Zondi Phuralani 🐇 🤣 SharePoint



KZN Health Intranet KZHTILALITI

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CORPORATE INFORMATION COMPONANTS DIRECTORY DISTRICT OFFICES PHARTIFICACITHES

KZN (toath > Components > Supply Chain Management

AdvertQuote

| REVAZORU-NATAL FROVES | | |
|------------------------------------------|---------------------------------------------|--------------|
| HEALTH REPUBLICOS SCRIPTIVANICA | Quotation Advert | |
| Opening Date; | 2021-09-38 | |
| Closing Date: | . 2031-19.45 | |
| Glosing Time; | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name; | :Appelebosch hospital | M |
| Province: | KwaZulu-Națal | |
| Department or Entity; | Department of Health | |
| Division of section: | Contral Supply Chain Management | |
| Place where goods / services to required | Appelsbosch Hosphal Maintenance Department | |
| Date Submitted | 2021-09-28 | 00 |
| ITEM CATEGORY AND DETAILS | | · |
| Quotation Number: | ZNQ: | |
| | APP166/21-22 | 1 |
| Item Category: | Services | \mathbf{M} |
| Item Description: | tiling of waiting area | : |
| | | • |
| | • | : |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION | Fatte visit | |
| Select Type; | Compulsory Site Visit | ¥ |
| Date: | 2021-10-07 | [6] |
| Time; | :10:00 | : |
| Venue | appelstresch hespital | 1 |
| | | |
| QUOTES CAN BE COLLECTED FROM: | can be printed from the website | i |
| | | |
| QUOTES SHOULD BE DELIVERED TO: | he hand delivered to appelsbosch tander box | : |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | Phumlani Zondi | i |
| Email: | Phumlani,Zondi@kznhealth.gov.za | |
| Contact Number: | 032 - 294 8094 | |
| Finance Manager Name: | Mr S Hignewage | |
| | w Timb | |
| Finance Manager Signature: | | |

| STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DATE ADVERTISED: 28/09/2021 CLOSING DATE: 15/10/2021 CLOSING TIME: 11:00 |
| FACSIMILE NUMBER: 032 294 0630 E-MAIL ADDRESS: appelsboschquotes@gmail.com |
| PHYSICAL ADDRESS: R614 WARTBURG ROAD, APPELSBOSCH MISSION, OZWATHINI, 3242 |
| ZNQ NUMBER: APP165/21-22 |
| DESCRIPTION: TILING OF WAITING AREA |
| CONTRACT PERIOD ONCE-OFF VALIDITY PERIOD 60 Days SARS PIN |
| CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. |
| UNIQUE REGISTRATION REFERENCE |
| |
| DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) APPELSBOSCH HOSPITAL TENDER BOX AT THE MAIN GATE SECURITY GUARD HOUSE 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 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) 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]

| | | FOR QUOTATIONS IG OF WAITING AREA | ZNQ NUMBER: | APP165/21- | 22 | : : |
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| SIGNATURE [By signing t | OF BIDDEF | t hereby agree to all terms and conditions] | , DATE, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | , |
| CAPACITY (| JNDER WHI | CH THIS QUOTE IS SIGNED,, | | *********** | ********** | ••••• |
| Item No | Quantity | Description | Brand & | Country of | Price | ,— |
| | <u> </u> | | model | manufacture | R | G |
| 01 | 01 | TILING OF WAITING AREA | *************************************** | - Andrew State of Sta | | |
| | | PLEASE ATTACH THE FOLLOWING | \ | | | \dashv |
| | | -COMPANY SAFETY FILE | and the second s | | | |
| | | PROOF OF QUALIFICATION OR TRAINING OF THE TECHNICIAN (PLUMBING/ELECTRICAL) | Artingan - marriagness married states on Stations to | · | | -2-1 |
| | · | PROOF OF PRIOR WORK EXPERIENCE | | - A STATE OF THE S | | |
| | · · · · · · · · · · · · · · · · · · · | CIDB GRADING 1GB, ISO. | ************************************** | | | , |
| | | CONTRACTORS TO WEAR COMPANY BRANDED UNIFORMS OR | | | | |
| | | COMPANY NAME TAGS WHEN ON SITE | ختاهم مردي فألم مسائلت المدمس منسب ماده | ing the state of t | | |
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| | | HOSPITAL @ 10AM | | or garantee street or with the second | مستده استرماست 🗀 مدورات | · |
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| MALLIE AF | DED TAY O | 15% (Only if VAT Vendor) | | | | |
| | _ | RICE (VALIDITY PERIOD 60 Days) | د هاد شکاره محدمی میشند میشود. | | | |
| TOTAL GO | DOLATION P | NICE (VACIDITY PERIOD OF DAYS) | سالانا سيداران وخوشين سارات | · | -,.l., | ــــــــــــــــــــــــــــــــــــــ |
| Does This C | ffer Comply | With The Specification? Does The Article Conf | orm To The S A N | IS IS A R.S. Snarif | ication2 | |
| Is The Price | | State Delivery Period | | | padoni | |
| | | | اسلوارشتند المستعدد | | | ······································ |
| Contact Pe | rson: P. ZO | JNUJ Tel: 032 294 8094 1 | | ical information may | | |

