

## The Rössing Foundation

**REQUEST FOR QUOTATION (RFQ)** 

### SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR THE OMBILI CLINIC

Procurement Reference No: RF/RFQ/014-25

Issued Date: 01 September 2025

P. O Box 20746 Windhoek, Namibia | Tel: +264-61-211721 | info@rf.org.na | www.rossingfoundation.com

### **Request for Sealed Quotation for Goods:**

| Bidder's Name      |  |  |
|--------------------|--|--|
| Contact Details    | Tel:   |  |
|                    | Email:   |  |
| Total Quote Amount | Supply and delivery of Medical Equipment for The Ombili Clinic |  |
|                    | VAT Exclusive (N\$)  |  |
|                    | VAT Inclusive (N\$)  |  |



The Rossing Foundation; Tel: +264-61-211721. P. O Box 20746 Windhoek, Namibia. info@rf.org.na, www.rossingfoundation.com

### **LETTER OF INVITATION**

To: The Prospective Bidder

**Procurement Reference Number: RF/RFQ/014-25** 

Date: 01 September 2025

Dear Sir/Madam,

### REQUEST FOR QUOTATION: SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR THE OMBILI CLINIC

The Rössing Foundation invites you to submit your best quote for the goods/works/services described in detail hereunder.

Any resulting contract shall be subject to the terms and conditions referred to in the document.

Queries, if any, should be addressed to <a href="mailto:lahja.ampueja@rf.org.na">lahja.ampueja@rf.org.na</a> at least 3 days before the bid closing date.

Please prepare and submit your quotation in accordance with the instructions given or inform the undersigned if you will not be submitting a quotation.

Yours faithfully,

**Procurement Desk** 

### **SECTION 1: INSTRUCTIONS TO BIDDERS**

### 1. Rights of The Rössing Foundation

The Rössing Foundation reserves the right:

- a) to split the contract as per the lowest evaluated cost per item, or
- b) to accept or reject any quotation; and
- c) to cancel the quotation process and reject all quotations at any time prior to the contract award.

### 2. Preparation of Quotations

You are requested to quote for the items mentioned in Annexure 1 by completing, signing and returning:

- a) the Quotation Letter
- b) the List of Goods as per the Annexure 1, and Price Schedule Annexure 6,
- c) the Specifications and Compliance Sheet in Annexure 2; and
- d) any other attachment deemed appropriate.
- e) The use of correctional fluid (tipex) is prohibited, and each page of the bidding document must be completed and initialed. Bidders should indicate "N/A" Not Applicable, where the information is not applicable.

#### 3. Validity of Quotations

The Quotation validity period shall be sixty (60) workdays from the date of submission deadline.

### 4. Eligibility Criteria

- a) Have a certified copy (certified by a Commissioner of Oath appointed in terms of the Justices of the Peace and Commissioners of Oaths Act.1963 (Act No. 16 of 1963), of a full valid company Registration Document; The company registration document must also clearly indicate ownership.
- b) Have an original or a certified copy (certified by a Commissioner of Oath appointed in terms of the Justices of the Peace and Commissioners of Oaths Act.1963 (Act No. 16 of 1963), of a valid Good Standing Tax Certificate, as certified by the Commissioner of Oath. Certificate should be valid at the date of bid submission.
- c) (c) Have an original or a certified copy (certified by a Commissioner of Oath appointed in terms of the Justices of the Peace and Commissioners of Oaths Act.1963 (Act No. 16 of 1963), of a valid good Standing Social Security Certificate, as certified by the Commissioner of Oath.
- d) Have a valid certified copy (certified by a Commissioner of Oath appointed in terms of the Justices of the Peace and Commissioners of Oaths Act.1963 (Act No. 16 of 1963), of Affirmative Action Compliance Certificate, proof from Employment Equity Commissioner that bidder is not a relevant employer, or exemption issued in terms of Section 42 of the Affirmative Action Act,

- 1998 or a valid certified copy of the original document, as certified by the Commissioner of Oath.
- e) Bidder must operate a company registered for the supply of Laboratory/Medical Supplies or Clinicals/reagents supplies (company documents, registration/founding statement submitted with the bid document must ascertain the services provided).
- f) At least two (2) reference letters or proof of Purchase Orders substantiated with delivery notes for the supply and delivery of Hospital/Laboratory Medical Instruments or Equipment, Medical Supplies or Clinicals/reagents supplies.
- g) The bidder must include a product brochure/catalogue including pictures. Each page of the bid document must be signed (where applicable) and initialized by such person(s) legally authorized to sign on behalf of the company.

### **SECTION 2: NOTICE TO BIDDERS**

- ➤ Please take note of initializing all pages of the standard bidding document and initial all the supporting documents including company profiles, brochures, etc.
- > Take note to sign all relevant pages as stipulated in the bidding standard document.
- > Take note to stamp or affix seal on all pages where it is indicated that a stamp or seal is required in addition to the signatures.
- A receipt and/or proof of application on a requirement will <u>not</u> be accepted as being in good standing on the respective requirement(s).
- ➤ Copies of documents not certified by a Commissioner of Oath appointed in terms of the Justices of the Peace and Commissioners of Oaths Act.1963 (Act No. 16 of 1963) will not be accepted.
- > The Rössing Foundation reserves the right, at its sole discretion, to terminate this procurement bid and/or any resulting contract or agreement, either in the event of a breach by the bidder or for reasons of convenience to the Foundation.

| Bidder's                                |
|---|
| Name:                                   |
|   |
|   |
|   |
|   |
| Signature of Authorized Representative: |
|   |
|   |
|   |
| Date:                                   |
|   |
|   |
| Company Seal/Stamp:                     |
| rombany 2691/219mb;                     |

### **SECTION 3: BIDDERS' CONFLICT OF INTEREST DECLARATION**

(To be completed by the bidder)

| Mandatory Requirements   | Yes | No |
|--|-----|----|
| Does the bidder have a relationship with any other bidder(s), directly or      |     |    |
| through common third parties, that puts them in a position to have access to   |     |    |
| information about or influence on the bid of another Bidder, or influence the  |     |    |
| decisions of the Purchaser regarding this bidding process?                     |     |    |
| Has the bidder participated in more than one bid in this bidding               |     |    |
| process?   |     |    |
| Has the bidder (owners/shareholders) or any of its affiliates                  |     |    |
| participated as a consultant in the preparation of the design or               |     |    |
| technical specifications of the contract that is the subject of this Bid?      |     |    |
| Has the bidder participated in the deliberations or take part in the decision- |     |    |
| making process in relation to the bidding process.                             |     |    |
| Is the bidder a member of the Board of Trustees, or staff member of The        |     |    |
| Rössing Foundation?  |     |    |

### **Additional Requirements**

- 1. The bidder must submit a detailed quotation on its company letter head, in addition to Annexure 6.
- 2. The bidder must submit a complete bidding document as issued (incomplete bidding documents will not be considered).

### 5. Delivery

Delivery shall be within Six (6) weeks after acceptance/issue of Purchase Order or signing of contract.

- 6.1. The following tests and inspections will be conducted on the goods at delivery:
- Check if the goods are brand new,
- Check if the goods are functioning,
- Check if the goods meet the specifications,
- Check if the goods come with locally supported installations.

### 7. Sealing and Marking of Quotations

Quotations should be sealed in a single envelope, clearly marked with the Procurement Reference Number addressed to The Rössing Foundation with the Bidder's name and contact information at the back of the envelope.

### 8. Submission of Quotations

Quotations must be submitted by **15 September 2025**, **no later than 12:00 PM**. They can be deposited in the Bid Box at The Rössing Foundation, **1 Charles Cathral Street**, **Olympia**, **Windhoek**, **Namibia**, or emailed to <a href="mailto:Lahja.Ampueja@rf.org.na">Lahja.Ampueja@rf.org.na</a>, Quotations sent by post or delivered in person should also be submitted to the same address by the same deadline. Late submissions will not be considered.

### 9. Opening of Quotations

Quotations will be opened internally to The Rössing Foundation immediately after the closing time referred to in instruction 8 above.

#### 10. Evaluation of Quotations

The Rössing Foundation shall have the right to request clarifications in writing during evaluation. Offers that are substantially responsive shall be compared based on price or ownership cost, subject to Margin of Preference **where applicable**, to determine the lowest evaluated quotation.

### 11. Technical Compliance

Bidders shall submit along with their quotation's documents, catalogues and any other literature to substantiate compliance with the required specifications and to qualify deviations if any with respect to The Rössing Foundation requirements.

The Specifications, Performance Requirements and Compliance Sheet details the minimum specifications of the goods/items to be supplied. The specifications must be met but no credit will be given for exceeding the specifications.

### 12. Prices and Currency of Payment

Prices shall be fixed in Namibian Dollars.

#### 13. Award Of Contract

The Bidder having submitted the lowest evaluated responsive quotation and qualified to supply the goods/items and related services shall be selected for award of engagement letter.

### 14. Performance Security

Not Applicable

Written undertaking in terms of section 138 of the Labour Act, 2015 and section 50(2)(D) of the Public Procurement Act, 2015

## 1. EMPLOYERS DETAILS Company Trade Name: ..... Registration Number: ..... Vat Number: ..... Industry/Sector: ..... Place of Business: **Physical Address:** Tel No: Fax No: ..... Email Address: Postal Address: ..... Full name of Owner/Accounting Officer: 2. PROCUREMENT DETAILS Procurement Reference No: **Procurement Description:** Anticipated Contract Duration: ..... Location where work will be done, good/services will be delivered: ..... 3. UNDERTAKING I ...... [insert full name], owner/representative

of ...... [insert full name of company] hereby undertake in writing that my company will at all relevant times comply fully with the relevant provisions of the

Labour Act and the Terms and Conditions of Collective Agreements as applicable.

Initial

I am fully aware that failure to abide by such shall lead to the action as stipulated in section 138 of the labour Act, 2007, which include but not limited to the cancellation of the contract/licence/grant/permit or concession.

| Signature: | <br> |  |
|------------|------|--|
| Date:      | <br> |  |
| Seal:      | <br> |  |

### **ANNEXURE 1: TECHNICAL SPECIFICATIONS**

The Rössing Foundation seeks the service of reputable bidders for the Supply and Delivery of Medical Equipment RF/RFQ/012-25.

The Rossing Foundation reserves the right:

- o To a partial procurement award and reject some line items.
- o To increase and/or decrease the required quantities at the same unit cost.
- o To conduct Supplier due diligence prior to final award or at any time during the contract period.
- o To initiate necessary action against defaulting supplier/bidders and contracts.
- Not to permit a bidder or supplier to receive a procurement award/contract on grounds of outstanding delivery default (failure by a bidder or supplier, for any reason not excused by the applicable provisions of the award/contract.

### **Technical Specifications**

### Item 1: Delivery Bed (Obstetric Electric Bed) x3

| 1.  | Equipment Name/Type                        | Delivery Bed (Obstetric Electric Bed)                                |
|-----|--|--|
| 2.  | Application                                | Used for labor, delivery, and post-delivery care of mothers.         |
| 3.  | User Interface                             | Handheld/electric control panel for height and backrest adjustments. |
| 4.  | Data Storage                               | N/A  |
| 5.  | Power Supply requirement                   | 220–240 V, 50/60 Hz  |
| 6.  | Specifications Specific to equipment needs | Dimensions approx. 1700 × 960 × 800 mm                               |
|     |  | Electrically adjustable backrest, height, Trendelenburg/reverse      |
|     |  | Trendelenburg positions  |
|     |  | 3-section bed with detachable leg section                            |
|     |  | Lockable castors for mobility and stability                          |
|     |  | Load capacity ≥ 200 kg   |
| 7.  | Regulatory Status                          | CE/FDA certified or equivalent                                       |
|     | SPECIAL CO                                 | INDITIONS  |
| Mai | ntenance                                   | The successful vendor should be able to maintain and repair the      |
|     |  | equipment at short notice within the guarantee period.               |
|     |  |  |
|     |  | Successful vendor should state whether a service technician for      |
|     |  | servicing and repairing the equipment is locally available.          |

| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|-----------------------------------|--|
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether this documents are available   |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six (6) weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

