SharePoint

Ngubo Nosihle - ?



KZN Health Intranet

Search this site Q

HOME CORPORATE INFORMATION COMPONENTS

DIRECTORY

DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

Closing Date: 2021-02-17 Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Imbatenhle CHC Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Imbatenhle CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS		OF SOUTH AFRICA	Quotation Advert
Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Imbatenhie CHC Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Imbatenhie CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURSICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: Venue: Venue: KZN WESITE QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHIE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSINIE NGUBO AND NONDOMISO MTOLO Email: nosihile.ngubo@kznhealth.gov.za Contact Number: 333 389 900 Finance Manager Name: C.R.B. Molefe	Opening Date:		2021-02-10
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 Imbalenhie CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSHILE NGUBO AND NONDOMISO MTOLD Email: Noshile ngubo@kznhealth, gov.za Contact Number: 033 398 91000 Finance Manager Name: C.K.B. Molefe	Closing Date:		2021-02-17
Institution Name: Imbalenhie CHC Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Imbalenhie CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: D33 398 9100 Finance Manager Name: C.K.B. Molefe	Closing Time:		11:00
Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Imbalenhie CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: Venue: KZN WESITE QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLD Email: nosihle ngubo@kznhealth.gov.za Contact Number: D33 398 9100 Finance Manager Name: C.K.B. Molefe	INSTITUTION DE	TAILS	
Department of Entity: Department of Health Division or section: Central Supply Chain Management Imbalenhie CHC UNIT 3 IMBALI THWALA ROAD Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSINIE NGUBO AND NONDOMISO MTOLO Email: nosihie.ngubo@kznheaith.gov.za Contact Number: C.K.B. Molefe	Institution Name:		Imbalenhle CHC
Division or section: Central Supply Chain Management Place where goods / services is required Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NosiNie Rgubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	Province:		KwaZutu-Natal
Place where goods / services is required Date Submitted Date	Department or Entity	:	Department of Health
Date Submitted 2021-02-09 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICALITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	Division or section:		Central Supply Chain Management
ITEM CATEGORY AND DETAILS Quotation Number: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: Contact Number: 033 398 9100 Finance Manager Name: CK.B. Molefe	Place where goods /	services is required	Imbalenhle CHC UNIT 3 IMBALI THWALA ROAD
Quotation Number: ZNQ: IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSINIE NGUBO AND NONDOMISO MTOLO Email: Contact Number: Q33 398 9100 Finance Manager Name: CK.B. Molefe	Date Submitted		2021-02-09
IMB 15/20-21 Item Category: Goods Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: Inosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	ITEM CATEGORY	AND DETAILS	
Item Description: SURGICAL ITEMS Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: InosiHle ngubo@kznhealth.gov.za Contact Number: 1033 398 9100 Finance Manager Name: CK.B. Molefe	Quotation Number:		
Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznheaith.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	item Category:		Goods
COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	item Description:		SURGICAL ITEMS
Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSINLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe			/ SITE VISIT
Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe		02001011	en e
Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe			Ten
Venue: QUOTES CAN BE COLLECTED FROM: KZN WESITE QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	Time:		
QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe			t
QUOTES SHOULD BE DELIVERED TO: MBALENHLE CHC IMBALI UNIT 3 THWALA ROAD ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe			
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	QUOTES CAN BE CO	LLECTED FROM:	KZN WESITE
Name: NOSIHLE NGUBO AND NONDOMISO MTOLO Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	QUOTES SHOULD BE	E DELIVERED TO:	IMBALENHLE CHC IMBALI UNIT 3 THWALA ROAD
Email: nosihle.ngubo@kznhealth.gov.za Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	ENQUIRIES REG	ARDING THE ADVE	RT MAY BE DIRECTED TO:
Contact Number: 033 398 9100 Finance Manager Name: C.K.B. Molefe	Name:		NOSIHLE NGUBO AND NONDOMISO MTOLO
Finance Manager Name: C.K.B. Molefe	Email:		nosihle_ngubo@kznhealth.gov.za
	Contact Number:		033 398 9100
The state of the s		me.	CVD Malafa

Print this page

Site Updated:08 February, 2021, 02:59 pm

The materials on this website may be copied for non-commercial use as long as our copyright notice and website address are included.