DECLARATION OF INTEREST

- 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 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, 2,2, 2,3, | Identity Number: | .5. | Company Registration Number: | 19171(111119111111) |
| 2.8. 2.8. | The names of all directors / trustees / shareholders / members, the employee / persal numbers must be indicated in paragraph 3 below Are you or any person connected with the bidder presently employed. 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 Position occupied in the state institution: | d b | y the state? dder is employed: | ICK APPLICABLE |
| | 2. If you are presently employed by the state, did you obtain the appin the public sector? | | | work outside employment |
| 2.8.: (Note: | 2.1. If yes, did you attach proof of such authority to the quote documently to submit proof of such authority, where applicable, may result to submit proof of such authority, where applicable, may result to submit proof of such authority. | ient Hin | ? The disquelification of the quote ! | <u> </u> |
| 2.8. 2.9. | | s / s | shareholders / members or their spouses of | conduct business with the |
| 2.10 2.10 | Do you, or any person connected with the bidder, have any relation may be involved with the evaluation and or adjudication of this quol 1. If so, furnish particulars: | ship e? | (family, friend, other) with a person empto | YES NO |
| | Are you, or any person connected with the bidder, aware of any relation employed by the state who may be involved with the evaluation and the function of the so, furnish particulars: | or | adjudication of this quote? | YES NO |
| 2,12 | 2. Do you or any of the directors / trustees / shareholders / members o or not they are bidding for this contract? 2.1. If so, furnish particulars: | fthe | company have any interest in any other re | elated companies whether YES NO |
| 3. NB: | Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / truste to ensure that their details are up-to-date and verified on CSD. If the notice be considered and passed over as non-compliant according to | he I | Department cannot validate the information | on on CSD, the quote will |
| 4 | DECLARATION | | | |
| | HE UNDERSIGNED (NAME)RNISHED IN PARAGRAPHS 2. | -14 | CERTIFY THAT | THE INFORMATION |
| I A | CCEPT THAT THE STATE MAY REJECT THE QUOTE OF OVE TO BE FALSE. | ≀ A | CT AGAINST ME SHOULD THIS D | ECLARATION |
| | ne of bidder Signature | | ositlon Date | |
| '^Sta a) b) | te" 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; | c) d) e) | provincial legislature; national Assembly or the national Council of provinc Partiament. | céa!, ot |

^{**}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.

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 disqui | lified from the evaluation process. |
|-------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| (i) (ii) | The institution has determined that a compulsory site meeting Date Place | take place |
| Instit | ution Stamp: | Institution Site 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 falls 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 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
 - (a) Price: and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

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

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

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - Any other requirement prescribed in terms of the 8-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:

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

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 Contribute | or Number of points (80/20 system) |
|-----------------------------------|------------------------------------|
| 1 | 20 |
| 2 | 18 |
| 3 | 14 |
| 4 | 12 |
| 5 | 8 |
| 8 | 6 |
| 7 | 4 |
| 8 | 2 |
| Non-compliant contributor | 0 |

| 5 | RID | DECL | ARATION |
|---|-----|------|---------|

3,

- 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,

| 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: | |
| | i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor | |

Whether the sub-contractor is an EME or QSE

(Tick applicable box)

(Tick applicable box)

(Tick applicable box)

| Preferential Procurement Regulations, 2017: | se in terms of | YES NO |
|-------------------------------------------------------------------|----------------|--------|
| Designated Group: An EME or QSE which is at last 51% owned by: | EME | QSE V |
| 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 | 7, | |
| Cooperative owned by black people | | |
| Black people who are military veterans | | |
| OR | | |
| Any EME | | |
| Any QSE | | |

