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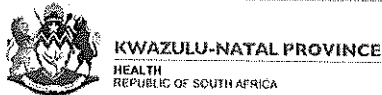
KZN HEALTH

KZN Health Intranet

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KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2021-06-14

Closing Date: 2021-06-22

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Eshowe hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: ESHOWE HOSPITAL

Date Submitted: 2021-06-11

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: ESW/19/22

Item Category: Services

Item Description: MAJOR SERVICE TO ALL COLD ROOMS AND FREEZER ROOMS
CIDB CATEGORY: 2ME,EP AND ABOVE

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date: N/A

Time: N/A

Venue: N/A

QUOTES CAN BE COLLECTED FROM: ESHOWE HOSPITAL/KZN HEALTH WEBSITE QUOTES SHOULD BE DELIVERED TO: ESHOWE HOSPITAL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: V. AJENCU/P. NXUMALO

Email: pamella.nxumalo@kznhealth.gov.za

Contact Number: 035 4734594/97

Finance Manager Name: MANDI LUTHULI

Finance Manager Signature: 

No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

ZNQ ESW/19/22

QUOTATION DOCUMENT CONTENTS

- PART ONE : INVITATION TO QUOTE
- PART TWO : PARTICULAR SPECIFICATION
- PART THREE : TECHNICAL SPECIFICATIONS
- PART FOUR : QUOTATION FORM
- PART FIVE : OFFICIAL ONSITE BRIEFING CERTIFICATE
- PART SIX : DECLARATION OF INTEREST
- PART SEVEN : EXECUTION PLAN

- NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL
- SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS
- CONTRACTORS NAME : _____
- BID AMOUNT (Vat incl.) : R _____ (Vat incl.)
- BRIEFING DATE : N/A
- CLOSING DATE : 22/06/2021

CENTRAL SUPPLIERS DATABASE SUPPLIER NO : _____

UNIQUE REGISRATION REFERENCE : _____

CIDB NUMBER : _____

CIDB CATEGORY : 2ME, EP AND ABOVE

CLIENT
 Department of Health
 Project Leader: B. MNGOMEZULU
 Telephone: 035 473 4548
 Fax : 035 474 9414

Eshowe District Hospital
 Servicing of Cold-rooms and Freezer rooms

Contractors Initials

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH

ZNQ ESW/19/22

THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND
INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND
INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

PART ONE

INVITATION TO QUOTE

STANDARD BID SPECIFICATION

INVITATION

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF KING CETHWAYO HEALTH DISTRICT OFFICE ON BEHALF OF ESHOWE DISTRICT HOSPITAL

BID NUMBER : ZNQ ESW/19/22
SITE INSPECTION DATE : N/A
TIME : N/A
CLOSING DATE : 22/06/2021
TIME : 11Hoo
DESCRIPTION OF SERVICE : **SERVICE OF COLD-ROOMS AND FREEZER ROOMS**

CONTRACT PERIOD : **ONCE OFF**
VALIDITY PERIOD : **60 DAYS**

BID DOCUMENTS TO BE PLACED IN A SEALED ENVELOPE, THE FRONT OF THE ENVELOPE BEING CLEARLY ENDORSED WITH THE BID NO. SERVICE TYPE AND DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)

**ESHOWE DISTRICT HOSPITAL
40 KANGELA STREET
ESHOWE
3815**

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is available on the following days and times: Monday to Friday 08H00 – 15H00

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE – TYPED)

THIS BID IS SUBJECTED TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATION, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC), IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

PROVINCE OF KWAZULU-NATAL
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THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND
INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND
INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

PART TWO

PARTICULAR SPECIFICATION

1. General Requirements
2. Site and Mode of Procedure
3. Scope of Contract

1. GENERAL REQUIREMENTS

Tenderers are to make special note of the following:

The whole Service shall be in accordance with the Occupational Health and Safety Act 85/1993 and all regulations framed therein shall be carried out to the satisfaction of the Department of Health at **ESHOWE DISTRICT HOSPITAL**

Competent workmen skilled in their trade shall carry out all work. Quality shall be of the best standard practice and all workmanship will be subject to the approval of the Department of Health.

The work shall at all times, for the duration of the contract, be carried out under the supervision of a skilled and competent representative of the Contractor, who will be able and authorized to receive and carry out instructions on behalf of the Contractor. A sufficient number of workmen shall be employed at all times to ensure satisfactory progress of the work.

