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KZN HEALTH

### KZN Health Intranet

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KZN Health > Components > Supply Chain Management

#### AdvertQuote



### Quotation Advert

Opening Date: 2021-08-11

Closing Date: 2021-08-20

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name: Mahatma Gandhi Memorial hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: MAHATMA GANDHI HOSPITAL SCM

Date Submitted: 2021-08-11

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: MGM/248/21

Item Category: Goods

Item Description: SCRUBSUITS AND WRAP AROUND REUSABLE

Quantity (if supplies): 86 UNITS

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DOWNLOADED

QUOTES SHOULD BE DELIVERED TO: MAHATMA GANDHI HOSPITAL TENDER BOX, 100 PHOENIX HIGHWAY

#### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: T.D. KHWELA OR K.C. DAVID


Email: Dorin.Khwela@kznhealth.gov.za or Keith.David@kznhealth.gov.za

Contact Number: 031-5021719 ext. 2095 or 2097

Finance Manager Name:

Mr N.S. Hadebe

Finance Manager Signature:



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No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: MAHATMA GANDHI HOSPITAL		
DATE ADVERTISED: 11-08-2021	CLOSING DATE: 20-08-2021	CLOSING TIME: 11:00
FACSIMILE NUMBER: 031-5021869	E-MAIL ADDRESS:	
PHYSICAL ADDRESS: 100 PHOENIX HIGHWAY, PHOENIX 4068		

ZNQ NUMBER: MGM/248/21

DESCRIPTION: SCRUBSUITS (74 SETS) AND WRAP AROUND (12)

CONTRACT PERIOD: ONCE OFF (if applicable) VALIDITY PERIOD 60 Days SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [Grid]

UNIQUE REGISTRATION REFERENCE [Grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 100 PHOENIX HIGHWAY, PHOENIX

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) YES NO

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]



**DECLARATION OF INTEREST**

1. 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 where-
  - the 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 whose 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, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number: .....
- 2.2. Identity Number: ..... 2.5. Tax Reference Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder?);2.6. VAT Registration Number: .....

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed:.....

Position occupied in the state institution: ..... Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:.....

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder	..... Signature	..... Position	..... Date
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<sup>1</sup>State\* means -

- |   |   |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>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.



SPECIFICATION TEMPLATE

PREPARED BY:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
PNT Mswazi	PRN	<i>[Signature]</i>	20/07/2021

REVIEWED BY SUPERVISOR / OPERATIONS MANAGER OF DEPARTMENT:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
I. Simeri	OM	<i>[Signature]</i>	20/7/21

ITEM DETAILS	SPECIFICATION FROM END USERS - 1 ITEM PER NSI
ITEM AND DESCRIPTION	Scrubs - pants and tops (fast drying) Tops - half sleeves, 3 pockets - 1 pocket on top and 2 pockets at the bottom of the top - v-neck Pants - draw string trousers with two pockets in front and 1 pocket at the back.
SIZE:	Standard and customized (S, M, L, XL, XXL, XXXL)
COLOUR	Sky blue with navy trimmings
MATERIAL	Teflon
PACKAGING/ UNIT	XXXL x 4    XXL x 10    XL x 8    L x 23    M 23 S x 6
OTHER	Unisex - kindly add scrub hats to scrub sets - sky blue with navy trimmings

APPROVED BY SUPPLY CHAIN MANAGER:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
			/ /



SPECIFICATION TEMPLATE

PREPARED BY:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
P. N. Msweni	PRN	<i>[Signature]</i>	20/07/2021

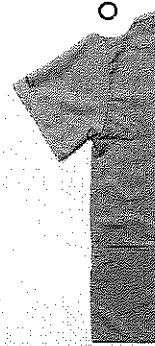
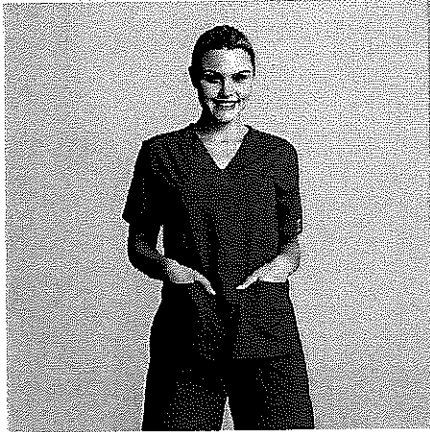
REVIEWED BY SUPERVISOR / OPERATIONS MANAGER OF DEPARTMENT:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
I. Sumner	OM	<i>[Signature]</i>	20/7/21

