QTN REF: PPS/QTN/128/2026

SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES

| NO | DESCRIPTION OF ITEM | QUANTITY | BRAND | MANUFACTURER AND COUNTRY OF ORIGIN | PRICE AND PACK SIZE | TOTAL PRICE |
|---|---|---|---|---|---|---|
| 1. | Prednisolone 1mg oral solid preparation preferably scored tablet | 20 x 1000's | | | | |
| 2. | Budesonide modified release 3mg oral solid preparation preferably tablet | 130 x 90's | | | | |
| **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.

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| **PRICE VALIDITY :** *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.* | |

QTN REF: PPS/QTN/128/2026

**SUPPLY AND DELIVERY OF MEDICINES FOR THE DEPARTMENT OF PHARMACEUTICAL SERVICES**

| TERMS AND CONDITIONS | | | |
|---|---|---|---|
| a. | Vendor must be registered with the Ministry of Health | *Acknowledgement:* | Company's Official Stamp |
| b. | Please complete the **QUOTATION FORM** including the **USER REQUIREMENT FORM**. Submission of incomplete forms may cause DISQUALIFICATION OF QUOTATION | *Company Ref. No.:* ..... | |
| c. | Each vendor is required to quote **ONE BRAND WITH ONE PRICE ONLY** for each item. | I hereby certify the above quote to be correct.<br>Signature:<br>..... | |
| d. | Delivery Period:<br>**FIRST ORDER 2 MONTHS, SUBSEQUENT ORDER 1 MONTH UPON RECEIPT OF PURCHASE ORDER** | Name:<br>..... | |
| e. | **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. | Designation:<br>.....<br>Date :<br>..... | |
| f. | **LETTER OF UNDERTAKING (LOU):**<br>If any of the Goods to be supplied have an expiry date of less than 18 months upon delivery, 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 | | |

# SAMPLE SUBMISSION FORM

To: The Pharmacist
Medicinal Products Procurement Section,
3rd Floor, Department of Pharmaceutical Services Building
Spg 433, Rimba Highway, Kg Madaras
Ministry of Health, Negara Brunei Darussalam

Date:

Your Ref:

**SUBMISSION OF SAMPLES FOR QUOTATION REF: PPS / QTN / 128 / 2026**

**Submit sample to Pharmacy Procurement Section no later than FOUR WEEKS after closing date of quotation advertisement.**

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Referring to the above quotation reference, please see our feedback on the sample submission in the table below.

| NO | ITEM | SAMPLE SUBMITTED (indicate with √ ) | SAMPLE NOT SUBMITTED (indicate X with reason) |
|---|---|---|---|
| 1/ | Prednisolone 1mg oral solid preparation preferably scored tablet | | |
| 2/ | Budesonide modified release 3mg oral solid preparation preferably tablet | | |

We acknowledge, as outlined in the List of Requirements, that offers without samples shall not be considered unless they fulfill the criteria for sample exemptions.

Thank you.

Company's Official Stamp

.....
Name:
Position:
Company:

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**FOR OFFICIAL USE**

Sample received by:

Date received:

# USER REQUIREMENT FORM

QTN REF: PPS/QTN/128/2026

| No | Requirements | Enter Response Here |
|---|---|---|
| 1 | **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'. | |
| 2 | **Presentation**<br><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>o Appearance of individual tablets / capsules;<br>o If the item is in strip pack, the back and front of the strip<br>• For Injections:<br>oAppearance of individual vial / ampoule / syringe | |
| 3 | **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<br><br>Priority will be given to medicinal products already registered with the BDMCA. | |

# USER REQUIREMENT FORM

| | | |
|---|---|---|
| 4 | **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>ii. A copy of the principal's wholesaler license. | |
| 5 | **Shelf life**<br><br>Please indicate the product shelf-life. Priority will be given to product with a minimum of 24 months. | |
| 6 | **Storage condition**<br><br>The storage labelling should be in accordance with the latest guideline on registration of medicinal products in Brunei Darussalam.<br><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. | |
| 7 | **Alcohol and animal content**<br><br>Declaration of source of animal origin and/or alcohol<br>content (if any) is to be provided. | |
| 8 | **Certificate of Analysis**<br><br>A copy of the product's Certificate of Analysis (CoA) is to be submitted. | |

# USER REQUIREMENT FORM

| | | |
|---|---|---|
| 9 | **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:<br><br>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) | |
| 10 | **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. | |
| 11 | **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 | |
| 12 | **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><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. | |

# USER REQUIREMENT FORM

| | | |
|---|---|---|
| 13 | **Patent Declaration**<br><br>i. Vendors quoting generic products must provide an official declaration or confirmation from the Brunei's Intellectual Property Office verifying whether the innovator product is off-patent<br>ii. Vendors quoting innovator products must provide information on the patent status and expiry in Brunei. | |