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Mayibenye Siphokazı ▼



KZN HEALTH

# **KZN** Health Intranet

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CORPORATE INFORMATION

COMPONENTS

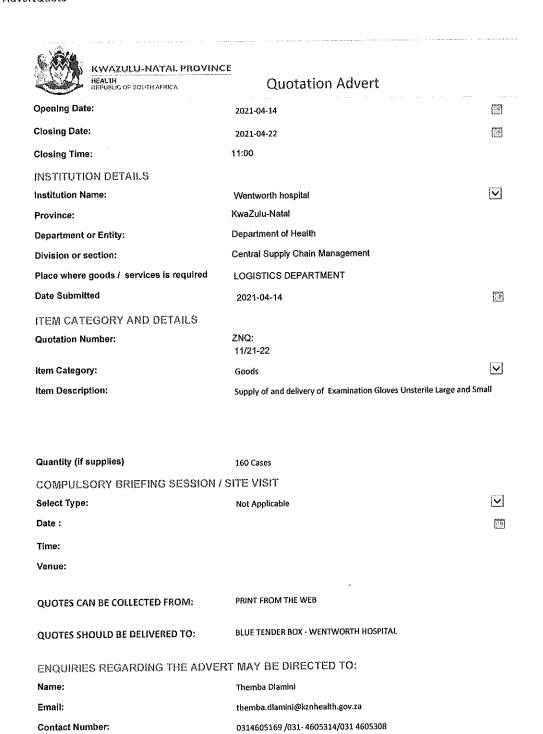
DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



Finance Manager Name:

Finance Manager Signature:

H.J. Ńxasane

No late quotes will be considered

Print this page

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL DATE ADVERTISED: 14-04-2021 PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026 ZNQ NUMBER: 11/21/22 CLOSING DATE: 22-04-2021 CLOSING TIME: 11:00 SARS PIN.... CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 1 BOSTON ROAD 4026 anny in anno 11 de januara de la companio de la com Constituto de la companio de la comp BLUE TENDER BOX - AT THE MAIN GATE Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS ..... STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODE ......NUMBER...... CELLPHONE NUMBER ...... E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) ...... HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) [TICK APPLICABLE BOX] IF YES, WHO WAS THE CERTIFICATE ISSUED BY? AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) ........ A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS); ....... A REGISTERED AUDITOR...... IA B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

NO

YES

|             |                  | FOR QUOTATIONS                              |                  |                          |                             |       |         |
|-------------|------------------|---|------------------|--------------------------|-----------------------------|-------|---------|
| y signing t | his document     | I hereby agree to all terms and conditions] |                  |                          | ΓΕ,                         |       |         |
| Item No     | Quantity         | Description                                 |                  | Brand &                  | Country of                  | Price |         |
|             | Ž                |   |                  | model                    | manufacture                 | R     | С       |
|             |                  | SUPPLY OF UNSTERILE EXAM                    |                  |                          |                             |       |         |
|             |                  | GLOVES LISTED BELO                          | W                | <u> </u>                 |                             |       | _       |
| No.1        | 160              | GLOVES EXAMINATION UNS                      | TERILE           |                          |                             |       |         |
|             | CASES            | RUBBER LATTEX - LARGE WITH                  |                  |                          |                             |       | $\top$  |
|             |                  | PALM +-95MM - MEDIUM                        |                  |                          |                             |       |         |
|             |                  | AND   |                  |                          |                             |       |         |
| No. 2       | 160              | GLOVES EXAMINATION UNS                      | TERILE           |                          |                             |       |         |
|             | CASES            | RUBBER LATTEX - SMALL WITH                  | ACROSS           |                          |                             |       |         |
|             |                  | PALM +-85MM - SMALL S                       | IZE              |                          |                             |       |         |
|             |                  | BOX OF 100 - UNSTERI                        | LE               |                          |                             |       |         |
|             |                  |   |                  |                          |                             |       |         |
|             |                  |   |                  |                          |                             |       |         |
|             |                  |   |                  |                          |                             |       |         |
|             |                  |   |                  |                          |                             |       |         |
|             | NOTE:            | ALL SPECIFICATIONS ARE AT                   | TACHED           |                          |                             |       |         |
|             |                  | 2 SPECIFICATIONS                            |                  |                          |                             |       |         |
|             |                  |   |                  |                          |                             |       | 4       |
|             |                  |   |                  |                          |                             |       | _       |
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|             |                  |   |                  |                          |                             |       | _       |
|             |                  |   |                  |                          |                             |       | _       |
|             | _                | 14% (Only if VAT Vendor)                    |                  |                          |                             |       | _       |
| TOTAL Q     | UOTATION P       | RICE (VALIDITY PERIOD 60 Days)              |                  |                          |                             |       | $\perp$ |
| <u></u>     | Nr 0 · · · · · · | Afth The Consideration C                    | The Article Conf | form To The C A A        | I.S. / S.A.B.S. Specificati | ion?  |         |
| s The Price |                  |   |                  | E.G. <i>E.G. 1day, 1</i> |                             | 10111 |         |
| s mernce    | ; FHIII (        | State                                       | JOHNOLY I GITOU  | m.v. m.v. ruuy, r        | *****                       |       |         |

