

ZNEGUTI

KZN Health Intranet

HOME CORPORATE HELEN ATION CRAPONER TO DISTRICT OFFICES HEALTH FACILITIES

Search this site

Q

KZN Health > Components > Supply Chain Management

AdvertQuote

Closing Date: Closing Time: INSTITUTION DETAILS Institution Name: Greytown hospital Frovince: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management GREYTOWN HOSPITAL (SCM) Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: CTW-27/09/2021 Item Category: Goods Very Computed Supplies OI UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select 2021-09-14 11:00	MEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Closing Date: 2021-09-14 Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Greytown hospital Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required GREYTOWN HOSPITAL (SCM) Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: ZNG: GTW:27/09/2021 tem Category: Goods Supply AND DELIVER X-RAY PORTABLE MACHINE Quantity (if supplies) 0: UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Pate: Genue: Quotes CAN BE COLLECTED FROM: QUOTES CAN BE COLLECTED FROM: QUOTES CAN BE COLLECTED TROM: QUOTES REGARDING THE ADVERT MAY BE DIRECTED TO: Imagin: Songularies Bongukwanda.DLamini@kznhealth.gov.za Gooda Green Supply And Deliver X-RAY PORTABLE MACHINE The Computed Select GRYTOWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GROWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GROWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GROWN HOSPITAL (SCM) DELIVER X-RAY PORTABLE MACHINE GREYTOWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GROWN HOSPITAL (SCM) DELIVER X-RAY PORTABLE MACHINE DATE SHOULD BE DELIVERED TO: GRYTOWN HOSPITAL (SCM) DELIVER X-RAY PORTABLE MACHINE DATE SHOULD BE DELIVERED TO: GRYTOWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GRYTOWN HOSPITAL (SCM) DELIVER X-RAY PORTABLE MACHINE DATE SHOULD BE DELIVERED TO: GRYTOWN HOSPITAL (SCM) DATE SHOULD BE DELIVERED TO: GRYTOWN HOSPITAL (SCM) DELIVER X-RAY PORTABLE MACHINE GRYTOWN HOSPITAL (SCM) DATE SHOULD BE DELIVER DATE SHOULD BE DELIVER DATE GROWN HOSPITAL (SCM) DATE SHOULD BE DELIVER DATE GROWN HOSPITAL (SCM) DATE SHOULD BE DELIVER DATE GROWN HOSPITAL (SCM) DATE SHOULD BE DELIVER DATE GROWN	Opening Date:	2021-09-07	
Closing Time: 11:00 INSTITUTION DETAILS Institution Name: Greytown hospital KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GTW:27/09/2021 Item Category: Goods Supply And Deliver X-RAY PORTABLE MACHINE Quantity (if supplies) OI UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Date: Imae: Genue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Game: S DLAMINI BONGUKWANDALDAMINI@KZNHEALTH.GOV.ZA G31 413 9431/225	Closing Date:	2021-09-14	
Institution Name: Greytown hospital KwaZulu-Natal Department or Entity: Department of Health Department or Section: Central Supply Chain Management GREYTOWN HOSPITAL (SCM) Date Submitted 2021-09-07 TITEM CATEGORY AND DETAILS Quotation Number: ZNC: GTW:27/09/2021 Goods Central Supply And DeLiver X-RAY PORTABLE MACHINE COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Sele	Closing Time:	11:00	1
Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required Date Submitted Date Supply AND DETAILS Quotation Number: Supply AND DETAILS Quotation Number: GTW:27/09/2021 Goods Supply AND DELIVER X-RAY PORTABLE MACHINE Date Management Date Select Type: Select Date: Supply Supply AND DELIVER Supply Supply AND DELIVER X-RAY PORTABLE MACHINE Date: Supply Supply AND DELIVER Supply Supply AND DELIVER X-RAY PORTABLE MACHINE Date: Supply AND Deliver X	INSTITUTION DETAILS		