## **Technical Specifications**

### Item 2: Baby Resuscitation Table x2

| 1. Equipment Name/Ty                             | /pe Baby Resuscitation Table  |
|--|---|
| 2. Application                                   | Provides stable platform with controlled warmth and access for        |
|  | neonatal resuscitation.   |
| 3. User Interface                                | Digital/analog display with temperature control & alarms.             |
| 4. Data Storage                                  | Optional; some models record resuscitation data.                      |
| 5. Power Supply requir                           | ement 220–240 V, 50/60 Hz   |
| 6. Specifications Specifications equipment needs | ic to Overhead radiant warmer with servo-controlled heating           |
| equipment needs                                  | Adjustable height work surface  |
|  | Integrated timer and Apgar scoring assist                             |
|  | O <sub>2</sub> and suction port connections                           |
|  | Resuscitation accessories tray  |
| 7. Regulatory Status                             | CE/FDA certified or equivalent)                                       |
| <b>5</b> ,                                       | - Made of heat-resistant, electrically insulated plastic material per |
|  | European norms  |

| Maintenance                       | The successful vendor should be able to maintain and repair the equipment at short notice within the guarantee period.   |
|-----------------------------------|--|
|                                   |  |
|                                   | Successful vendor should state whether a service technician for servicing and repairing the equipment is locally available.  |
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether this documents are available   |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  |
|                                   | State if this certificate is attached.   |

## **Technical Specifications**

## Item 3: Infant Incubator x2

| 1. | Equipment Name/Type                        | Infant Incubator  |
|----|--|---|
| 2. | Application                                | Provides a controlled micro-environment for premature or ill newborns.        |
| 3. | User Interface                             | Digital control panel with LCD display for temperature, humidity, and alarms. |
| 4. | Data Storage                               | S232/USB data output for monitoring and archiving.                            |
| 5. | Power Supply requirement                   | 220–240 V, 50/60 Hz   |
| 6. | Specifications Specific to equipment needs | Servo-controlled air/skin temperature  8 access ports for procedures          |
|    |  | Acrylic hood with transparent viewing   |
|    |  | O₂ inlet and humidity control system  |
|    |  | Integrated IV pole and instrument tray  |
|    |  | Audio/visual alarms for temp, power, and system failures                      |
| 7. | Regulatory Status                          | CE/FDA certified or equivalent  |

Initial

|  | L CONDITIONS  |
|--|---|
| Maintenance                              | The successful vendor should be able to maintain and repair the                 |
|  | equipment at short notice within the guarantee period.                          |
|  |   |
|  | Successful vendor should state whether a service technician for                 |
|  | servicing and repairing the equipment is locally available.                     |
| <b>Emergency Service Delivery Period</b> | Maximum turnaround time for emergency breakdown repair should                   |
|  | not be longer than 24 hours.  |
|  | State the delivery service period in hours.                                     |
| Spare parts                              | Simple general spare parts and consumables should be readily locally available. |
|  | State where the spares are available and/or kept.                               |
| Operating Manual                         | The successful vendor must supply comprehensive operating                       |
|  | manuals for the equipment offered in English.                                   |
|  | State whether this documents are available                                      |
| Brochures                                | Descriptive brochures and literature for the equipment accompany                |
|  | the returned tender documents (Please include user's manual and                 |
|  | Errors codes and troubleshooting manuals).                                      |
| Guarantee                                | The equipment should have 3 years guarantee period.                             |
| Delivery period                          | Maximum delivery period of six weeks is required, after receipt of              |
|  | order.  |
| Calibration Certificate                  | Calibration certificate as appropriate must accompany the                       |
|  | instrument upon delivery.   |
|  | State if this certificate is attached.  |

## **Technical Specifications**

## Item 4: Suction Machine (Electric, 2 × 2.5L Bottles) x4

| 1. Equipment Name/Type        | Suction Machine (Electric, 2 × 2.5L Bottles)  |
|-------------------------------|---|
| 2. Application                | Removal of secretions and fluids during clinical procedures.                                  |
| 3. User Interface             | On/off switch with vacuum regulator and pressure gauge.                                       |
| 4. Power Supply requirement   | 220–240 V, 50/60 Hz   |
| 5. Specifications Specific to | Suction capacity ≥ 30 L/min   |
| equipment needs               | 2 × 2.5 L autoclavable collection bottles  Overflow protection  Adjustable vacuum: 0–0.09 MPa |
| 6. Regulatory Status          | Noise level ≤ 60 dB  CE/FDA certified or equivalent   |

Initial

| SPECIAL CONDITIONS                |  |  |
|-----------------------------------|--|--|
| Maintenance                       | The successful vendor should be able to maintain and repair the equipment at short notice within the guarantee period.   |  |
|                                   | Successful vendor should state whether a service technician for servicing and repairing the equipment is locally available.  |  |
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |  |
|                                   | State the delivery service period in hours.  |  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |  |
|                                   | State where the spares are available and/or kept.  |  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |  |
|                                   | State whether these documents are available  |  |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |  |
| Guarantee                         | The equipment should have 3 years guarantee period.  |  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |  |

## **Technical Specifications**

## Item 5: Examination Light (LED Mobile) x3

| 1. | Equipment Name/Type                  | Examination Light (LED Mobile)   |
|----|--------------------------------------|--|
| 2. | Application                          | Provides focused illumination for clinical examinations.                             |
| 3. | User Interface                       | On/off switch with intensity control knob/button.                                    |
| 4. | Power Supply requirement             | 220–240 V, 50/60 Hz  |
| 5. | Specifications Specific to equipment | LED illumination ≥ 40,000 Lux  |
|    | needs                                | Gooseneck arm with 360° rotation  Mobile stand with wheels                           |
|    |                                      | Color temperature 4,000–5,000 K<br>Regulatory Status: CE/FDA certified or equivalent |
| 6. | Regulatory Status                    | CE/FDA certified or equivalent   |
|    | SPECIAL CONDITIONS                   |  |

| Maintenance                       | The successful vendor should be able to maintain and repair the equipment at short notice within the guarantee period.   |
|-----------------------------------|--|
|                                   | Successful vendor should state whether a service technician for servicing and repairing the equipment is locally available.  |
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether this documents are available   |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

## **Technical Specifications**

## Item 6: CTG Machine (Fetal Maternal Monitor) x2

| 1. | . Equipment Name/Type                | CTG Machine (Fetal Maternal Monitor)                                 |
|----|--------------------------------------|--|
| 2. | Application                          | Monitoring fetal heart rate and maternal uterine contractions during |
|    |                                      | pregnancy/labor.   |
| 3. | User Interface                       | Touchscreen/LCD display with soft keys and printer.                  |
| 4. | Data Storage                         | Built-in memory, USB/SD card export.                                 |
| 5. | Power Supply requirement             | 220–240 V, 50/60 Hz  |
| 6. | Specifications Specific to equipment | Dual fetal heart monitoring  |
|    | needs                                | TOCO transducer for uterine contractions                             |
|    |                                      | Built-in thermal recorder  |
|    |                                      | Audible/visual alarms for abnormal values                            |
|    |                                      | Connectivity: USB, LAN (optional)                                    |
| 7. | Regulatory Status                    | CE/FDA certified or equivalent                                       |
|    | SPECIAL CONDITIONS                   |  |

| Maintenance                       | The successful vendor should be able to maintain and repair the equipment at short notice within the guarantee period.   |
|-----------------------------------|--|
|                                   | Successful vendor should state whether a service technician for servicing and repairing the equipment is locally available.  |
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether these documents are available  |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

## **Technical Specifications**

## Item 7: Fetal Fetoscope (Doppler or Standard) x10

| 1.          | Equipment Name/Type        | Fetal Fetoscope (Doppler or Standard)  |
|-------------|----------------------------|--|
| 2.          | Application                | Non-invasive auscultation of fetal heart sounds.   |
| 3.          | User Interface             | Direct acoustic (fetoscope) or digital audio/LCD display (Doppler).  |
| 4.          | Data Storage               | N/A (basic fetoscope); optional for Doppler.   |
| 5.          | Power Supply requirement   | Battery powered (for Doppler); N/A for standard fetoscope.   |
| 6.          | Specifications Specific to | Frequency: 2–3 MHz probe (for Doppler)   |
|             | equipment needs            | Built-in speaker, headphone jack (Doppler)  Lightweight, ergonomic design  |
| 7.          | Regulatory Status          | CE/FDA certified or equivalent   |
|             | SPECIAL CO                 | ONDITIONS  |
| Maintenance |                            | The successful vendor should be able to maintain and repair the equipment at short notice within the guarantee period. |

|                                   | Successful vendor should state whether a service technician for servicing and repairing the equipment is locally available.  |
|-----------------------------------|--|
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether these documents are available  |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  |
|                                   | State if this certificate is attached.   |

## **Technical Specifications**

## Item 8: BP Monitor Machine (Rossmax Upper Arm) x2

| 1.  | Equipment Name/Type                        | BP Monitor Machine (Rossmax Upper Arm)                          |
|-----|--|---|
| 2.  | Application                                | Non-invasive measurement of arterial blood pressure.            |
| 3.  | User Interface                             | LCD display with start/stop button.                             |
| 4.  | Data Storage                               | Memory for 60–120 readings (depending on model).                |
| 5.  | Power Supply requirement                   | Batteries (AA/AAA) or AC adapter.                               |
| 6.  | Specifications Specific to equipment needs | Measurement range: SYS/DIA 30–280 mmHg                          |
|     |  | Pulse range: 40–200 bpm   |
|     |  | Accuracy: ±3 mmHg (pressure), ±5% (pulse)                       |
|     |  | Cuff size: Adult standard 22–32 cm (expandable)                 |
| 7.  | Regulatory Status                          | CE/FDA certified or equivalent                                  |
|     | SPECIAL CO                                 | INDITIONS   |
| Mai | intenance                                  | The successful vendor should be able to maintain and repair the |
|     |  | equipment at short notice within the guarantee period.          |
|     |  |   |
|     |  |   |
|     |  |   |
|     |  | Successful vendor should state whether a service technician for |
|     |  | servicing and repairing the equipment is locally available.     |

Initial

| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should not be longer than 24 hours.   |
|-----------------------------------|--|
|                                   | State the delivery service period in hours.  |
| Spare parts                       | Simple general spare parts and consumables should be readily locally available.  |
|                                   | State where the spares are available and/or kept.  |
| Operating Manual                  | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                                   | State whether these documents are available  |
| Brochures                         | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee                         | The equipment should have 3 years guarantee period.  |
| Delivery period                   | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate           | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

## **Technical Specifications**

## Item 9: ENT Diagnostic Set x5

| 1. Equipment Name/Type            | ENT Diagnostic Set   |  |
|-----------------------------------|--|--|
| 2. Application                    | Diagnosis of ear, nose, and throat conditions.   |  |
| 3. User Interface                 | Manual with on/off switch for otoscope/ophthalmoscope light.   |  |
| 4. Power Supply requirement       | Rechargeable or dry-cell battery handle.   |  |
| 5. Specifications Specific to     | Otoscope with reusable specula   |  |
| equipment needs                   |  |  |
|                                   | Ophthalmoscope with multiple lenses  |  |
|                                   |  |  |
|                                   | LED or halogen illumination  |  |
|                                   | Constitution of the state of th |  |
|                                   | Supplied in protective case  |  |
| 6. Regulatory Status              | CE/FDA certified or equivalent   |  |
| SPECIAL CONDITIONS                |  |  |
| Maintenance                       | The successful vendor should be able to maintain and repair the  |  |
|                                   | equipment at short notice within the guarantee period.   |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   | Successful vendor should state whether a service technician for  |  |
|                                   | servicing and repairing the equipment is locally available.  |  |
| Emergency Service Delivery Period | Maximum turnaround time for emergency breakdown repair should  |  |
|                                   | not be longer than 24 hours.   |  |
|                                   |  |  |
|                                   | State the service delivery period in hours.  |  |

| Spare parts             | Simple general spare parts and consumables should be readily locally available.  |
|-------------------------|--|
|                         | State where the spares are available and/or kept.  |
| Operating Manual        | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|                         | State whether these documents are available  |
| Brochures               | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee               | The equipment should have 3 years guarantee period.  |
| Delivery period         | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