| -  |   |
|--|---|
| Enquiries regarding the <u>quote</u> may be directed to: | Enquiries regarding technical information may be directed to: |
| Contact Person: THEMBA DLAMINI Tel: 031 4605169          | Contact Person: MDUNGE ANNABEL Tel031 4605308                 |

# **DECLARATION OF INTEREST**

- Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority wherethe bidder is employed by the state; and/or the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the
- evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or

| on who  | se behalf the declarant  | acts and persons who are involved   | with the evaluation and or   | adjudication of the quote.                                     |                             |                        |
|---|--|---|--|--|-----------------------------|------------------------|
| 2. In order to  | give effect to the above   | e, the following questionnaire must b   | e completed and submitte   | ed with the quote.   |                             |                        |
| 2.2. Identity N<br>2.3. Position  | lumber:<br>occupied in the Compan  | ze  | <ol> <li>Company Registration</li> <li>Tax Reference Number</li> <li>VAT Registration Number</li> </ol>  | er:  |                             |                        |
| 2.7. The name employe 2.8. Are your 2.8.1. If so, furn Name of I            | es of all directors / trust<br>e / persal numbers must<br>or any person connected<br>hish the following particu<br>person / director / truster | ees / shareholders / members, thei<br>be indicated in paragraph 3 below.<br>I with the bidder presently employed                                      | d by the state?  | [T   | YES     I                   | NO [                   |
| Position of 2.8.2. If you a in the  | ccupled in the state inst<br>are presently employed loublic sector?  | itution:oy the state, did you obtain the app  | Any other particula<br>ropriate authority to under   | rs:take remunerative work o                                    | utside empl                 | .,                     |
| (Note: Failure to s<br>2.8.2.2. If no<br>2.9. Did you<br>state in t         | submit proof of such auto<br>the furnish reasons for non-<br>or your spouse, or any of<br>the previous twelve moni-<br>traish particulars:     |   | in the disqualification of the   | s or their spouses conduc                                      | t business<br>YES           | NO                     |
| 2.10. Do you,<br>may be i<br>2.10.1. If so, fo<br>2.11. Are you,<br>employe | or any person connecter<br>nvolved with the evalual<br>urnish particulars:<br>or any person connecte<br>d by the state who may                 | I with the bidder, have any relations ion and or adjudication of this quote   | ship (family, friend, other) ve?<br>c?<br>tionship (family, friend, other<br>or adjudication of this quo | with a person employed by<br><br>er) between any other bidote? | YES    <br>der and any      | NO                     |
| 2.12. Do you o  | or any of the directors / tr<br>ey are bidding for this co   | ustees / shareholders / members of<br>ontract?  | the company have any into  | erest in any other related of                                  | yes                         | whether<br>NO          |
| NB: The Dep   | artment Of Health will va  | es / members / shareholders.<br>alidate details of directors / truste<br>p-to-date and verified on CSD. If the<br>ver as non-compliant according to N | ne Department cannot valid   | date the <b>information</b> on t                               | oliers' respo<br>CSD, the q | onsibility<br>uote wil |
|   | <mark>ARATION</mark><br>ERSIGNED (NAME)  | l   |  | CERTIFY THAT THE   | INFORM                      | ATION                  |
| FURNISHE  | D IN PARAGRAPHS  | 2.  |  |  |                             |                        |
| I ACCEPT T<br>PROVE TO  |  | IAY REJECT THE QUOTE OR   | . ACT AGAINST ME S   | SHOULD THIS DECLA  | ARATION                     | 4                      |
| Name of bidde   |  | Signature   | Position   | <br>Date   |                             | •••••                  |
| "State" means –<br>a) any nation  | nal or provincial department,  | national or provincial public entity or   | c) provincial legislature;<br>d) national Assembly or the n  | national Council of provinces; or                              |                             |                        |

- Act, 1999 (Act No. 1 of 1999);
- any municipality or municipal entity;

e) Parliament.