Department or Entity: Department or Entity: Division or section: Central Supply Chain Management GREYTOWN HOSPITAL (SCM) Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: GTW:27/09/2021 Item Category: Goods Verm Description: Supply AND DELIVER X-RAY PORTABLE MACHINE Quantity (if supplies) OI UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Type: Select Type: Select Select Should Be Delivered To: Imme: Venue: RUOTES CAN BE COLLECTED FROM: SUUCTES SHOULD BE DELIVERED TO: GOOGLECTED FROM: SUUCTES REGARDING THE ADVERT MAY BE DIRECTED TO: Imme: Solandini BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA GOOTAGE Names of	Institution Name:	Greytown hospital	
Division or section: Central Supply Chain Management Place where goods / services !s required Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: GTW-27/09/2021 tem Category: Goods Supply AND DELIVER X-RAY PORTABLE MACHINE Description: Supply AND DELIVER X-RAY PORTABLE MACHINE COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Type: Select Venue: Quotes CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: SIMPLY MAY BE DIRECTE	Province:	KwaZulu-Natal	
Place where goods / services is required Date Submitted Date Supply And Details Date Supply And Details Date Supply And Details Date Supply And Details Machine Date	Department or Entity:	Department of Health	
Date Submitted 2021-09-07 ITEM CATEGORY AND DETAILS Quotation Number: GTW-27/09/2021 Goods Supply AND DELIVER X-RAY PORTABLE MACHINE Computed Supplies OI UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Type: Select Venue: Quotes CAN BE COLLECTED FROM: Quotes SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: (ame: S DLAMIN) GONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA (31 413 9431/225	Division or section:	Central Supply Chain Management	
ITEM CATEGORY AND DETAILS Quotation Number: GTW-27/09/2021 tem Category: Goods SUPPLY AND DELIVER X-RAY PORTABLE MACHINE Quantity (if supplies) OI UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Type: Part : Group: Quotes CAN BE COLLECTED FROM: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: (ame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA (31 413 9431/225	Place where goods / services is required	GREYTOWN HOSPITAL (SCM)	
Quotation Number: GTW:27/09/2021 Item Category: Goods SUPPLY AND DELIVER X-RAY PORTABLE MACHINE Quantity (if supplies) O1 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Select Quotes: Quotes CAN BE COLLECTED FROM: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Iame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA G31 413 9431/225	Date Submitted	2021-09-07	i
GTW:27/09/2021 Goods SUPPLY AND DELIVER X-RAY PORTABLE MACHINE Quantity (if supplies) O1 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Oate: Contest : Contest : Contest : Contest SHOULD BE DELIVERED TO: COMPULSORY BRIEFING SESSION / SITE VISIT Select Select Contest : Contest : Contest : Contest SHOULD BE DELIVERED TO: Contact Number: Contact Nu	ITEM CATEGORY AND DETAILS		
The Description: Supply and Deliver X-RAY PORTABLE MACHINE Outling Supplies) Of UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Oute: Time: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Inquiries: S DIAMINI BONGUKWANDA DIAMINI@KZNHEAITH.GOVZA CONTACT Number: Outling Supply and Deliver X-RAY PORTABLE MACHINE Select X-RAY PORTABL	Quotation Number:	The same of the sa	
Quantity (if supplies) O1 UNITS COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select O2 te: Time: (Penue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Iame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA O11 413 9431/225	tem Category:	Goods	~
COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Select Content :	tem Description:	SUPPLY AND DELIVER X-RAY PORTABLE MACHINE	
Select Type: Select	tem Description:	SUPPLY AND DELIVER X-RAY PORTABLE MACHINE	
Date: Da			
Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: INQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Iame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION	O1 UNITS	
Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: INQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Jame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA Ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION	O1 UNITS	
QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: INQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Iame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA Ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type:	O1 UNITS	*
NQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date :	O1 UNITS	
INQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Iame: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date:	O1 UNITS	
mail: BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date : Time:	O1 UNITS	
mail: BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	O1 UNITS	
ontact Number: 031 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Pate: Time: Penue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	01 UNITS I / SITE VISIT Select	
U31 413 9431/225	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date : Time: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVENTED TOME	O1 UNITS I / SITE VISIT Select ERT MAY BE DIRECTED TO:	
nance Manager Name: MR R HANIFF	Quantity (if supplies) COMPULSORY BRIEFING SESSION felect Type: Pate: Pa	O1 UNITS I / SITE VISIT Select ERT MAY BE DIRECTED TO: S DLAMINI	
	Quantity (if supplies) COMPULSORY BRIEFING SESSION Select Type: Date: Time: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVENTED TO: Takente: The control of th	O1 UNITS I / SITE VISIT Select ERT MAY BE DIRECTED TO: S DLAMINI BONGUKWANDA.DLAMINI@KZNHEALTH.GOV.ZA	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INV	7/09/2021	CLOSIN	NG DATE: 14	/09/20	21		CLC	SING T	ΓΙΜΕ:	11:00	
FACSIMILE NUMBER:	031 413 9431	E-MAII	L ADDRESS:	BONGUK	WANDA	DLAMIN	II@KZ	NHEAL	TH G	OV.Z/	1111(6)
PHYSICAL ADDRESS:	GREYTOWN H	OSPITAL,E	BELL STI	REET (GREY	TOW	N 32	50	min.	mumi	2 2
ZNQ NUMBER: GTW	:27/09/2021				51 -			-			
DESCRIPTION: SUP	PLY AND DEI	LIVER X-	RAY P	ORTA	BLE	MAC	HIN		итик	MITTER.	
CONTRACT PERIOD	(if applicable)	VALIDITY PERI	OD 60 Days		SARS	PIN	iilli			da. e-1111	
CENTRAL SUPPLIER DA	TABASE REGISTRATIO	N (CSD) NO.									
UNIQUE REGISTRATION	REFERENCE						Г" Т		т т	1	
									Ш		
DEPOSITED IN THE QUO	OTE BOX SITUATED AT	(STREET ADDR	RESS)								
jūją romania karaktina				///00//htm.	1122111111				imilio	4114724	01500011
диализмания этом	01111110010001(001000000				1)((1)(1)		,,,,.	((†((***))		1774744	0000000
Bidders should ensure consideration.	that quotes are delive	red timeously to	o the correc	t address	. If the	quote is	late, it	t will n	ot be	acce	pted for
The quote box is open from	m 08:00 to 15:30.										
ALL QUOTES MUST BE S	SUBMITTED ON THE O	FFICIAL FORMS	– (NOT TO B	E RE-TYP	ED)						
THIS QUOTE IS SUBJ PROCUREMENT REGUL CONDITIONS OF CONTR	ATIONS, 2011, THE GE	RENTIAL PROP NERAL CONDITI	CUREMENT IONS OF COI	POLICY NTRACT (FRAME! GCC) AN	WORK / ID, IF AP	ACT A PLICAE	ND TH BLE, AN	E PR	EFEF HER S	RENTIAL PECIAL
	THE FO (FAILURE TO DO	LLOWING PART SO WILL RESUL					ED)				
NAME OF BIDDER								************			
POSTAL ADDRESS											
STREET ADDRESS	,		**!			************		•••••			
TELEPHONE NUMBER	CODENUMBER.		FACSIM	ILE NUMB	ER C	ODE	NUN	IBER			
CELLPHONE NUMBER		***************************************									
E-MAIL ADDRESS		(*)									
VAT REGISTRATION NU	MBER (If VAT vendor)										
HAS A B-BBEE STATUS	LEVEL VERIFICATION	CERTIFICATE BI	EEN SUBMIT	TED? (SBI	D 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]