## **Technical Specifications**

## Item 10: Adult Digital Floor Scale x 6

| 1.                 | Equipment Name/Type                  | Adult Digital Floor Scale   |
|--------------------|--------------------------------------|---|
| 2.                 | Application                          | Measurement of adult body weight.   |
| 3.                 | User Interface                       | LCD digital display.  |
| 4.                 | Data Storage                         | Optional memory (depending on model).   |
| 5.                 | Power Supply requirement             | Battery or AC adapter.  |
| 6.                 | Specifications Specific to equipment | Capacity ≥ 200 kg   |
|                    | needs                                | Graduation 100 g  |
|                    |                                      | Non-slip platform   |
|                    |                                      |   |
|                    |                                      | Auto zero and tare functions  |
| 7.                 | Regulatory Status                    | CE/FDA certified or equivalent  |
| SPECIAL CONDITIONS |                                      |   |
| Mai                | intenance                            | The successful vendor should be able to maintain and repair the                 |
|                    |                                      | equipment at short notice within the guarantee period.                          |
|                    |                                      |   |
|                    |                                      | Successful vendor should state whether a service technician for                 |
|                    |                                      | servicing and repairing the equipment is locally available.                     |
| Eme                | ergency Service Delivery Period      | Maximum turnaround time for emergency breakdown repair should                   |
|                    |                                      | not be longer than 24 hours.  |
|                    |                                      |   |
|                    |                                      | State the delivery service period in hours.                                     |
| Spa                | re parts                             | Simple general spare parts and consumables should be readily locally available. |
|                    |                                      | State where the spares are available and/or kept.                               |

| Operating Manual        | The successful vendor must supply comprehensive operating manuals for the equipment offered in English.  |
|-------------------------|--|
|                         | State whether these documents are available  |
| Brochures               | Descriptive brochures and literature for the equipment accompany the returned tender documents ( <i>Please include user's manual and Errors codes and troubleshooting manuals</i> ). |
| Guarantee               | The equipment should have 3 years guarantee period.  |
| Delivery period         | Maximum delivery period of six weeks is required, after receipt of order.  |
| Calibration Certificate | Calibration certificate as appropriate must accompany the instrument upon delivery.  State if this certificate is attached.  |

### **ANNEXURE 2: SPECIFICATIONS AND COMPLIANCE SHEET**

Procurement Reference Number: RF/RFQ/014-25

[Bidders should complete columns C and D with the specification of the goods offered. Also State "comply" or "not comply" and give details of any noncompliance/deviation to the specification required. Attach detailed technical literature if required. Authorise the specifications offered in the signature block below.]

| Item | Technical Specifications Requires               | Compliance of         | Details of Non-       |
|------|---|-----------------------|-----------------------|
| No:  |   | Specification Offered | Compliance/ Deviation |
|      |   |                       | (if applicable)       |
| A*   | B*  | C*                    | D*                    |
| 1    | Delivery Bed (Obstetric Electric Bed) x3        |                       |                       |
| 2    | Baby Resuscitation Table x2                     |                       |                       |
| 3    | Infant Incubator x2                             |                       |                       |
| 4    | Suction Machine (Electric, 2 × 2.5L Bottles) x4 |                       |                       |
| 5    | Examination Light (LED Mobile) x3               |                       |                       |
| 6    | CTG Machine (Fetal Maternal Monitor) x2         |                       |                       |
| 7    | Fetal Fetoscope (Doppler or Standard) x10       |                       |                       |
| 8    | BP Monitor Machine (Rossmax Upper Arm) x2       |                       |                       |
| 9    | ENT Diagnostic Set x5                           |                       |                       |
| 10   | Adult Digital Floor Scale x 6                   |                       |                       |
| 11   | Insurance coverage shall be DDP (Delivery       |                       |                       |
|      | Duty Paid).                                     |                       |                       |

## Specifications and Compliance Sheet Authorised By:

| Name:                 | Signature: |  |
|-----------------------|------------|--|
| Position:             | Date:      |  |
| Authorised for and on | Company:   |  |
| behalf of:            |            |  |

### **ANNEXURE 3: GENERAL CONDITIONS OF CONTRACT AND CONTRACT AGREEMENT**

Any resulting contract shall be placed by means of a Purchase Order/Letter of Acceptance and shall be subject to the General Conditions of Contract (GCC) for the Procurement of Goods - RF/RFQ/014-25 on the website of the Foundation, <a href="https://www.rossingfoundation.com">www.rossingfoundation.com</a>.