ITEM DETAILS	SPECIFICATION FROM END USERS - 1 ITEM PER NSI
ITEM AND DESCRIPTION	Scrubs - wrap around v-neck, half sleeves, 2 pockets on <sup>8.</sup> the sides - fast drying
SIZE:	standard (L, XL) = (6L + 6XL)
COLOUR	sky blue with navy trimmings
MATERIAL	teflon
PACKAGING/ UNIT	
OTHER	Kindly add scrub hats to wrap arounds skyblue with navy trimmings.

APPROVED BY SUPPLY CHAIN MANAGER:

INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
			/ /



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unisex scrub tops are constructed with high quality lint-free (no fluff), anti-static microfibre fabrics. They are short sleeved with a cross over v-neck design. The three pockets, one breast pocket and two patch pockets, provide convenience and safety for personal items, pens, cell phones, etc.

- Cross over v-neck
- Side slits
- Front pen pocket / left side




- 1 +

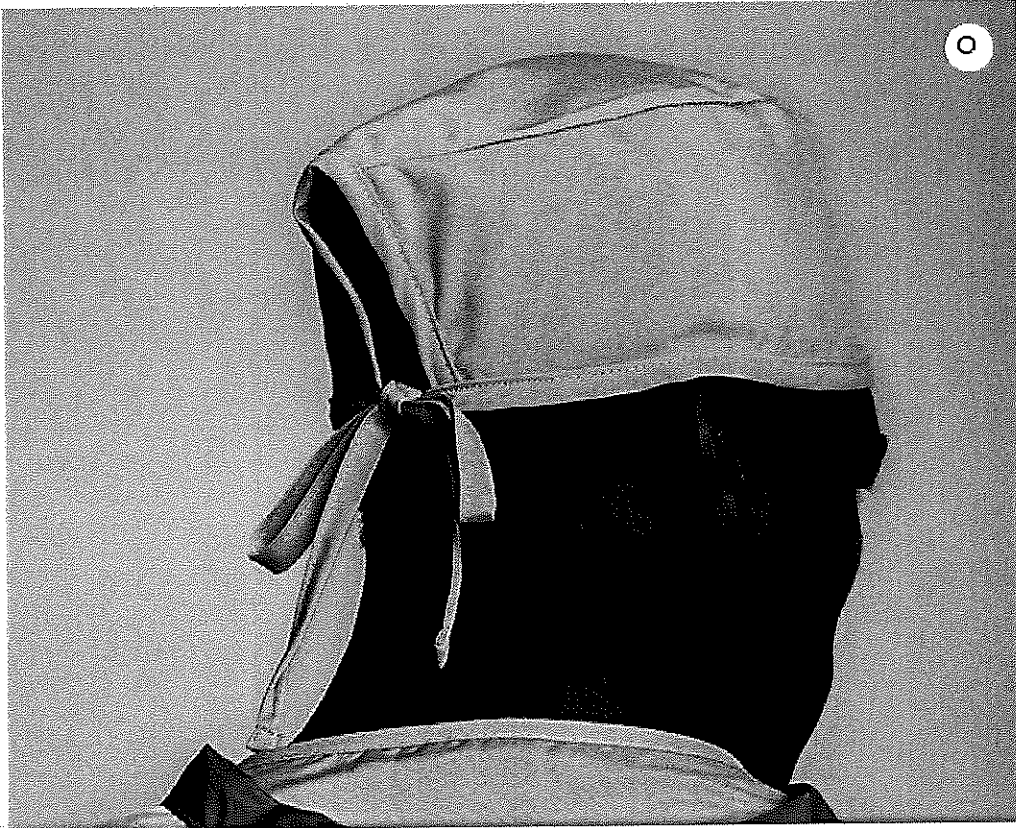
Add to cart

Please make sure all options are selected before adding to cart.