All apparatus, component parts, fittings and materials employed in the execution of the Contract shall be new and unused and shall be the latest type or pattern of the particular manufacture employed. S.A.N.S. mark bearing items shall be used wherever possible.

The minor repairs must be guaranteed against defective parts and workmanship for a period of twelve (12) months after the date of issue of the Completion Certificate. This period shall run concurrently with the maintenance period.

Rates are to include for commissioning and testing of the complete installation and handing over in working order ready for use.

Tenderers are advised to visit the site and acquaint themselves fully with the site conditions and nature and full extent of work involved prior to submitting their tender. Claims on the grounds of insufficient information in such respects or otherwise will not be entertained by the Administration.

The Administration reserves the right to make emergency repairs to keep the equipment in operation without voiding the Contractor's Guarantee, nor relieving the Contractor of his responsibility during the guarantee period when, after proper notice, the Contractor fails to attend to such emergency repairs. All costs incurred by the Administration under these circumstances will be for the account of the Contractor.

2. SITE AND MODE OF PROCEDURE

The work contained in this contract will be carried out on the site of the existing **ESHOWE DISTRICT HOSPITAL**

The Bidder is advised that the existing premises will be occupied throughout the period of the contract, and that the minimum amount of disruption to services is of the utmost importance.

Damage to the existing buildings - Bidders to note that any damages done or occurring to any of the buildings will be repaired at the expense of the contractor/ Bidder.

SATISFACTORY INSTALLATION

The whole of the Service shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Electrical Specification, ICASA, Telecommunications regulations, the South African Bureau of Standards Code of Practice for the Wiring of Premises SABS 0142 and the Occupational Health and Safety Act and Regulations 85/1993 as amended.

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General Electrical Specification are available at the office of the Secretary for Health – KwaZulu-Natal and can be obtained on request.

CERTIFICATE OF COMPLIANCE

On completion of the service, a copy of the "Structural Compliance Certificate" must be submitted to the office of the Secretary for Health: Kwa-Zulu Natal. **(N/A)**

GENERAL

The Bidders / Contractors will be responsible for all masonry/civil work associated with the minor repairs and making good of all work related to the installation. The patching and painting must be to the satisfaction of the KwaZulu-Natal Department of Health

3. SCOPE OF CONTRACT

- **SERVICE OF COLD-ROOMS AND FREEZER ROOMS ESHOWE DISTRICT HOSPITAL**

CONDITIONS OF CONTRACT AND PRELIMINARIES

PERIOD OF CONTRACT

ONCE OFF as the Contract Period for the completion of the Work from date of Site handover. The awarded contract must resume work after **Seven (7)** working days, after receiving an official order from the Department

CONTRACT GUARANTEE:

The Successful Bidder will NOT be required to submit a contract guarantee.

GUARANTEE PERIOD

The guarantee period for the completion of the Structural / Mechanical / Electrical work and all materials must be a minimum of Twelve (12) Calendar Months from the date of first delivery.

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INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

PART THREE

TECHNICAL SPECIFICATION

TECHNICAL SPECIFICATION

This TECHNICAL SPECIFICATION shall be read in conjunction with all other sections of the SPECIFICATION and cognisance shall be taken of the clauses relevant to this particular installation, whether any specific clauses are referred to or not.

1. GENERAL

1.1 This Contract is to provide regular Preventative Maintenance Service and Emergency Repairs to the Equipment owned by Eshowe District Hospital

1.2 The Purpose of contract is to ensure that the Cold-rooms and Freezer rooms are maintained timeously and kept in a safe Working order

The following items to be quoted on:

1.2.1 Cold-rooms X3

1.2.2 Freezer X1

4. COST OF MAINTENANCE

4.1 The equipment will be serviced every 6 months for major service as per manufactures equipment standard.

5. GUARANTEE

5.1 All materials supplied by Contractor are guaranteed for 6 months.

6. EMERGENCY REPAIRS

6.1 Contractor will ensure that all emergency call-out are treated as a priority and will be attended to as soon as possible within 24 hours when being notified by Eshowe District Hospital.

7. BREACH

7.1 Should either party hereto breach or fail to comply with any term or condition of this agreement, then the non-defaulting party shall be entitled:-

7.1.1 To enforce specific performance of the provisions of this agreement

7.1.2 To cancel this agreement (either as an alternative to a claim for specific performance or upon the abandonment of such a claim)

7.2 Provided the non-defaulting party has first given the defaulting party written notice to rectify such breach or failure within 7 (seven) days after receipt of such notice, and the defaulting party has failed to comply therewith. Written notice of any such cancellation shall be given to the defaulting party and such cancellation shall take effect on the giving of such notice.