#### **ANNEXURE 4: CONTRACT AGREEMENT**

Any resulting contract shall be placed by means of a Purchase Order and shall be subject to the General Conditions of Contract (GCC) for the Procurement of Goods except were modified by the Special Conditions below.

### **ANNEXURE 5: SPECIAL CONDITIONS OF CONTRACT**

Procurement Reference Number: RF/RFQ/014-25

The clause numbers given in the first column correspond to the relevant clause number of the GCC.



### **ANNEXURE 6**

RE: SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR THE OSHAKATI INTERMEDIATE HOSPITAL

| Item<br># | Description of Goods and/or Services | Quantity<br>Offered |           | Unit Price (N\$) | Total Pric<br>(N\$) |
|-----------|--------------------------------------|---------------------|-----------|------------------|---------------------|
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     |           |                  |                     |
|           |                                      |                     | Sub-Total |                  |                     |
|           |                                      |                     | VAT (     | 15%)             |                     |
|           |                                      |                     | TOTAL     |                  |                     |
|           |                                      |                     |           |                  |                     |
| DDER'S    | AUTHORIZATION:                       |                     |           |                  |                     |
| REPRESE   | NTATIVE'S NAME:                      |                     |           |                  |                     |
| REPRESE   | ENTATIVE's SIGNATURE:                |                     |           |                  |                     |
| DATE:     |                                      |                     |           |                  |                     |
| SEAL:     |                                      |                     |           |                  |                     |

Initial

**BIDDER'S REGISTERED NAME:** 

### **ANNEXURE 7**

### **QUOTATION CHECKLIST SCHEDULE**

### PROCUREMENT REFRENCE NO: RF/RFQ/O14-25

| Description  | Attached | Not<br>Attached |
|--|----------|-----------------|
| Duly completed Quotation letter                                      |          | 7 tttderreu     |
| Duly completed list of Goods and Price Schedule                      |          |                 |
| Duly completed Specification and Compliance Sheet                    |          |                 |
| Valid certified copy of the full company Registration document       |          |                 |
| clearing indicating ownership.                                       |          |                 |
| Valid original or certified copy of good standing Tax Certificate as |          |                 |
| certified by the Commissioner of Oath.                               |          |                 |
| Valid original or certified copy of standing Social Security         |          |                 |
| Certificate as certified by the Commissioner of Oath.                |          |                 |
| Valid original or certified copy of Affirmative Action Compliance    |          |                 |
| Certificate as certified by the Commissioner of Oath.                |          |                 |
| Bidder must operate a company registered for the supply of           |          |                 |
| Laboratory/Medical Supplies or Clinical/reagents supplies            |          |                 |
| (Company documents, registration/founding statement submitted        |          |                 |
| with the bid documents must ascertain the services provided).        |          |                 |
| At least two (2) reference letters or proof of Purchase Orders       |          |                 |
| substantiated with delivery notes for the supply and delivery of     |          |                 |
| hospital/Laboratory Medical Instruments or Equipment; Medical        |          |                 |
| Supplies or Clinicals/reagents supplies.                             |          |                 |
| Each page of the bid document must be signed (where applicable)      |          |                 |
| and initialed by such person(s) legally authorized so sign on behalf |          |                 |
| of the company.  |          |                 |
| The bidder must include product brochure/catalogue including         |          |                 |
| pictures.  |          |                 |

Disclaimer: This list defined above is meant to assist the Bidder in submitting the relevant documents and shall not be a ground for the bidder to justify its non-submission of major documents for its quotation to be responsive. The onus remains on the Bidder to ascertain that it has submitted all the documents that have been requested and are needed for its submission to be complete and responsive.