quality and efficacy as a result of a recall by the manufacturer, wholesaler or Department of Health<br><br>ii. A copy of the principal's wholesaler license. | |
| **6** | **Shelf life**<br>Please indicate the product shelf-life. Priority will be given to product with a minimum of 24 months. | |
| **7** | **Storage Condition**<br><br>The storage labelling should be in accordance with the latest guideline on registration of medicinal products in Brunei Darussalam.<br>Priority is given to products with specified storage conditions. Terms such as "ambient conditions", "room temperature" or "does not require any special storage condition" should be avoided unless stability studies are provided. | |
| **8** | **Alcohol and animal content**<br><br>Declaration of source of animal origin and/or alcohol content (if any) is to be provided. | |
| **9** | **Certificate of Analysis**<br><br>A copy of the product's Certificate of Analysis (CoA) is to be submitted. | |
| **10** | **New Product**<br><br>Where the product offered has never been supplied to the Ministry of Health, Brunei, detailed information on the product is to be submitted. The information required include, but not limited to, the following: | |

| | | |
|---|---|---|
| | i. Bioequivalence studies (Generic products) and / or Clinical studies<br>ii. Stability studies<br>iii. Certificate of free sales<br>iv. Certificate of Pharmaceutical Product (CPP)<br>v. A copy of the Summary of Product Characteristics<br>vi. Good Manufacturing Practice (GMP) certificate<br>vii. Batch release certificate or certificate of origin (for blood products) | |
| **11** | **Price Justification**<br><br>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. | |
| **12** | **Local content & Tax Compliance Certificate**<br><br>Vendor is to provide a copy of the latest content of the company as well as the updated tax compliance certificate, if applicable | |
| **13** | **Product Registration Number in any of the *benchmark/reference countries**<br><br>If not registered with BDMCA, priority will be given to products which are registered in any of the benchmark/reference countries.<br>***The benchmark/reference countries are Australia, Canada, Malaysia, Singapore, United Kingdom, the United States of America, France, Sweden, Japan, Switzerland, Republic of Korea & European Union. | |

**Priority 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/282/2026/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 | DESCRIPTION OF ITEM | QUANTITY | BRAND NAME | MANUFACTURER AND COUNTRY OF ORIGIN | PACKING/ PRESENTATION | PACK SIZE | UNIT PRICE | TOTAL PRICE |
|---|---|---|---|---|---|---|---|---|
| 1. | Ceftriaxone (as sodium salt) IM Injection 250mg | **50 vials** | | | | | | |
| 2. | Alprostadil 20mcg per unit injection | **50 vials** | | | | | | |
| 3. | Sodium Chloride 3% Intravenous infusion BP x 500ml | **2,000 x 500ml** | | | | | | |
| **DELIVERY PERIOD :** First order 2 months, subsequent order 1 month upon receipt of purchase order | | | | | | | | |

**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.

| | |
|---|---|
| **PRICE VALIDITY :**<br>*The quotation shall remain valid for 6 MONTHS from the final date for the submission of the quotation, during which no supplier may withdraw his/her quotation. Where the price validity differs from that required by the Government i.e. 6 months, the **LONGER VALIDITY PERIOD** will be taken as the final validity period.* | |

| **TERMS AND CONDITIONS** | | | |
|---|---|---|---|
| a. | Vendor must be registered with the Ministry of Health | ***Acknowledgement:***<br><br>***Company Ref. No.:*** .....<br><br>**I hereby certify the above quote to be correct**.<br><br>**Signature:**<br><br>.....<br><br>**Name:**<br><br>……<br><br>**Designation:**<br><br>.....<br><br>**Date :**<br><br>…… | **Company's Official Stamp** |
| b. | Please complete the **QUOTATION FORM** including the **USER REQUIREMENT FORM**. Submission of incomplete forms may cause DISQUALIFICATION OF QUOTATION | | |
| c. | Each vendor is required to quote **ONE BRAND WITH ONE PRICE ONLY** for each item**.** | | |
| d. | Delivery Period:<br>**FIRST ORDER 2 MONTHS, SUBSEQUENT ORDER 1 MONTH UPON RECEIPT OF PURCHASE ORDER** | | |
| e. | **PRICE VALIDITY :**<br>The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation, during which no supplier may withdraw his/her quotation. Where the price validity differs from that required by the Government i.e. 12 months, the **LONGER VALIDITY PERIOD** will be taken as the final validity period. | | |
| f. | **LETTER OF UNDERTAKING (LOU):**<br>Where goods have a shelf-life of more than 2 years, each consignment of Goods shall have an expiry date of less than 18 months upon delivery, or otherwise | | |

| | | | |
|---|---|---|---|
| | vendor is required to provide letter of undertaking. The Supplier hereby undertakes to: (i) replace any of the Goods with fresh, new stock; or (ii) issue credit note equivalent to the value of the expired Goods. | | |
| g. | Please do not use correction tape or pen/fluid for amendment | | |

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. When requested by you, we shall extend the validity of this offer.

4. We further undertake to give you any further information which you may require.

Dated this day of 20 .

_____ Tenderer's official stamp:

**Signature of authorised officer of Tenderer**

Name:
Designation:

## 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/282/2026/PHARM(TC) .**

**INVITATION TO TENDER FOR THE SUPPLY AND DELIVERY OF MEDICINES FOR THREE (3) YEARS**

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

_____

| **No** | ITEM | **SAMPLE SUBMITTED** (indicate ✓ ) | SAMPLE NOT SUBMITTED (indicate □ with a reason) |
|---|---|---|---|
| 1 | Ceftriaxone (as sodium salt) IM Injection 250mg | | |
| 2 | Alprostadil 20mcg per unit injection | | |
| 3 | Sodium Chloride 3% Intravenous infusion BP x 500ml | | |

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.

……. Tenderer's official stamp:
(*Signature of authorized officer of Tenderer*)
Name:
Designation: Date:

_____

**FOR OFFICE USE**

Date of receipt: _____

Receiving Officer: _____

**SCHEDULE 7**

**LETTER OF DECLARATION**

**SCHEDULE 8**

**PRICE JUSTIFICATION FORM**

**TENDER REFERENCE NO: DRG/282/2026/PHARM(TC)**

**INVITATION TO TENDER FOR THE SUPPLY AND DELIVERY OF MEDICINES FOR THREE (3) YEARS.**

**SUBMISSION OF PRICE JUSTIFICATION LETTER OF (NAME OF TENDERER)**

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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 ✕ or Not offered) | Letter reference (if applicable) |
|---|---|---|---|
| 1 | Ceftriaxone (as sodium salt) IM Injection 250mg | | |
| 2 | Alprostadil 20mcg per unit injection | | |
| 3 | Sodium Chloride 3% Intravenous infusion BP x 500ml | | |

Dated this_____day of _____

…… Tenderer's official stamp:

**Signature of authorised officer of Tenderer**

Name:

Designation: