ROYAL HERITAGE HEALTH FOUNDATION

Request for Quotation (RFQ)
RFQ Number: RHHF/NHF HEALTH/RFQ/2025/Q3/001 DELIVERY KIT

ANNEX 4 - PRICING FORM

S.NO	ITEM SPECIFICATION	UoM	QTY PER KIT	QTY	UNIT COST (NGN)
1	Dettol Liquid 165ml	pcs	1	1100	
2	Bar of multipurppose soap, 100mg	pcs	1	1100	
3	Goya Olive Oil	pcs	1	1100	
4	polyethene plastic bags, 18X28CM	pcs	1	1100	
5	Clear plastic sheet (makintosh),100cm X 100cm	pcs	1	1100	
6	Plastic Apron	pcs	1	1100	
7	Disposable Razor blade, single -edge,	pcs	1	1100	
8	Umblical tape, 3mm X15cm (Cord Clamp)	pcs	1	1100	
9	Cotton wool 1 roll	pcs	1	1100	
10	Surgical Gloves, Medium, Single use	pcs	1	1100	
11	tube, 5g	pcs	1	1100	
12	Misoprostol tabs 1 pack x 4	pcs	1	1100	
13	solution or gel, delivering 4% chlorhexidine	pcs	1	1100	
14	Mucus extractor	pcs	1	1100	
15	Sanitary towels	pck	1	1100	
16	Baby Blanklet	pcs	1	1100	
17	Baby sweater with hood	pcs	1	1100	
18	Johnson Baby bathing saop 100g	pcs	1	1100	
19	Reusable Pad	6 IN 1	1	1100	
	GRAND TOTAL				
In words:					

Note:
1. The costs should not include VAT
2. Withholding tax will be deducted on ALL transactions
3. Delivery terms : DAP Incoterms 2020
4. All costs must include Packing, handling, transportation, branding (if requested), loading / offloading and any other costs associated to the supply of these items to the final destination. RHHF will not be liable to pay any other costs.
5. The quantities to be purchased will depend on the actual needs, requirements and funding availability. Please note that quantities may fluctuate and will vary more or less than the indicated quantity projection.

OTHER INFORMATION	
Validity of Offer (in days)	
Service delivery timeline (In Days after award of PO / Contract)	
Agrees with RHHF Payment terms(100% PAYMENT UPON DELIVERY): Y	
Name of Supplier:	
Name of Contact Person:	
Job title:	
Contact Number:	
Email:	

Signature & Date :	

TOTAL COST (NGN)

Public