<sup>2&</sup>quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

# SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

#### 1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

### 2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

## 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
  - (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

### 4. SAMPLES

- 4.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 4.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

#### 5. COMPULSORY SITE INSPECTION / BRIEFING SESSION

| 5.1. Bidders     | Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process. |                  |  |  |  |
|------------------|---|------------------|--|--|--|
|                  | itution has determined that a compulsory site meeting   | NO               | take place                               |  |  |
| Institution Star | mp:   | Institution Site | e Inspection / briefing session Official |  |  |
|                  |   | Full Name:       |  |  |  |
|                  |   | Signature:       |  |  |  |
|                  |   | Date:            |  |  |  |

#### 6. STATEMENT OF SUPPLIES AND SERVICES

6.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

### 7. SUBMISSION AND COMPLETION OF SBD 6.1

7.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

### 8. TAX COMPLIANCE REQUIREMENTS

- 8.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- 8.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

#### 9. TAX INVOICE

- 9.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

### 10. PATENT RIGHTS

10.1. The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

## 11. PENALTIES

11.1. if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract.

## 12. TERMINATION FOR DEFAULT

- 12.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 12.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 12.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

## FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

# PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

## 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

|   | POINTS |
|---|--------|
| PRICE   | 80     |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR                | 20     |
| Total points for Price and B-BBEE must not exceed | 100    |

- Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

## 2. **DEFINITIONS**

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - B-BBEE Status level certificate issued by an authorized body or person;
  - A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

## 3. POINTS AWARDED FOR PRICE

## 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P\min}{P\min}\right)$$
 Where

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = Price of lowest acceptable bid

### 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of Contributo | r Number of points (80/20 system) |
|-----------------------------------|-----------------------------------|
| 1                                 | 20                                |
| 2                                 | 18                                |
| 3                                 | 14                                |
| 4                                 | 12                                |
| 5                                 | 8                                 |
| 6                                 | 6                                 |
| 7                                 | 4                                 |
| 8                                 | 2                                 |
| Non-compliant contributor         | 0                                 |

| 5.  | RID | <b>DECL</b> | ARAT                      | ION |
|-----|-----|-------------|---------------------------|-----|
| IJ. | עוט |             | $\alpha \cap \alpha \cap$ | IUN |

8.

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

## 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: = .......(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

| proot o | B-BBEE status level of contributor.  |                   |           |  |
|---------|--|-------------------|-----------|--|
| 7.      | SUB-CONTRACTING (Ti  | ck applicable box | <b>()</b> |  |
| 7.1     | Will any portion of the contract be sub-contracted?  | YES               | NO        |  |
| 7.1.1   | If yes, indicate:  |                   |           |  |
|         | i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor |                   |           |  |

Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms

YES

of Preferential Procurement Regulations,2017:

Designated Group: An EME or QSE which is at last 51% owned by:

Black people

Black people who are youth

Black people who are women

Black people with disabilities

Black people living in rural or underdeveloped areas or townships

Cooperative owned by black people

Black people who are military veterans

OR

Any EME

Any QSE

NO

| 9.  | DECLA        | RATION WITH REGARD TO COMPANY/FIRM  |  |  |
|---|--------------|---|--|--|
| 9.1   | Name         | of company/firm:  |  |  |
| 9.2   |              | egistration number:   |  |  |
| 9.3   | Comp         | any registration number:  |  |  |
| 9.4   | TYPE         | OF COMPANY/ FIRM [TICK APPLICABLE BO  | XJ   |  |
|   |              | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited |  |  |
| 9.5   |              | RIBE PRINCIPAL BUSINESS ACTIVITIES  |  |  |
| <br>9.6   |              | PANY CLASSIFICATION [TICK APPLICABLE B  | OX1  |  |
|   |              | Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.               | · · ·  |  |
| 9.7   | Total r      | number of years the company/firm has been in b  | pusiness:  |  |
| I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points of the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the contributor the preference(s) shown and I / we acknowledge that: |              |   |  |  |
|   | i) T         | he information furnished is true and correct;   |  |  |
|   | ii) T        | he preference points claimed are in accordance  | with the General Conditions as indicated in paragraph 1 of this form;  |  |
|   | iii) Ir<br>b | the event of a contract being awarded as a rese required to furnish documentary proof to the s                    | sult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may atisfaction of the purchaser that the claims are correct;  |  |
|   | iv) If       | the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in add                 | n claimed or obtained on a fraudulent basis or any of the conditions of contractition to any other remedy it may have –  |  |
|   | (a)          | disqualify the person from the bidding proces   | s;   |  |
|   | (b)          |   | red or suffered as a result of that person's conduct;  |  |
|   | (c)          |   | which it has suffered as a result of having to make less favourable  |  |
|   | (d)          | who acted on a fraudulent basis, be restricted  | shareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the audi alteram partem (hear the other side) rule has been |  |
|   | (e)          | forward the matter for criminal prosecution.  |  |  |
|   |              | ESSES   | SIGNATURE(S) OF BIDDERS(S)   |  |
|   | 1            |   | DATE:  |  |
|   | 2            |   | ADDRESS  |  |
|   |              |   |  |  |