 click image to enlarge






From: ~~R42.99~~

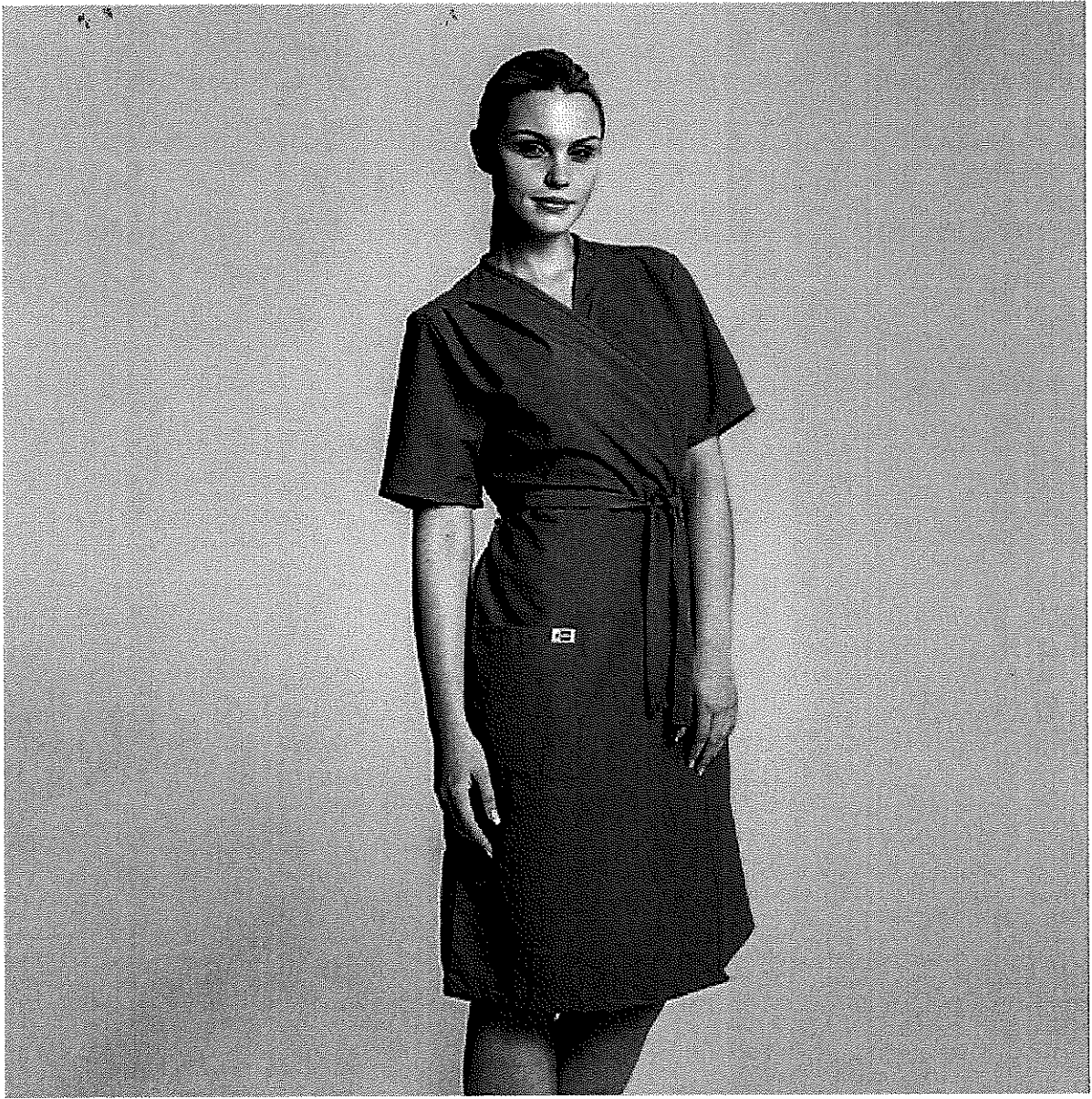
- 1 +

Add to cart

Please make sure all options are selected before adding to cart.



 click image to enlarge



9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....  
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution.

<b>WITNESSES</b>
1. ....
2. ....

..... <b>SIGNATURE(S) OF BIDDERS(S)</b>
DATE: .....
ADDRESS..... ..... .....