7.3 The exercising by any party hereto of any right conferred by the foregoing provisions of this clause shall be without prejudice to any claims of such party hereunder then accrued or to any other right or remedy of such party.

8. INDEMNITY

Eshowe District Hospital is against any claims made against Eshowe District Hospital or any of its directors, officers, employees, agents, subcontractors or any other of its personnel, by any third party, arising out of or in connection with this agreement or the services.

9. REQUIREMENT

1. CONTRACTOR MUST HAVE PROOF OF EXPERIENCE FOR THIS NATURE OF WORK (PROOF MUST BE SUBMITTED)
2. CONTRACTOR MUST BE REGISTERED ON SARRACCA (SOUTH AFRICAN REFRIGERATION AND AIRCONDITIONING BOARD) FOR AIRCONDITIONERS AND REFRIGERATIONS (PROOF OF REGISTRATION MUST BE SUBMITTED)
3. PROOF OF 5 (FIVE) YEARS EXPERIENCE AND QUALIFICATIONS MUST BE SUBMITTED TOGETHER WITH THIS DOCUMENT

10. PREVENTATIVE MAINTENANCE EVERY THREE MONTHS

CHECK ALL EQUIPMENT AS PER MANUFACTURES REQUIMENT SERVICE STANDARDS AND SUBMIT REPORT TO MAINTENANCE MANAGER FOR ANY REPAIRS

Note to Contractors:

- 4.1. Servicing on all equipment to be completed within 15 working days from receiving an official order.
- 4.2. Applicable Service Schedules to be completed on each specific type of equipment on site while Technician is busy with actual service. NB: Original service schedules to be signed on a daily basis, by technician and mortuary manager and the completed schedules must be left with the mortuary manager onsite.
- 4.3. Please take note that during the servicing of equipment, these service schedules replaces the normal job cards.
- 4.4. This office to be notified in advance to arrange for an onsite inspection after completion of the servicing so as to finalize the payment. No payment will be done should incomplete service schedules be handed in on completion.
- 4.5. No additional work to be done on servicing order, a detailed quotation for after service repairs must be submitted whereby if approved a separate order will be issued to cover the repairs.
- 4.6. **NB* Re-gassing and Leaks Testing off all Cold rooms and Freezer room Compressors must be done on actual Major Service.**

1 .DOCUMENTS THAT WILL BE REQUIRED FROM AWARDED SERVICE PROVIDER

DOCUMENTS	RECEIVED (YES/ NO)
Program of Work	
Health and Safety Plan	
Contractor Organogram	

2. Evaluation Criteria

The bidder is to submit the following for Evaluation purpose

DOCUMENTS	RECEIVED (YES / NO)
Proof of CIDB Grading specified	Mandatory
Financial Capability to start the project i.e. Letter from the bank confirming a working capital at least 25% of the project value	Mandatory
Qualified personnel registration with South African Qualification and Certification Committee(SARRACA), minimum category A.	Mandatory
CV of a qualified personnel	Mandatory
Certificates of qualified personnel (Air-condition and Refrigeration trade tested).	Mandatory
Certificates of(Gas Licence Practice)	Mandatory

REFRIGERATION:

COLD ROOMS AND FREEZER ROOMS:

After Service Temperature settings required as per DoH Standard Policy Document for the Designs of Mechanical Installations. (Revised 2013):

- Temperatures required for freezer room -18°C to -20°C
- Temperature required for kitchen cold room 2°C to 10°C
- Temperature required for mortuary cold room 2°C to 4°C
- Temperature required for forensic mortuary freezer -8°C to -20°C

SERVICE SCHEDULES

4.6 SERVICE SCHEDULES FOR MAJOR SERVICE OF COLDROOMS AND FREEZER ROOMS MUST BE COMPLETED ONSITE DURING THE ACTUAL SERVICING OF COLDROOMS AND FREEZER ROOMS AS PER MANUFACTURERS RECOMMENDATIONS. AND MUST BE HANDED OVER TO CHIEF ARTISAN AFTER COMPLETION OF SERVICES

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INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND
INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

PART FOUR

QUOTATION FORM: (LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT TO BE
ALLOWED FOR IN THE FINAL PRICE OFFER)

