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KZN Health Intranet KZN HEALTH

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CORPORATE INFORMATION COMPONENTS

DIRECTORY

DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2021-08-03
Closing Date:	2021-08-12
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	imbalenhie CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Imbalenhle CHC UNIT 3 IMBALI THWALA ROAD
Date Submitted	2021-08-03
ITEM CATEGORY AND DETAILS	and the second s
Quotation Number:	ZNQ:
	IMB/122/21-22
Item Category:	Goods
item Description:	OFFICE FURNITURE
Quantity (if supplies)	SEE DOCUMENT
COMPULSORY BRIEFING SESSION	SITE VISIT
Select Type:	Not Applicable
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	WEB
QUOTES SHOULD BE DELIVERED TO:	THWALA ROAD IMBALI UNIT 3 IMBALENHLE CHC TENDER BOX
ENORIDIES DECARDING THE ADVE	DT MAY BE DIRECTED TO:
ENQUIRIES REGARDING THE ADVE Name:	and the second control of the second control
Email:	E.S MTHEMBU
Contact Number:	nosihle.ngubo@kznhealth.gov.za
	'033 398 9100
Finance Manager Name:	C.K.B. Molefe

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 IMBALENHLE CHC DATE ADVERTISED: 03/08/2021 CLOSING DATE: 12/08/2021 CLOSING TIME: 11:00 FACSIMILE NUMBER: 033 398 2600 E-MAIL ADDRESS; nosible ngubo@kznhealth.gov.za PHYSICAL ADDRESS: THWALA ROAD IMBALI UNIT 3 ZNQ NUMBER: IMB/122/21-22 DESCRIPTION: OFFICE FURNITURE CONTRACT PERIOD ADHOC **VALIDITY PERIOD 60 Days** (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) THWALA ROAD IMBALI UNIT 3 (YELLOW BOX BY THE SECURITY OFFICES) STRICTLY DEPOSIT IN THE TENDER BOX (NO EMAILS) 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 CODENUMBER...... CELLPHONE NUMBER E-MAIL ADDRESS

[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]

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)



YES NO

		FOR QUOTATIONS ICE FURNITURE		R:		
(By signing t	his document	I hereby agree to all terms and conditions] CH THIS QUOTE IS SIGNED				
Item No	Quantity	Description	Brand &	Country of	Price	
			model	manufacture	R	С
1	6 UNUTS	HIGH BACK BLACK LEATHER CHAIR WITH ARM REST (SPEC ATTACHED)				
2	4 UNITS	VISITORS CHAIRS LEATHER DURABLE				
3	2 UNITS	OFFICE DESK (SPEC ATTACHED)				
4	6 UNITS	OFFICE CHAIR DURABLE FOR HEAVY DUTY				
1	1	1	I	1	1	

1	6 UNUTS	HIGH BACK BLACK LEATHER CHAIR WITH ARM REST (SPEC ATTACHED)		
2	4 UNITS	VISITORS CHAIRS LEATHER DURABLE	 	
3	2 UNITS	OFFICE DESK (SPEC ATTACHED)	 	
4	6 UNITS	OFFICE CHAIR DURABLE FOR HEAVY DUTY		
VALUE AD	DED TAX @	15% (Only if VAT Vendor)		
TOTAL OL	IOTATION P	PRICE (VALIDITY PERIOD 60 Days)		

Does This Offer Comply With The Specification?

Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?

Is The Price Firm?

State Delivery Period E.G. E.G. 1day, 1week

Enquiries	regarding	the	auote	mav	be '	directed	to:

Contact Person, E.S., MTHEMBU Tel: 033 398 9106 E-Mail Address: nosible ngubo@kznhealth.gov.za

Enquiries regarding technical information may be directed to:

Contact Person: S. MLAMBO Tel:033.398.9136

DECLARATION OF INTEREST

1.	blood relationship, may make a limited quote or proposal). In v employed by the state, or to pe	rsons employed by the state ¹ , or pers an offer or offers in terms of this invitat riew of possible allegations of favouritiersons connected with or related to the evaluation (adjudicating authors).	ion to quote (includes a price quotati sm, should the resulting quote, or pa nem, it is required that the bidder or	on, advertised competitive quote, rt thereof, be awarded to persons
-	the bidder is employed by the the legal person on whose legal person or adjudication and or adjudication	on to the evaluating/adjudicating authors e state; and/or behalf the bidding document is signed on of the quote(s), or where it is know int acts and persons who are involved	d, has a relationship with persons/a on that such a relationship exists between	veen the person or persons for or
2.	In order to give effect to the about	ove, the following questionnaire must t	be completed and submitted with the	quote.
2.2.	Identity Number: Position occupied in the Comp		4. Company Registration Number: 5. Tax Reference Number: 6. VAT Registration Number: 6	***************************************
2.8.	employee / persal numbers m Are you or any person connects. I. If so, furnish the following part	ustees / shareholders / members, their ust be indicated in paragraph 3 below. Ited with the bidder presently employed iculars:	d by the state?	[TICK APPLICABLE] YES NO
2.8.3	Name of state institution at whi Position occupied in the state in 2. If you are presently employed	stee / shareholder/ member:	bidder is employed:Any other particulars:	nerative work outside employment
2.8.3 (Note: 2.8.3	Failure to submit proof of such a	f of such authority to the quote document of such authority, where applicable, may result to sons for non-submission of such proof:	in the disqualification of the quote.)	YES NO
2.9.	Did you or your spouse, or an state in the previous twelve me	y of the company's directors / trustees	s / shareholders / members or their sp	pouses conduct business with the YES NO
2.10	 Do you, or any person connect may be involved with the evalu 	ted with the bidder, have any relations uation and or adjudication of this quote	hip (family, friend, other) with a perso ??	on employed by the state and who YES NO
2.11	 Are you, or any person connect employed by the state who ma 	cted with the bidder, aware of any relat ay be involved with the evaluation and	ionship (family, friend, other) betweer or adjudication of this quote?	n any other bidder and any person YES NO
2.12	 Do you or any of the directors a or not they are bidding for this 	/trustees / shareholders / members of	the company have any interest in any	other related companies whether YES NO
3.	Full details of directors / trus The Department Of Health will to ensure that their details are	tees / members / shareholders. validate details of directors / trustee up-to-date and verified on CSD. If th over as non-compliant according to N	es / members / shareholders on CS e Department cannot validate the in	formation on CSD, the quote will
4	DECLARATION			
I, TI FUI	HE UNDERSIGNED (NAM RNISHED IN PARAGRAPH	E) IS 2.	CERTIFY	THAT THE INFORMATION
	CCEPT THAT THE STATE OVE TO BE FALSE.	MAY REJECT THE QUOTE OR	ACT AGAINST ME SHOULD	THIS DECLARATION
	e of bidder	Signature	Position	Date

provincial legislature;
 at) national Assembly or the national Council of provinces; or
 Parliament.

"State" means -

er means – 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); any municipality or municipal entity; 2º 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.





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