| 9. | DECLARATION WITH REGARD TO COMPANY/F | IRM | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9.1 | Name of company/firm: | | | | |
| 9,2 | VAT registration number: | | | | |
| 9,3 | Company registration number: | арыншына ашкошинда ары | | | |
| 9.4 | TYPE OF COMPANY/ FIRM (TICK APPLICABLE | E BOX) | | | |
| | Partnership/Joint Venture / Consortlum One person business/sole propriety Close corporation Company (Pty) Limited | | | | |
| 9.5 | DESCRIBE PRINCIPAL BUSINESS ACTIVITIES | ; | | | |
| | | ((a))(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a | | | |
| | | | | | |
| 9,6 | COMPANY CLASSIFICATION [TICK APPLICAB | LE BOX | | | |
| | □ Manufacturer □ Supplier | | | | |
| | Professional service provider | | | | |
| | Other service providers, e.g. transporter, | etc. | | | |
| 9.7 | Total number of years the company/firm has been | n 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 the preference(s) shown and I / we acknowledge that: | | | | |
| | i) The information furnished is true and correct; | | | | |
| | ii) The preference points claimed are in accord | dance 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 the satisfaction of the purchaser that the claims are correct; | | | |
| | iv) If the B-BBEE status level of contributor has have not been fulfilled, the purchaser may, i | s been claimed or obtained on a fraudulent basis or any of the conditions of con in addition to any other remedy it may have— | | | |
| | (a) disqualify the person from the bidding pr | rocess; | | | |
| | - 1 | incurred or suffered as a result of that person's conduct; | | | |
| | | ages which it has suffered as a result of having to make less favourable | | | |
| | who acted on a fraudulent basis, be res | or, its shareholders and directors, or only the shareholders and directors stricted by the National Treasury from obtaining business from any organ years, after the audi alteram partem (hear the other side) rule has been | | | |
| | (e) forward the matter for criminal prosecuti | ion. | | | |
| | | | | | |
| | | An extension of the first property of the fi | | | |
| | WITNESSES | www.ujigunwajigungungungungungungungungungungungungung | | | |
| | 1 | SIGNATURE(S) OF BIDDERS(S) | | | |
| | | DATE: | | | |
| | 2,, | ADDRESS | | | |
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| | , | | | | |

Supply and install non slip tiles to Gateway Clinic

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QUOTATION 153/2019

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ZNQ 1 QUOTATION FORMS

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DEPARTMENT OF HEALTH: OFFICIAL PRICE QUOTATION REQUEST FOR THE SUPPLY OF GOODS/SERVICES: LEVEL ZERO OR ONE CONTRACT

TENDERER TO NOTE THE FOLLOWING: LEVEL ZERO CONTRACT IS UP TO AN AMOUNT OF RI,000.00 INCL. OF VAT. LEVEL ONE CONTRACT IS FROM RI,000.01 UP TO AN AMOUNT OF RIGOR 000.00 INCL. OF VAT. IF THE QUOTE COMES UNDER RS,000.00 YOUR BUSINESS MAY FAX THE QUOTE TO THE ORGANISATION WHO CALLED FOR IT. IF NOT, EACH QUOTATION MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE ON WHICH THE NAME, ADDRESS OF THE TENDERER, THE QUOTATION NUMBER AND THE CLOSING DATE MUST BE CLEARLY ENDORSED. THE QUOTATION MUST REACH THE DESTINATION NOT LATER THAN THE CLOSING DATE OR DEPOSITED IN THE QUOTATION BOX SITUATED AT THE ORGANISATION. TENDERED PRICES MUST BE IN SOUTH AFRICAN CURRENCY AND INCLUSIVE OF VAT. THIS FORM MUST BE COMPLETED IN DETAIL, SIGNED BY THE TENDERER AND THE SIGNATURE OF BYTNESS. FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE QUOTE BEING DISREGARDED.

| NAME OF BUSINESS / DETAILS OF | TENDERER: | | | |
|-------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| COMPANY NAME: | | | | |
| POSTAL ADDRESS: | | | | |
| STREET ADDRESS | | | | |
| PHONE NO | | FAX NO.: | | |
| OFFICIAL STAMP OF BUSINESS | | | | |
| | | | | |
| | | MALE TO THE PARTY OF THE PARTY | | |
| | | | | |
| SIGNATURE OF TEN | NDERER: | SIGNATU | JRE OF WITNESS: | |
| | | | | |
| CAPAC | TY (RANK) IN BUSINESS | | l D | ATE: |
| PROJECT: | עס, פוד פע, פוד ד | | 1 | |
| Supp | ly and install non slip til | es to Gateway Cl | MENEC | |
| QUOTATION NUMBER | CLOSING DATE A | ND TIME | VALIDITY | PERIOD |
| QUOTATION NUMBER | @ 10H0 | | 90 D | AYS |
| | | | | |
| CONTRACT PERIOD: | 6 (SIX) WEEKS | | | |
| TENDER AMOUNT/ PRICE IN | | TO DO LOS | р | |
| | | TT PRICE T @ 14% | R | |
| | TOTAL QUOTATION | | R | |
| | TOTAL QUOTATION | 711 11102 | | |
| TENDERERS TO MOTE: | er energyes 1874 salan kilisa e 855 se | CONTRACTOR | V18.2 | ·• ·• |
| RATES OF EXCHANGE - PLEAS | | | YES | NO |
| DOES THE OFFER COMPLY | WITH SPECIFICATION? (N | Tark with an A) | r Els | 110 |
| IF NOT, FURNISH DETAILS | | | | |
| | | | | |
| DETAILS OF HOSPITAL / INSTIT | | | | |
| KZN HEALTH SERVICES: APPLES | SBOSCH HOSPITAL | | | |
| PRIVATE BAG X 215 | | | | |
| OZWATHINI 3476 | | | | |
| | | | | |
| ENQUIRIES: A. RAMPERSAC | DН | | | |
| TELEPHONE: (032) 2948036 | | | | |

SPECIAL INSTRUCTIONS AND NOTICES TO TENDERERS REGARDING THE COMPLETION OF QUOTATION FORMS

PLEASE NOTE THAT THIS **QUOTATION** IS SUBJECT TO THE KWAZULU-NATAL PROCUREMENT ACT, 2001 (ACT NO. 3 OF 2001), KWAZULU-NATAL PROCUREMENT REGULATIONS PROMULGATED IN TERMS OF SECTION 47 OF THE KWAZULU-NATAL PROCUREMENT ACT, AND THE GENERAL CONDITIONS AND PROCEDURES FOR PROCUREMENT (ZNT 6).

Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vise versa and with words importing the masculine gender shall include the feminine and the neuter.

- 1. Under no circumstances whatsoever may the quotation forms be retyped or redrafted. Photocopies of the original quotation documentation may be used, but an original signature must appear on such photocopies.
- 2. The tenderer is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 3. Quotations submitted must be complete in all respects.
- Quotations 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. 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 Tenderer, 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 may be rejected as being invalid.
- 6. 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 quotations. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 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.
- 8. No quotation 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.
- 9. No quotation submitted by telefax, telegraphic or other electronic means will be considered.
- 10. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
- 11. Any alteration made by the Tenderer must be initialed.
- 12. Use of correcting fluid is prohibited
- 13. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 14. Where practical, prices are made public at the time of opening quotation.
- 15. 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.

REGISTRATION ON THE PROVINCIAL SUPPLIERS DATABASE

- 1. In terms of the KwaZulu-Natal Procurement Regulations promulgated in terms of Section 47 of the KwaZulu-Natal Procurement Act, all suppliers of goods and services to the Province of KwaZulu-Natal are required to register on the Provincial Suppliers Database.
- 2. If you wish to apply for registration, forms may be downloaded from the website, http://www.kzntreasury.gov.za, or obtained by phoning the toll free number 0800 201 049. This number is also available for general enquiries relating to Provincial procurement.
- 3. If a business is registered on the Database and it is found subsequently that false or incorrect information has been supplied, then the Province may, without prejudice to any other legal rights or remedies it may have:
 - 3.1 de-register the supplier from the Database,
 - 3.2 cancel a quotation or a contract awarded to such supplier,

and the supplier would become liable for any damages if a less favourable quotation is accepted or less favourable arrangements are made.

4. The same principles as set out in paragraph 3 above are applicable should the supplier fail to request updating of its information on the Suppliers Database, relating to changed circumstances.

CONDITIONS OF QUOTATION

- 1. I/We hereby quote to supply all or any of the supplies and/or to render all or any of the services described in the attached documents to the KwaZulu-Natal Provincial Administration/Parliament (hereinafter called the "Province") on the terms and conditions and be in accordance with the specifications stipulated in the quotation documents (and which shall be taken as part of and be incorporated into this quotation) at the prices and on the terms regarding time for delivery and/or execution inserted therein.
- 2. I agree that:
 - the offer herein shall remain binding upon me and open for acceptance by the Province during the validity period indicated and calculated from the closing time of the quotation;
 - (b) this quotation and its acceptance shall be subject to the KwaZulu-Natal Procurement Act, 2001, the Procurement Regulations promulgated in terms of section 47 of the aforementioned Act and the terms and conditions contained in the KwaZulu-Natal General Conditions and Procedures for procurement (ZNT 6), with which I am fully acquainted;
 - (c) if I withdraw my quotation within the period for which I have agreed that the quotation shall remain open for acceptance, or fail to fulfill the contract when called upon to do so, the Province may, without prejudice to its other rights, agree to the withdrawal of my quotation or cancel the contract that may have been entered into between me and the Province. I will then pay to the Province any additional expenses incurred by the Province having either to accept any less favourable quotation or, if fresh quotations have to be invited, the additional expenditure incurred by the invitation of fresh quotations and by the subsequent acceptance of any less favourable quotation. The Province shall have the right to recover such additional expenditure by set-off against monies which may be due to me under this or any other quotation or contract or against any guarantee or deposit that may have been furnished by me or on my behalf for the due fulfillment of this or any other quotation or contract and pending the ascertainment of the amount of such additional expenditure to retain such monies, guarantee or deposit as security for any loss the Province may sustain by reason of my default;
 - if my quotation is accepted, the acceptance may be communicated to me by registered post, and that the South African Post Office Limited shall be treated as delivery agent to me;

| (e) | the law of the Republic of South Africa shall govern the contract created by the acceptance of my quotation and I choose <i>domicilium citandi et executandi</i> in the Republic at (full physical |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | address): |
| | |
| | |