1. Preamble to Schedule of Prices
2. Official Quotation Documents
3. Schedule of Prices – Materials, Components/Ancillary Parts and Sub Contract work

SCHEDULE OF PRICES:
PREAMBLE TO THE SCHEDULE OF PRICES

1. All prices shall be quoted in the currency of the Republic of South Africa and will be fixed. Only where exchange rates have been stated in the quotation document, as at two weeks (14 days) prior to closing date of this quotation, will such exchange rate fluctuation be taken into account in the variation of the cost of the imported items/equipment.
2. The Tenderer shall enter a price against each item in the schedule of prices. If the Tenderer fails to enter a price against any item in the schedule of prices the relevant cost of such item shall be regarded as being covered by other prices in the schedule of prices.
3. **The prices quoted against each item of these schedules shall cover the full inclusive cost of everything required for the execution of the work under the item plus an apportionment of any cost involved in meeting the obligations and liabilities imposed by the conditions of contract and in complying with the specifications.**
4. The prices quoted for the supply of plant and equipment shall include for all handling, loading, transporting and off-loading required for the delivery of the plant and equipment to the site, including in the case of off-site storage for double handling at the store.
5. The prices quoted for erection and installation shall include for all handling, loading, transporting and off-loading, to take plant and equipment to place on site where required, erection, installation, painting, commissioning, operating, testing, adjusting, handing over in proper working order and guarantee for a period of 12 months, all as specified.
6. The tendered rates and amounts must exclude Value Added Tax (VAT) but must include all levies, other taxes and duties on items to which they apply. Separate provision has been made in the Summary of Schedule of Prices for the purpose of VAT.
7. Amounts allowed for contingencies will be spent in part or as a whole at the sole discretion of the Department of Health's "Representative".
8. The Schedule of Prices shall be completed and signed in **black ink**. Corrections must be done by deleting, re-writing and initialing next to the amendment.
9. Electrical and Mechanical work is not measured according to the Standard Procedures of Building Work.
10. Itemized list of Materials/ Spares Parts/Equipment showing unit cost, contractors mark up and subtotal.
11. Vat and Grand Total.
12. The Contractor's attention is drawn to the following, which under no circumstances will be acceptable and will result in the automatic disqualification of the quotation.
 - Use of correcting fluid i.e. Tippex on the quotation documents.
 - Faxed quotations
 - Photocopies of quotations

**SCHEDULE OF PRICES:
WORK TO BE DONE AND SCHEDULE OF PRICES:**

ITEM	DESCRIPTION	UNIT	QTY	RATE/ UNIT	AMOUNT
	<p>NOTE: All rates for items contained in this Schedule of Prices must be computed excluding the applicable Sales Tax.</p> <p>All rates quoted shall be inclusive of transport, Labor. Profit and the cost to obtain Material or Equipment and necessary Certificates.</p> <p>The Administration reserves the right to Negotiate prices in the Bill of Quantities</p> <p>Bidders are advised that the buildings will be occupied during the duration of this contract.</p> <p>PLEASE NOTE: Sizes given are for quotation purposes only, Contractor responsible for final measurements.</p> <p>PROPRIETARY ARTICLES: All equipment and material used in this contract shall be that which is specified or other approved.</p> <p>CONTRACT GUARANTEE: The Bidders must allow for all charges in connection with acquiring the Contract guarantee, which is to be furnished.</p>				
	<p>INSTITUTION: <u>ESHOWE DISRICT HOSPITAL</u></p> <p>SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS</p>				
1	COLD-ROOMS	Each	02	R	R
2	FREEZER ROOMS	Each	01	R	R
3	Issue service certificate	Item	01	R	R
4	3 Months preventative maintenance issuing of report for any Repairs	Item	01	R	R
	PROVISIONAL SUMS				
	Allow for Consumable Items	Item	01	R	R

