

## Ministry of Health and Wellness

MHPDO/PHARM/2024-2025/DO 244

7 March 2025

The Managing Director  
Scott Health Ltd  
Attn: Mr. B. Churoorgoon  
Industrial Park,  
Riche Terre

Fax: 248 3975

Dear Sir,

**Procurement of Anti-Epileptic Drugs**  
**(Annual Requirements)**  
**(Lamotrigine 5mg Tablet/Capsule (Preferably in Strip/Blister Pack))**

Please refer to your offer dated ~~14 November 2024~~ in response to this Ministry's Invitation for Bid ref: **MHPQ/PHARM/2024-2025/Q65** OIB- IFB Reference: **HEALTH/IFB/2024/1959** dated **14 October 2024**, on the above subject.

2. We wish to inform you that your offer for the supply of the Pharmaceutical Product mentioned as per annex for the total amount of **Rs. 1,050,227.64 (Rupees One Million fifty thousand two hundred twenty seven and Cents sixty four only)**, inclusive of all charges, and subject to the Terms and Conditions of the Bidding Documents, has been approved.
3. Delivery should be effected to Central Supplies Division, **Section A** at **Plaine Lauzun**. The Officer-in-Charge should be informed **two (2) days** in advance prior to delivery on ~~Tel No. 212 0824~~ and the delivery schedule specified in ~~Annex A~~ should be strictly adhered to.
4. The Expiry Date of the product should be clearly inscribed on the primary and secondary packaging materials. **The expiry date of the product should be at least 18 months for Item AE A1, or not be less than 75-80 % of the total shelf life as from the date of receipt on our premises.**
5. Supply of orders which bear shorter shelf life shall not be accepted unless the request to supply the said order has been approved by the Ministry. However, upon expiry of shelf life, the Ministry shall return for exchange any quantity from the said supply order.
6. The Ministry has agreed, as per your offer, for item **AE A1**, all primary and secondary packaging materials will not bear the label **"MOH & W - NOT FOR SALE."**



7. The **Certificate of Conformity instead of Certificate of Analysis** of the product bearing Batch Number, Manufacturing License Number and Product License Number should be forwarded to the Principal Pharmacist, Central Supplies Division, for clearance, failing which the consignment will not be accepted at the Central Supplies Division at Plaine Lauzun.

8. You should strictly comply with the conditions of this contract, failing which this Ministry will make alternative arrangements for the procurement of this item and any excess expenses incurred will be claimed from your company.

9. **Liquidated damages for delays will be charged at the rate of 2.5% for each week up to a maximum of 10% of the contract price for quantity of goods delivered beyond the delivery period.** Any sum due or which may become due to you shall be deductible from any outstanding payment.

10. Payment shall be made by the Ministry, through Goods Form 1, which will be drawn by the Central Supplies Division for payment purposes. You are requested to submit the original invoice, delivery note, the name, address and the account number of your bank.

11. Any increase/decrease resulting from a fluctuation in rate of exchange within the schedule of delivery agreed upon by the Ministry will be adjusted accordingly.

12. You are requested to submit within **twenty eight (28) days** as from the date of this letter, a Performance Security (representing 10% of the contract value) in the form of a Bank Guarantee issued by a Commercial Bank operating in Mauritius. The Performance Security which should be valid for a period of **nine (9) months** as from the date of issue, should be submitted to the **Procurement Registry Section, Ministry of Health and Wellness, 1<sup>st</sup> Floor, NexSky Building, Ebene**. Failure to provide the requested Performance Security within the prescribed time may result in an automatic cancellation of this Award.

13. Any correspondence or query in regard to this Award should be addressed to the undersigned, 5<sup>th</sup> Floor, Ministry of Health and Wellness, Emmanuel Anquetil Building, SSR Street, Port Louis.

14. This Letter of Award together with your offer dated **14 November 2024** shall constitute a binding agreement between you and the Ministry of Health and Wellness.

Yours faithfully



**P. Mawah**  
for Ag. Senior Chief Executive

**Delivery Site Section DD CSD – Plaine Lauzun****Annex A****Contact Person: Officer-in- Charge Tel No: 210 3877**

| <b>Item No.</b>             | <b>Description</b>  | <b>Quantity</b>           | <b>Unit Price (Rs)</b> | <b>Total Cost (Rs)</b> | <b>Delivery Schedule</b>                                     |
|-----------------------------|---|---------------------------|------------------------|------------------------|--|
| <b>AE A1</b>                | <b>Lamotrigine 5mg Tablet/Capsule (Preferably in Strip/Blister Pack)</b><br><br><b>Offer:</b><br><b>Lamotrigine Dispersible Tablets 5mg</b> | <b>22,484 (Decreased)</b> | <b>46.71</b>           | <b>1,050,227.64</b>    | <b>Within 3-4 months as from the date of Letter of Award</b> |
|                             | <b>Box of 28 tablets</b>  |                           |                        |                        | <b>Shelf Life:</b>   |
|                             | <b>Standard: BP</b>   |                           |                        |                        | <b>14 months or better</b>                                   |
|                             | <b>Manufacturer: TEVA</b>   |                           |                        |                        |  |
|                             | <b>Sourcing:</b>  |                           |                        |                        |  |
|                             | <b>Chapper Healthcare</b>   |                           |                        |                        |  |
|                             | <b>Origin: UK</b>   |                           |                        |                        |  |
|                             | <b>Incoterms mode of Transport: Air</b>   |                           |                        |                        |  |
| <b>Total Contract Price</b> |   |                           |                        | <b>1,050,227.64</b>    |  |

Copy to: Director, National Audit Office  
Manager, Financial Operations  
Manager, Internal Control, MOH & W  
Ag. Manager, Procurement and Supply (Mr. N. Toorabally)  
Principal Pharmacist, Mr. R. Bundhun