Copyright © KwaZulu-Natal Department of Health, 2000

Contact the Web Administrator

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT IMBALENHLE CHC
DATE ADVERTISED. 09/02/2021
FACSIMILE NUMBER: 033 398 2600 E-MAIL ADDRESS: nosihle.ngubo@kznhealth.gov.za
PHYSICAL ADDRESS: THWALA ROAD IMBALI UNIT 3
ZNQ NUMBER: IMB15/20-21
DESCRIPTION: Surgical Items
CONTRACT PERIOD. ADHOC VALIDITY PERIOD 60 Days SARS PIN
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)
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted f
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 CODENUMBER FACSIMILE NUMBER CODENUMBER
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)
HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

[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]

SUBSCRIPTION: Surgical Items DISCRIPTION: DISCRIPTION: DISCRIPTION DISCRIPTION DISCRIPTION: DISCRIPTION DI	111111111111111111111111111111111111111	Country of	DATE	and conditions]	Rnt I hereby agree to all terms ar	OF BIDDER	
APACITY UNDER WHICH THIS QUOTE IS SIGNED	Price	Country of	Brand &	and conditions]	nt I hereby agree to all terms ar	OF BIDDER	CNATURE
Item No Quantity Description Brand & model Country of manufacture 1 20 Kits Drug screening kit (Marijuana) (spec attached) ————————————————————————————————————	Price	Country of	Brand &	D	HOLL TURO OLIOTE IO GIONED	no accamon	ly signing th
model manufacture					IICH THIS QUUTE IS SIGNED.	INDER WHIC	APACITY L
2 50 BOXES Suture catgut 321RC (SPEC ATTACHED) 3 400 UNITS Latex foley catheter 100 % silicone size: 16g 4 500 BOTTLES Humidifier Aqua-pak (with water) 340ml 5 100 UNITS Nasal oxygen cannula peads/child 6 250 UNITS Goggles 7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)			HIOUGE		Description	Quantity	Item No
2 50 BOXES Suture catgut 321RC (SPEC ATTACHED) 3 400 UNITS Latex foley catheter 100 % silicone size: 16g 4 500 BOTTLES Humidifier Aqua-pak (with water) 340ml 5 100 UNITS Nasal oxygen cannula peads/child 6 250 UNITS Goggles 7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)				larijuana) (spec attached)	Drug screening kit (Ma	20 Kits	1
3 400 UNITS Latex foley catheter 100 % silicone size: 16g 4 500 BOTTLES Humidifier Aqua-pak (with water) 340ml 5 100 UNITS Nasal oxygen cannula peads/child 6 250 UNITS Goggles 7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)						50 BOXES	2
4 500 BOTTLES Humidifier Aqua-pak (with water) 340ml 5 100 UNITS Nasal oxygen cannula peads/child 6 250 UNITS Goggles 7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)						400 UNITS	3
5 100 UNITS Nasal oxygen cannula peads/child 6 250 UNITS Goggles 7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)						500 BOTTLES	4
7 10 000 UNITS Shoe covers 8 6 000 UNITS Surgical caps (spec attached)				cannula peads/child	S Nasal oxygen ca	100 UNITS	5
8 6 000 UNITS Surgical caps (spec attached)				oggles	'S Gog	250 UNITS	6
				e covers	rs Shoe	10 000 UNITS	7
9 5 000 UNITS Face shield/ visor (spec attached)				s (spec attached)	Surgical caps	6 000 UNITS	8
				sor (spec attached)	rs Face shield/ visc	5 000 UNITS	9
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)				60 Days)	PRICE (VALIDITY PERIOD 60	IOTATION PI	TOTAL QU
		0.10 4 0.0 0 "	. (T . T	D			
Does This Offer Comply With The Specification? Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? State Delivery Period E.G. E.G. 1day, 1week					y With The Specification?		

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: Nosihle Ngubo Tel: 033 398 9106 E-Mail Address: nosihle ngubo@kznhealth.gov.za	
---	--

DECLARATION OF INTEREST

- Any legal person, including persons employed by the state1, 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

any municipality or municipal entity;