- I furthermore confirm that I have satisfied myself as to the correctness and validity of my quotation: that the price(s), rate(s) and preference quoted cover all of the work/item(s) and my obligations under a resulting contract, and I accept that any mistakes regarding the price(s) and calculations will be at my risk.
- I hereby accept full responsibility for the proper execution and fulfillment of all obligations and conditions devolving on me under this agreement, as the Principal(s) liable for the due fulfillment of this contract.
- 5. I agree that any action arising from this contract may in all respects be instituted against me and I hereby undertake to satisfy fully any sentence or judgement which may be pronounced against me as a result of such action.

| HA | S THE " | DECLARATION OF INTEREST" F | ORM BEEN DULY | COMPLETED AND |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|
| INC | CLUDED W | /ITH THE OTHER QUOTATION FORM | AS? | YES NO |
| CE | RTIFICATI | ON OF CORRECTNESS OF INFORMA | ATION SUPPLIED IN T | THIS DOCUMENT |
| BEI OF | HALF OF THIS DOO | RSIGNED, WHO WARRANT THAT I THE TENDERER, CERTIFY THAT T CUMENT CORRECT AND TRUE, THA THORISED AND ACKNOWLEDGE TH | HE INFORMATION S T THE SIGNATORY T | UPPLIED IN TERMS |
| *************************************** | The te | enderer will furnish documentary proof re ovince, if requested to do so. | egarding any quoting iss | ue to the satisfaction o |
| 2. | If the to any | information supplied is found to be inco remedies it may have, may:- | rrect and/or false then tl | ne Province, in additio |
| | 2.1 | Recover from the contractor all costs, Province as a result of the award of the | losses or damages incu e contract, and/or | rred or sustained by th |
| | | 1 TO VILLE CO II TO SUIT OF THE COURSE OF THE | | |
| | 2.2 | Cancel the contract and claim any dar to make less favourable arrangements | nages which the Province | ce may suffer by havin |
| SIGNED | 2.2 ON THIS | Cancel the contract and claim any dar | nages which the Province | |
| SIGNED | | Cancel the contract and claim any dar to make less favourable arrangements | nages which the Provinc after such cancellation. | |
| | ON THIS | Cancel the contract and claim any dar to make less favourable arrangements | nages which the Province after such cancellation. 20 | |
| Sl | ON THIS GIGNATUR AUTHOR | Cancel the contract and claim any dar to make less favourable arrangements DAY OF E OF TENDERER OR DULY | nages which the Province after such cancellation. 20 | AT |
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| ON BEH CAPACI | OON THIS GIGNATUR AUTHOR HALF OF (** TITY OF SIGNATUR TITY OF | Cancel the contract and claim any dar to make less favourable arrangements DAY OF E OF TENDERER OR DULY RISED REPRESENTATIVE FENDERER'S NAME) GNATORY ACT PERSON (IN BLOCK LETTERS | nages which the Province after such cancellation. 20 | ATAT |
| ON BEH CAPACI NAME (POSTAI | OON THIS GOOD THIS G | Cancel the contract and claim any dar to make less favourable arrangements DAY OF DAY OF E OF TENDERER OR DULY RISED REPRESENTATIVE FENDERER'S NAME) GNATORY ACT PERSON (IN BLOCK LETTERS | nages which the Province after such cancellation. 20 NAME IN PLEASE) | ATAT |

DECLARATION OF GOOD STANDING REGARDING TAX

IT IS A CONDITION OF QUOTATION THAT -

- 1. The taxes of the successful tenderer MUST be in order, or that suitable arrangements have been made with the Receiver of Revenue to satisfy them.
- 2. This form, Application for Tax Clearance Certificate (in respect of quotations), MUST be completed by the tenderer in all respects and submitted to the Receiver of Revenue where the tenderer is registered for income tax purposes. That Receiver of Revenue will then furnish the tenderer with a Tax Clearance Certificate that will be valid for 6 months from date of issue. The Tax Clearance Certificate must be submitted in the original with the quotation, that is before the closing time and date of the quotation. Failure to submit an original and valid Tax Clearance Certificate WILL invalidate your quotation, unless a valid original Tax Clearance Certificate is already in the possession of the office inviting this quotation.
- 3. Each party to a Consortium/Sub-contractor must complete a separate Tax Clearance Certificate. Copies of the application for Tax Clearance Certificate are available at any Receiver's Office.