# **WENTWORTH HOSPITAL**

# **SPECIFICATION NUMBER: WE-3029546**

# SUPPLY AND DELIVERY OF GLOVES EXAMINATION NATURAL RUBBER LATEX SIZE MEDIUM

| DESCRIPTION/SPECIFICATION                        | QUANTITY |     |    |   |  |
|--|----------|-----|----|---|--|
| GLOVES EXAMINATION NATURAL RUBBER LATEX, SINGLE  |          |     |    |   |  |
| USE. NON STERILE. TO COMPLY WITH LATEST ISSUE OF |          |     |    |   |  |
| SANS 11193-1-2004.                               | -        |     | ,  |   |  |
| LONG CUFF. LENGTH FROM TIP OF MIDDLE FINGER TO   |          |     |    |   |  |
| EDGE OF CUFF: 290MM ( MIN )                      |          |     |    |   |  |
| THICKNESS: 0.08MM ( MIN )                        |          | •   |    |   |  |
| WIDTH ACROSS PALM .±95 MM                        |          |     |    |   |  |
| SIZE: MEDIUM.                                    |          |     |    |   |  |
| PACKAGING: BOX OF 100                            | BOX      |     |    |   |  |
|  |          | YES | NO | 1 |  |
|  |          |     |    |   |  |
| DOES ARTICLE OFFERED COMPLY WITH SPECIFICA       | TION?    |     |    |   |  |

| DOES ITEM CONFORM TO SANS/SABS SPECIFICATION    | N?               |
|---|------------------|
| STATE BRAND OF ARTICLE TO BE SUPPLIED           |                  |
| COUNTRY OF MANUFACTURE/ORIGIN                   |                  |
| SAMPLE TO BE SUBMITTED ON REQUEST               |                  |
| NAME OF COMPANY                                 |                  |
| INITIAL & SURNAME OF PERSON COMPLETING DOCUMENT |                  |
| SIGNATURE                                       |                  |
|   | COMPANY<br>STAMP |
|   |                  |



# WENTWORTH HOSPITAL

**SPECIFICATION NUMBER: WE-3029544** 

# SUPPLY AND DELIVERY OF GLOVES EXAMINATION NATURAL RUBBER LATEX, SINGLE USE, SIZE SMALL

# DESCRIPTION/SPECIFICATION

GLOVES EXAMINATION NATURAL RUBBER LATEX, SINGLE USE. NON STERILE. TO COMPLY WITH LATEST ISSUE OF

SANS 11193-1-2004.

LONG CUFF. LENGTH FROM TIP OF MIDDLE FINGER TO

EDGE OF CUFF: 290MM ( MIN ) THICKNESS: 0.08MM ( MIN ) WIDTH ACROSS PALM .±85 MM

SIZE: SMALL.

PACKAGING: BOX OF 100

|   | YES | NO |
|---|-----|----|
| DOES ARTICLE OFFERED COMPLY WITH SPECIFICATION? |     |    |
| DOES ITEM CONFORM TO SANS/SABS SPECIFICATION?   |     |    |
| STATE BRAND OF ARTICLE TO BE SUPPLIED           |     |    |
| COUNTRY OF MANUFACTURE/ORIGIN                   |     |    |
| SAMPLE TO BE SUBMITTED ON REQUEST               |     |    |

| NAME OF COMPANY                                |   |  |
|--|---|--|
| NITIAL & SURNAME OF PERSON COMPLETING DOCUMENT |   |  |
| SIGNATURE                                      | *************************************** |  |
|  | COMPANY                                 |  |
|  | STAMP                                   |  |
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