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 questionn	aire must be	completed and submit	ted with the quote.		
2.2.	Full Name of bidder/representative	2.5.	Tax Reference Num	ber:		
2.7.	The names of all directors / trustees / shareholders / men		ndividual identity numb	ers, tax reference num	bers and, if a	onlicable
	employee / persal numbers must be indicated in paragrap	h 3 below.	•		APPLICABI	
	Are you or any person connected with the bidder presently	y employed b	y the state?		YES	NO
2.8.	 If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: 					
	Name of state institution at which you or the person connection.					
	Position occupied in the state institution:					
2,8.	2. If you are presently employed by the state, did you obta					
	in the public sector?		_		YES	NO
	2.1. If yes, did you attach proof of such authority to the que			u ()		
<u>(INOTE:</u> 2.8.:	Failure to submit proof of such authority, where applicable, r 2.2. If no, furnish reasons for non-submission of s					
	Did you or your spouse, or any of the company's directors					
	state in the previous twelve months?			. o o a a o o o o o o o o o o o o o o o	YES	NO
2.9.	1. If so, furnish particulars:		************************************	14+1+++14		
2.10	. Do you, or any person connected with the bidder, have an		(family, friend, other)	with a person employe	d by the state	and who
2 40	may be involved with the evaluation and or adjudication of				YES	NO
2.10	.1. If so, furnish particulars:	of any relation	shin (family friend ot	 her hetween any other	hidder and ar	w nerenr
2,11	employed by the state who may be involved with the evalu				YES	NO NO
2.11	.1. If so, furnish particulars:			*******		
2.12	. Do you or any of the directors / trustees / shareholders / me	embers of the	company have any in	terest in any other relat		
0.40	or not they are bidding for this contract?				YES	NO
2.12	.1. If so, furnish particulars:		******************************	11+1+1+1		
3. NB:	Full details of directors / trustees / members / sharehol The Department Of Health will validate details of director to ensure that their details are up-to-date and verified on not be considered and passed over as non-compliant according.	' <mark>s / trustees</mark> : CSD, If the D	Department cannot val	idate the information of	suppliers' respon CSD, the o	onsibility quote wil
4	DECLARATION					
	HE UNDERSIGNED (NAME) RNISHED IN PARAGRAPHS 2.			CERTIFY THAT TH	IE INFORM	ATION
	CCEPT THAT THE STATE MAY REJECT THE QU OVE TO BE FALSE.	OTE OR A	CT AGAINST ME S	SHOULD THIS DEC	LARATIO!	1
	e of bidder Signature		osition	 Date		
1"State	e" means ~					
a)	any national or provincial department, national or provincial public e constitutional institution within the meaning of the Public Finance Mana Act 1999 (Act No. 1 of 1999):	gement d)	provincial legislature; national Assembly or the r	ational Council of provinces;	or	

2°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. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies,
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. 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.
- 6.2. 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.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disquare	alified from the e	evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date Place		take place
Institu	ution Stamp:	Institution Site	e Inspection / briefing session Official
		Full Name:	
		Signature:	
		Date:	······································

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. 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.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. 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.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. 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.
- 10.2. 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.

11. TAX INVOICE

- 11.1. 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.

12. PATENT RIGHTS

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.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. 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.
- 14.2. 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.
- 14.3. 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.

15. 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 préference 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

- 1.5 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;
 - 2) 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 Contributor	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.	Rin	DECL	ΛPΛ	\TION

- 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.

proor or t	PEDELE Status level of Continuotion.	
7.	SUB-CONTRACTING	(Tick applicable box)
7.1	Will any portion of the contract be sub-contracted?	YES NO
7.1.1	If yes, indicate:	
8.	i) What percentage of the contract will be subcontracted	(Tick applicable box)
		, , , , , , , , , , , , , , , , , , , ,

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise Preferential Procurement Regulations, 2017:	in terms of YES	NO
Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
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		

9.	DECLARATION WITH REGARD TO COMPANY/FIRM						
9.1	Name o	Name of company/firm:					
9.2	VAT registration number:						
9.3	Company registration number:						
9.4	TYPE (OF COMPANY/ FIRM [TICK APPLICABLE BO	X]				
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited					
9.5	DESCF	RIBE PRINCIPAL BUSINESS ACTIVITIES					
9.6		ANY CLASSIFICATION (TICK APPLICABLE E					
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.					
9.7	Total n	umber of years the company/firm has been in I	business:				
9.8	the B-E	I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based or 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) Th	i) The information furnished is true and correct;					
	ii) Th	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;					
		the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in ad	en claimed or obtained on a fraudulent basis or any of the conditions of contract ldition to any other remedy it may have –				
	(a)	disqualify the person from the bidding proces	ss;				
	(b)	recover costs, losses or damages it has incu	irred 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 f arrangements due to such cancellation; 						
	(d)	who acted on a fraudulent basis, be restricted	s shareholders and directors, or only the shareholders and directors ed by the National Treasury from obtaining business from any organs, after the audi alteram partem (hear the other side) rule has been				
	(e)	forward the matter for criminal prosecution.	•				
			7				
	WITNI	ESSES	SIGNATURE(S) OF BIDDERS(S)				
	1		DATE:				
	2		ADDRESS				
	1						