DECLARATION TO BE MADE BY TENDERER

(This form is to be detached and submitted to the SARS for issuing of a Tax Clearance Certificate)

| SOUTH AFRICAN REVENUE SERVICE | | | |
|-----------------------------------------------------|------|--|--|
| DECLARATION OF GOOD STANDING REGARDING TAX | | | |
| PARTICUI | LARS | | |
| I. NAME OF TAXPAYER/TENDERER: | | | |
| 2. TRADE NAME | | | |
| 3. IDENTIFICATION NO: (if applicable) | | | |
| 4. COMPANY/CLOSE CORPORATION REGISTRATION NO: | | | |
| 5. INCOME TAX REFERENCE NO: | | | |
| 6. VAT REGISTRATION NO: | | | |
| 7. PAYE EMPLOYER'S REGISTRATION NO: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. PAYE EMPLOYER'S REGISTRATION NO: (if applicable) | | | |
| NAME: | | | |
| TELEPHONE NUMBER: | | | |
| ADDRESS: | | | |
| DATE: | | | |

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the Province, or persons who act on behalf of the Province or persons having a kinship with persons employed by the Province, including a blood relationship, may make an offer or offers in terms of this quotation invitation. In view of the possible allegations of favouritism, should the resulting quotation, or part thereof, be awarded to persons employed by the Province, or to persons who act on behalf of the Province, or to persons connected with or related to them, it is required that the TENDERER or his/her/their authorized representative shall declare his/her/their position vis-B-vis the evaluating authority and/or take an oath declaring his/her/their interest, where
 - 1.1 the tenderer is employed by the Province or acts on behalf of the Province; and/or
 - the legal person on whose behalf the quotation document is signed, has a relationship with a person/persons who are involved with the evaluation of the quotation(s), or where it is known that such a relationship exists between the person or persons for whom or on whose behalf the declarant acts and persons who are involved with the evaluation of the quotation.

IN ORDER TO GIVE EFFECT TO THE ABOVE, THE FOLLOWING QUESTIONNAIRE SHALL BE COMPLETED AND SUBMITTED WITH THE QUOTATION:

| POSITION OF DECLARANT | NAME OF TENDERER | |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SIGNATURE OF DECLARANT | QUOTATION NUMBER | DATE |
| 4.1 If "YES", state particulars | : | |
| between another tenderer and any i | th the quotation aware of any relationship person employed by the Province, concecurement Administration Office, who may tation? YES NO | rned with the Cer |
| 3.1 If "YES", state particulars | : | |
| YES NO | | |
| person employed by the Province, | h the quotation, have a relationship (famile concerned with the Central Procureme and who may be involved with the evaluat | nt Committee or |
| 2.1 If "YES", state particulars | : | |
| Are you or any person connected with | the quotation employed by the Province? | YES N |

AUTHORITY TO SIGN A QUOTATION

A. COMPANIES

If a Tenderer is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorising the person who signs this quotation to do so, as well as to sign any contract resulting from this quotation and any other documents and correspondence in connection with this quotation and/or contract on behalf of the company must be submitted with this quotation, that is before the closing time and date of quotation.

| DATE | 9 | DATE | | | DATE | |
|-----------------------------------------|---------------------|-----------------------------------------|-----------------------------------------|-----------|-----------------------------------------|-------------|
| SIGNATURE | | IGNATURE | ••••• | | SIGNATUR | |
| with this quotation a | and /or contract or | behalf of | ************* | | | ., |
| contract resulting fr | | | | | | connection |
| authorise | | | | | | |
| as | | | | , | | herel |
| We, the | undersigned | partners | in | the | business | tradir |
| *************************************** | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| *************************************** | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •••• | *************************************** | |
| | | *************************************** | | ***** | ************** | |
| Full name of partner | | Residential | address | | Signature | |
| partner: | omais in respect | | | | | , · · · · · |
| The following parti- | oulars in racreat | of every part | ner must | he furnis | hed and signed | d by ever |
| PARTNERSHIP | <i>≟</i> 359+11+41: | | | | | |
| WILLIAM STATES | _ | | | | | |
| WITNESSES: | | | | | | |
| SIGNATURE OF S | IGNATORY: | 44,544,11444,444,444,44 | ****** | DATE | • | |
| IN HIS/HER CAPA | CITY AS: | | | | | |
| SIGNED ON BEHA | LF OF COMPA | NY: | | | ***** | |
| | | | | | | |
| documents in conr | nection with que | otation/ conti | act on t | behalf of | f (Name of | Company |
| | (whose signa | iture appears | below) ha | s been di | ıly authorised | to sign al |
| | | | | | | |

| C. | SOLE PROPRIETOR (ONE - MAN BUSINESS | 8) |
|----|---------------------------------------------------|------------------------------------------------|
| | I, the undersigned | hereby confirm that I am the |
| | sole owner of the business trading as | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | SIGNATURE | DATE |
| D. | CLOSE CORPORATION | |
| υ, | In the case of a close corporation submitting | a quotation a certified copy of the Founding |
| | Statement of such corporation shall be included w | |
| | its members authoring a member or other offici | |
| | their behalf. | |
| | | |
| | By resolution of members at a meeting on | 20 at |
| | Mr./ Ms | , whose signature appears below, has |
| | been authorised to sign all documents in connec | ction with this quotation on behalf of (Name o |
| | close corporation) | |
| | SIGNED ON BEHALF OF CLOSE CORPOR | ATION |
| | | |
| | | |
| | IN HIS/HER CAPACITY AS: | |
| | DATE: | |
| | SIGNATURE OF SIGNATORY: | |
| | WITNESSES: 1 | |
| | 2 | |

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH Supply and install non slip tiles to Gateway Clinic

PROJECT SPECIFICATIONS

1. NOTES TO TENDERERS

1.1. SCOPE OF CONTRACT

This Contract is for the execution complete of the project indicated above.

