

MWANANYAMALA REGIONAL REFERRAL HOSPITAL



CONTRACT FOR WORKS

**CONTRACT NUMBER: MWANANYAMALA -RRH/2022/W/291 : ME/007/2021-
22/MRRH/W/01**

BETWEEN

MWANANYAMALA REGIONAL REFERRAL HOSPITAL

P.O.BOX 61665 DAR ES SALAAM.

(THE CLIENT)

AND

M/S DACO CO TANZANIA

P. O. BOX 78250 DAR ES SALAAM.

(THE SERVICE PROVIDER)

FOR

CONSTRUCTION OF TERRAZO FLOORING FOR EMD FLOORING

JUNE, 2022.

SECTION I: FORM OF AGREEMENT

This Contact Agreement is made this13th.....J..... day of June, 2022

Between

MWANANYAMALA REGIONAL REFERRAL HOSPITAL of P.O. BOX 61665,
DAR ES SALAAM (hereinafter called "the Client") of the one part

And

M/S DACO CO TANZANIA of P.O.BOX 78250 **DAR ES SALAAM** (hereinafter called the "the Service Provider") of the other part:

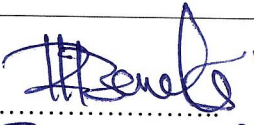
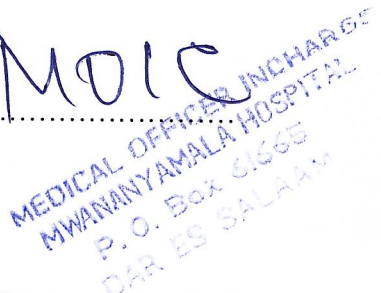
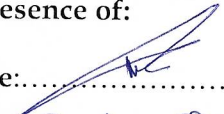
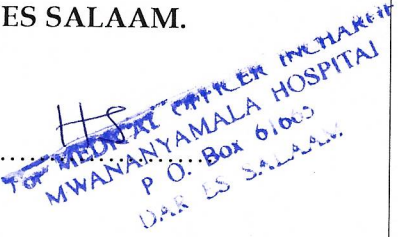


WHEREAS, the Client invited quotations for **CONSTRUCTION OF TERRAZO FLOORING FOR EMD FLOORING REFERRAL HOSPITAL**, and has accepted Quotation by the Service Provider for services in the sum of Tshs 35,564,256.00 (Tanzania Shillings thirty five million five hundred sixty four thousand two hundred fifty six only VAT inclusive called "The Contract Price"

NOW THIS AGREEMENT WITNESSED AS FOLLOWS:

1. In this agreement, words and expressions shall have the same meaning as are respectively assigned to them in the conditions of the contract hereinafter referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement:-
 - i. Form of Agreement,
 - ii. Letter of Acceptance,
 - iii. Quotation Submission Form,
 - iv. Special Conditions of Contract,
 - v. General Conditions of Contract,
 - vi. Statement of Requirements and Schedule of Prices,

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

SIGNED FOR AND ON BEHALF OF THE CLIENT

<p>FOR AND ON BEHALF OF THE EMPLOYER:</p> <p>MWANANYAMALA REGIONAL REFERRAL HOSPITAL,</p> <p>P.O. Box 61665</p> <p>DAR ES SALAAM.</p>	<p>WITNESS</p>
<p>Signature: </p> <p>Name: <u>Dr Zaveny Benelo</u></p> <p>Date: <u>13/06/2022</u></p> <p>Address: P.O. Box 61665</p> <p>DAR ES SALAAM.</p> <p>Designation: <u>MOIC</u></p> <p>Official seal: </p>	<p>In the presence of:</p> <p>Signature: </p> <p>Name: <u>Rajab Omeri</u></p> <p>Date: <u>13/06/2022</u></p> <p>Address: P.O. Box</p> <p>DAR ES SALAAM.</p> <p>Designation: <u>HS</u></p> <p>Official seal: </p>
<p>FOR AND ON BEHALF OF THE CLIENT:</p> <p>DACO CO TANZANIA</p> <p>P.O.BOX</p> <p>DAR ES SALAAM.</p>	<p>WITNESS</p>
<p>In the presence of:</p> <p>Signature: </p> <p>Name: <u>SAIDI JUMA MANGHULO</u></p> <p>Date: <u>13/06/2022</u></p>	<p>In the presence of:</p> <p>Signature: </p> <p>Name: <u>Juma Issa Choyo</u></p>

<p>Date : 12/06/2022</p> <p>Address: P.O. Box 78250</p> <p>DAR ES SALAAM.</p> <p>Designation:</p> <p>Official seal:</p>	<p>Address: P.O. Box</p> <p>DAR ES SALAAM.</p> <p>Designation:</p> <p>Official seal: ARTISHM</p>
<p>Signature:</p> <p>Name :</p> <p>Date :</p> <p>Address: P.O. Box</p> <p>DAR ES SALAAM</p> <p>Designation: SOLICITOR</p> <p>Official seal:</p>	

UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER
ADULTERLY AND CHILDREN

Telephone Address: "HEALTH",

Telephone: 022-2760500

FAX No:



MEDICAL OFFICER INCHARGE
MWANANYAMALA REGIONAL
REFERRAL HOSPITAL
P.O BOX 61665
DAR ES SALAAM

Date: 14/06/2022

LETTER OF ACCEPTANCE

To: M/s DACO CO LTD
P. O. BOX 78250
Dar es salaam

This is to notify you that your quotation dated on 25th May, 2022 for Construction of Terrazo Flooring for EMD at Mwananyamala Regional Referral Hospital, Quotation number ME/007/2021-2022/MRRH/W/01 for the Contract Price of TZSH Tshs **35,564,256.00 (Tanzania Shillings thirty five million five hundred sixty four thousand two hundred fifty six only VAT inclusive)** as corrected and modified in accordance with the Instructions to Tenderers is hereby accepted.

You are required to sign the Contract and commence the service within seven days (7 days) from the date of signing the contract.

With regards,



Dr. Zavery Benela

Medical Officer Incharge

MEDICAL OFFICER INCHARGE
MWANANYAMALA HOSPITAL
P.O. Box 61665
DAR ES SALAAM