BROWN CHROMIC CATGUT ABSORBAHLE SUTURE

231175

Reverse Cutting 19 mm 3/8 Circle

<u>세</u> 2015-04



2020-04



ROSSQX

▲INSTRUCTION FOR USEMEDICAL FACE SHIELD

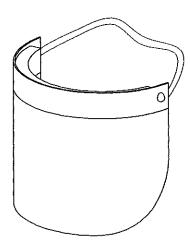
1: INTENDED USE

Name: Medical Face Shield Specification: WJ-GLMZ-01

The Medical Face Shield plays a protective role when being used for examination and treatment in medical institutions, and prevents body fluids and blood from splashing. It is usually composed of protective cover made of polymer material, sponge strip and fixing device. Non-sterile, disposable.

2: Main Structure

Figure 1: Main structure



3: IMPORTANT USER INFORMATION

3.1 Symbols

The following symbols are used in this Instruction for use or on the product itself

Symbol	Description Describe	
WARNING!	Indicates a condition which if not followed exactly may cause harm to patient or a user. Do not proceed until the instructions are clearly understood and all stated conditions are met.	
NOTE!	Indicates information important for optimal use of the product	
(2)	Do not re-use	

	Refer to instruction manual/book
	Manufacturer.
EC REP	Authorized representative in the European Community
CE	CE MARK

3.2 Carefully read this instruction before using this device and note the following GENERAL WARNINGS!

Medical Face Shields are used in normal temperature environment to avoid pollution. This product is disposable and cannot be reused. They should be destroyed after use.

NOTE:

- 1.Disposable.
- 2.Store in cool and dry place.
- 3.Remove the protective film before use.
- 4.Contents: 10 Piece

4: OPERATING

The mask is worn on the user's head. Fix the elastic band and adjust the position. The mask should cover the wearer's face completely.

5: DISPOSIBLE

Dispose according to hospital protocols

6: TECHNICAL INFORMATION

Weight	27g
Mask size	330mmx220mm
Box size	500mmx410mmx360mm

A Beiii

Beijing WANJIE Medical Device

Corporation limited

Address: Building 8–2, Daxing bio pharmaceutical industry base, Zhongguancun medical device Park, Daxing District,102609 Beijing, PEOPLE' S REPUBLIC OF CHINA Tel: 86–10–50973491 Fax: 86–10–56358508

Otto-Esser-Strasser 17 F 65451 Kelsterbach, Germany

Tel: +49 6107 6383 295, Fax: +49 6107 6383 296,

Email: info@dechmed.de

Blue White



Materials Provided

Individually packed test strips

kage msert

Materials Required but Not provide

Specimen collection container

PRECAUTIONS

- For professional in vitro diagnostic use only.

 Do not use after expiration date indicated on the package. Do not use the test if its foil pouch its admined. Do not reuse tests.

 This kit contains products of animal origin. Certified knowledge of the origin and/or sanitary state of this kit contains products of animal origin. Certified knowledge of the origin and/or sanitary state of this kit contains products of animal origin. The animals are products be treated as potentially infectious, and handled observing the usual safety precautions (do not ingest or inhale). Avoid cross-contamination of specimens by using a new specimen collection container for each specimen obtained.

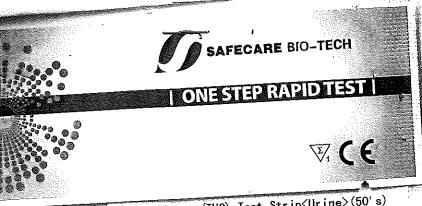
 Read the entire procedure excefully prior to performing any tests.

 Do not eat, driak or smoke in the area where the specimens and kits are handled. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards as if they contain infectious agents. Observe established precautions against microbiological hazards throughout the procedure and follow the standard procedures for proper disposal of specimens. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are ussayed.

 Humidity and temperature can adversely affect results.
- ussayen. Humidity and temperature can adversely affect results. The used testing materials should be discarded in accordance with local, state and/or federal

STORAGE AND STABILITY

- The kit should be stored at 2-30°C until the expiry date printed on the scaled pouch.
 The test must remain in the scaled pouch until use.
 To not freeze,
 To should be taken to protect the components of the kit from contamination. Do not use if there is



Marijuana (THC) Test Strip<Urine>(50's)

Contents:50 Test Strips

1 Package Insert

LOT: THC18102902 EXP: 10-2020

₹ CE