SCHEDULE OF PRICES

LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT

6.3.1	LABOUR	TOTAL HOURS	RATE/HR	AMOUNT
a)	Artisans	.....	R.....	R.....
b)	Apprentice	.....	R.....	R.....
	1 st Year	.....	R.....	R.....
	2 nd Year	.....	R.....	R.....
	3 rd Year	.....	R.....	R.....
	4 th Year	.....	R.....	R.....
c)	Semi-skilled	.....	R.....	R.....
d)	Unskilled	.....	R.....	R.....
6.3.2	SUBSISTENCE	TOTAL DAYS	RATE / 24HR DAY	
a)	Artisans	.....	R.....	
b)	Apprentice	.....	R.....	
c)	Semi-skilled	.....	R.....	
d)	skilled	.....	R.....	
6.3.3	TRAVEL	TOTAL Km	RATE/Km	
			Petrol Diesel	
			<u>Delete as applicable</u>	
6.3.3.1	From contractor's premises to site			
a)	..... trips (skilled)	.....	R..... R.....	R.....
	@ km per trip	.....	
b)	.....trips (Semi-skilled)	.....	R..... R.....	R.....
	@km per trip	.....	
6.3.3.2	From accommodation to site			
a)	..... trips (skilled)	.....	R..... R.....	R.....
	@km per trip	.....	
b)	.....trips (semi-skilled)	.....	R..... R.....	R.....
	@km per trip	.....	
6.3.4	TRANSPORT	TOTAL Km	RATE	
b)	Cranage to and on site	R.....	x 1.10	R.....
	@ sub contract rate			

SUB-TOTAL (B) R _____

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NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

PART FIVE

OFFICIAL ONSITE BRIEFING ATTENDANCE CERTIFICATE

**CERTIFICATE OF TENDERER'S ATTENDANCE AT COMPULSORY
PRE-TENDER BRIEFING MEETING**

NAME OF INSITUION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICE OF COLD-ROOMS AND FREEZER ROOMS

CLOSING DATE : 22/06/2021

TENDER NUMBER : ZNQESW/19/22

This is to certify that I _____

A representative of (Tenderer) _____

of Address: _____

Telephone No: _____

Telefax No.: _____

Attended the Pre-Tender Briefing Meeting on (date) _____

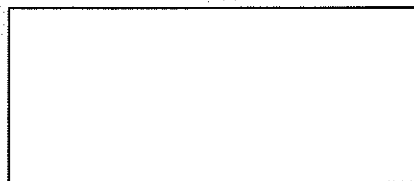
And at the following venue (mark in appropriate block):

**ESHOWE DISTRICT
HOSPITAL**

TENDERER'S REPRESENTATIVE _____

EMPLOYER'S REPRESENTATIVE _____

DEPARTMENTAL STAMP:



**Eshowe District Hospital
Servicing of Cold-rooms and Freezer rooms**

PART SIX

DECLARATION OF INTEREST (Bidder to complete)

1. 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 bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favoritism, should the resulting bid, 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 authorized 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 bid(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 bid.

2 In order to give effect to the above, the following questionnaire must be completed and submitted With the bid.

2.1 Full Name of bidder or his or her representative:

2.2 Identity Number:

2.3 Position occupied in the Company (director, trustee, shareholder², member):

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:
.....

2.5 Tax Reference Number:

2.6 VAT registration Number:

2.6.1 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.

¹"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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

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.

2.7 Are you or any person connected with the bidder presently employed by the State? **YES/NO**

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**Eshowe District Hospital
Servicing of Cold-rooms and Freezer rooms**

Contractors Initials

2.7.1 If so, furnish the following particulars:

Name of person / sector/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:

2.2 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**

2.2.1 If yes, did you attach proof of such authority to the bid document? **YES/NO**

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

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

3 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**

3.1 If so, furnish particulars:

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 bid? **YES/NO**

2.9.1 If so, furnish particulars.

2.10 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 Valuation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

2.11 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**

2.11.1 If so, furnish particulars:

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

Full Name	Identity Number	Personal Income Tax Reference Number	State Number/Persal Number	Employee

I DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.
 I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
 Signature

.....
 Date

.....
 Position

.....
 Name of bidder

PART SEVEN

EXECUTION PLAN

- 1.1** The bidder will be required to provide an efficient and effective service. Therefore, The bidder is required to submit proof that he/she has required capacity to execute The contract tendered for successfully. The bidder must references or states his/her Experience as a company to undertake the contract. References of past experience Of owners /employees of new entities must accompany the bid document. Alternatively, the bid must submit a projects execution plan that the company will Utilise to successfully execute the contract in term of Manpower, machinery, process control, infrastructure, etc. (refer to attach as Annexure B)
- 1.2** It is a bid condition that prior to an award of the bid being made and/ or during the Evaluation process, the Department of Health reserves the right to conduct Inspections of the premises of the most acceptable bidder. Therefore premises of The bidder shall be open, at reasonable hours, for inspection by a representative of The Department of Health or organization acting on its behalf.