1.2. CONTRACT DRAWINGS

This quotation document is to be read in conjunction with the drawings listed below which is issued together with this document.

Drawing Nos.: NIL

These drawings may be updated from time to time during the course of the Contract, and the Contractor must ensure at the time of the installation that he has the latest copy of all drawings. No claim will be considered for work, which requires to be changed due to the use of outdated drawings.

1.3. CONDITIONS OF CONTRACT AND PRELIMINARIES

1.3.1 PERIOD OF CONTRACT

SIX (6) WEEKS as the Contract Period for the completion of the Structural Work from date of Site handover.

1.3.2 CONTRACT GUARANTEE:

The successful Tenderer will **NOT** be required to submit a contract guarantee.

1.3.3 GUARANTEE PERIOD

The guarantee period for the Structural Work and all materials must be for a minimum of Three (3) months from the date of first delivery.

1.3.4 SITE AND MODE OF PROCEDURE

The work contained in this contract will be carried out on the site of APPLESBOSCH HOSPITAL

The Contractor is advised that the existing premises will be occupied throughout the period of the contract.

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

The repairs must be to the satisfaction of the KwaZulu- Natal Department of Health.

NB: Tenderers are advised to examine the drawings and visit the site prior to quoting and to acquaint themselves with the nature of the work to be done and access to the siting of the existing buildings etc., as no claim will be allowed on the grounds of ignorance of the conditions under which the work will be executed.

1.3.5 SATISFACTORY INSTALLATION

The whole of the installation 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, the South African Bureau of Standards Code of Practice for the Wiring of Premises and the Occupational Health and Safety Act 85 of 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.

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

Supply and install non slip tiles to Flu Clinic

AT APPLESBOSCH HOSPITAL

TECHNICAL SPECIFICATIONS

- 2. TECHNICAL SPECIFICATION
- 2.1 GENERAL

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.

- 2.2 THE WORK COMPRISES OF
- 2.2.1 SUPPLY AND INSTALL THE FOLLOWING
 - a) Supply and install tiles as per specification
 - b) Supply and lay screed as per specification
 - c) CONTRACTORS TO PRODUCE RECOMMENDATIONS OR COMPLETION REPORTS FOR WORK RENDERED (TO BE SUBMITTED WITH QUOTATION)
 - d) CERTIFICATE OF COMPLIANCE TO BE ISSUED FOR ELECTRICAL INSTALLATION
 - e) COMPANY SAFETY FILE
 - O CIDB GRADING 1GB, 1SO,1EE
 - g) EMPLOYMENT OF LOCAL LABOUR (TO BE ATTACHED)

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

Supply and install non slip tiles to GATEWAY CLINIC

AT APPLESBOSCH HOSPITAL

SCHEDULE OF RATES

3.1 ITEMS AND PRICING

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before quoting as to the correctness and sufficiency of his quote for the contract and of the rates and prices stated in the Schedule of Rates.

3.2 TAX AND DUTIES

Prices, quoted and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, including Value Added Tax (applicable to the current rate).

3.3 RATES

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labour, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates.

SCHEDULE OF RATES

WORK TO BE DONE AND SCHEDULE OF PRICES:

| em | DESCRIPTION | | QT Y | ŖATE | / UNIT | TOTAL | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| | | | 1 | R | С | R | c | |
| | NOTE: | | | | | | | |
| | All rates for items contained in this Schedule of Prices must be computed excluding the applicable Value Added Tax. | Accesses of | | | | | 370000 | |
| | The Administration reserves the right to Negotiate prices in the Bill of Quantities. | | | | | | | |
| | ZNQ Reference No.: | | | | | | | |
| | INSTITUTION: APPLESBOSCH HOSPITAL | 1 10000 | | - COUNTY - C | | v. | | |
| | SERVICE: Supply and install non slip tiles to GatewayClinic | Transition of the state of the | - Constant | i sawa | , very | | | |
| | All rates quoted shall be inclusive of transport, labour and profit. | | | 1 m | | L | | |
| | The Tenderer is advised that the Hospital is fully | | | | | | | |
| | 600 x 600 non slip Floor tiles anti slip to floors as Johnson Jason with anti-bacteria grouting with | m² | 150 | 0 | | | | |
| 1 | approved special adhesive Supply and install 50mm topping | m² | 15 | 0 | | | | |
| 2 | Supply and mount of the supply and mount of the supply and mount of the supply and the supply an | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Measurements to be verified | | | | | | | |
| | ried To Collection Summary PS 1 | | | | R | | | |

COLLECTION SUMMARY

INSTITUTION:

APPLESBOSCH HOSPITAL

PROJECT DESCRIPTION:

Supply and install non slip tiles to Gateway Clinic

NOTE:

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR AND RETURNED TOGETHER WITH THE QUOTATION FORM.

| Collection Summary PS 1 | R | |
|--------------------------------------|---|---|
| Collection Summary PS 2 | R | ; |
| | | |
| | | |
| , | | |
| | | |
| SUB-TOTAL: CARRIED TO QUOTATION FORM | R | |

IMPORTANT

THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE QUOTATION.

OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

| Site/building/institution involved: | APPLESBOSCH HOSPITAL |
|-------------------------------------|-----------------------------------------------------|
| Quotation No.: | 156/2019 |
| Service: | Supply and install non slip tiles to Gateway Clinic |
| ******* | ******************** |
| | OF (STATE NAME OF TENDERER) |
| | VISITED AND INSPECTED THE SITE ON |
| (DATE) Al | ND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES |
| AND THE SCOPE OF THE SERVIC | |
| | |
| | |
| | |
| SIGNATURE OF TENDERER OR | AUTHORISED REPRESENTATIVE |
| | |
| DATE: | |
| | |
| | |
| | |
| | |
| SIGNATURE OF DEPARTMENT. | AL REPRESENTATIVE |
| DEPARTMENTAL STAMP: | |
| DATE: | |

SCHEDULE OF VARIATIONS FROM GOODS OR SERVICES INFORMATION

Should the Tenderer wish to make any departure from or modifications in the Special Conditions of Contract, Specifications, Schedule list of Prices/ Quantities/ Drawings or to qualify the quotation in any way, he/she shall indicate the proposals clearly hereunder or alternatively make photocopies of the original quotation documentation.

| SECTION | PAGE | VARIATION: CLAUSE OR ITEM |
|---------|------|---------------------------|
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| SIGNATURE OF TENDERER: | | |
|------------------------|----------------------------------------|--|
| DATE: | ************************************** | |

- 21 - Ref : GATEWAY CLINIC

SCHEDULE OF ALTERNATIVE QUOTATIONS

Consideration will be given to alternative offers, which the Tenderer may wish to submit. Such offers shall be described, measured and priced in sufficient detail to enable the Province to evaluate the alternative. He/she shall set out his/her proposal clearly hereunder or alternatively make photocopies of the original quotation documentation.

| SECTION | PAGE | ITEM |
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| SIGNATURE OF TENDERER: | 500000000000000000000000000000000000000 |
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IMPORTANT

THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE QUOTATION.

QUESTIONNAIRE

| | | REPLIES |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| • | Are the prices/rates quoted firm? | |
| | Is the delivery period stated firm? | |
| , | How will delivery be effected? | |
| | Is the equipment guaranteed for a minimum period of six months? | |
| | Are you the accredited agents in the RSA for the manufacture/ supply of the goods offered by you? | |
| 5. | What is the address in the RSA (preferably in the Province of KwaZulu-Natal) where a machine/ goods as offered by you can be inspected under working conditions? | |
| '. | What is the approximate value of spares carried in stock in the RSA for this particular make and model of machine? | |
| 3. | Where are stock held? | |
|), | What facilities exist for the servicing of the machine/goods offered? | |
| 0. | Where are these facilities available? | |
| 1. | What are the names and addresses of the factories where the goods will be manufactured and, if required, inspected? | |
| 2. | Is a special import permit required? | |
| | | · |
| | SIGNATURE OF TENDERER | DATE |

SUMMARY FOR QUOTATION OPENING PURPOSES ONLY

(To be completed by Tenderer)

QUOTATION NUMBER:

PREFERENCE POINTS CLAIMED IN TERMS OF THE KWAZULU-NATAL PROCUREMENT REGULATION, 2001 (PREFERENCES ARE TO BE CLAIMED AS INDICATED IN THE GENERAL CONDITIONS AND PROCEDURES – ZNT6)

| 1, | QUOTATION PRICE INCLUDING V.A.T. R |
|----|-----------------------------------------------------------------------------------------------------------|
| 2. | AMOUNT IN WORDS: |
| | |
| 3. | TIME FOR COMPLETION/ DELIVERY: «SIX (6) WEEKS» |
| | IMPORTANT Mark appropriate block with "X" |
| 4. | HAVE ANY ALTERATIONS BEEN MADE? YES NO |
| 5. | HAS AN ALTERNATIVE QUOTATION BEEN SUBMITTED? YES NO |
| 6. | IF APPLICABLE: DID THE TENDERER ATTEND THE OFFICIAL BRIEFING SESSION/ COMPULSORY SITE INSPECTION? YES NO |
| | |
| | |
| _ | NAME OF COMPANY SIGNATURE DATE |