DESCRIPTION: SUPPLY AND DELIVER X- RAY PORTABLE MACHINE [By signing this document I hereby agree to all terms and conditions] CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

tem No	Quantity	Description	Brand &	Country of	Price	
			model	manufacture	R	- 1
		SUPPLY AND DELIVER				
	1	X- RAY PORTABLE MACHINE				
	UNITS					\top
						\top
	 					+
						+
	 					+
						+
					-	+
						+
	<u> </u>			_		+
						-
	-					-
						+
						\perp
						\downarrow
						\perp
						_
						\top
						Т
						\top
						7
						\top
						\top
				-		+
ALUE AD	DED TAX @	15% (Only if VAT Vendor)				+

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week	

Enquiries regarding the <u>quote</u> may be directed to:	
Contact Person S DLAMINI Tel: 031 413 9225 E-Mail Address BONGUKWANDA, DLAMINI@KZI	Enquiries regarding technical information may be directed to: Contact Person: S MAVUNA Tel 031 413 9400

DECLARATION OF INTEREST

1.		te an offer or offers in terms In view of possible allegation opersons connected with operation to the evaluating/adju y the state; and/or se behalf the bidding docun	s of this invitation ns of favouritism or related to the idicating authori ment is signed, i	n to quote (includen, should the resum, it is required the ty where-	es a price quotation, advetting quote, or part thereonat the bidder or his/her with persons/a person v	ertised competitive quote, of, be awarded to persons authorised representative who are/is involved in the
		ation of the quote(s), or who arant acts and persons who				
2.	In order to give effect to the	above, the following question	nnaire must be	completed and su	bmitted with the quote.	
	Full Name of bidder/represe				tration Number	
	Identity Number: Position occupied in the Co				Number:	
			•			
2.7.	The names of all directors a employee / persal numbers	/ trustees / shareholders / m must be indicated in paragr		idividual identity n		umbers and, if applicable, ICK APPLICABLE]
	Are you or any person conr		ntly employed b	y the state?		YES NO
2.8.1	I.If so, furnish the following p Name of person / director / t		er:			
	Name of state institution at v	vhich you or the person com	nected to the bio	dder is employed:		***************************************
202	Position occupied in the stat . If you are presently employed.					
2.0.2	in the public sector?	lyed by the state, did you of	piairi trie approp	mate authority to	undertake remunerative t	YES NO
	2.1. If yes, did you attach pr					120 140
(Note: I	Failure to submit proof of suc	<u>h authority, where applicabl</u> easons for non-submission c				
	Did you or your spouse, or					
	state in the previous twelve	months?			·	YES NO
	If so, furnish particulars:Do you, or any person conn					ved by the state and who
2.10		aluation and or adjudication		, (lamily, mond, or	ner) with a person emple	YES NO
	1. If so, fumish particulars:					\
	 Are you, or any person confemployed by the state who If so, furnish particulars: 	may be involved with the ev	aluation and or	adjudication of thi	s quote?	YES NO
	Do you or any of the directo					lated companies whether
2.12.	or not they are bidding for the so, furnish particulars					YES NO
	Full details of directors / tr					
NB;	The Department Of Health to ensure that their details a not be considered and pass	are up-to-date and verified of	on CSD. If the D	Department canno	t validate the informatio	n on CSD, the quote will
4	DECLARATION					
	HE UNDERSIGNED (NA NISHED IN PARAGRAI			*****************	CERTIFY THAT	THE INFORMATION
I AC	CEPT THAT THE STAT	E MAY REJECT THE (OUOTE OR A	CT AGAINST N	ME SHOULD THIS DI	ECLARATION
	VE TO BE FALSE.		`			
	e of bidder	Signature		osition	Date	•••••
1ºState	e" means –					
a) h)	any national or provincial depart constitutional institution within the Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity	meaning of the Public Finance M		provincial legislature national Assembly of Parliament.	the national Council of provinc	es; or

^{2&}quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
 - (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted, All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

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

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

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

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

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

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.			
(i) (ii)	The institution has determined that a compulsory site meeting Date/ Time 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 fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
 - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 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:

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

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

2. DEFINITIONS

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

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

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

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	_12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5	RID	DECL	AP/	MAIT

- 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	S-DDEL 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	
8.	iii) The B-BBEE status level of the sub-contractor	(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
Black people	V	V
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE	<u></u>	

9.	DECLAR	DECLARATION WITH REGARD TO COMPANY/FIRM				
9.1	Name of company/firm:					
9.2	VAT registration number:					
9.3	Company registration number:					
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BO	xj			
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited				
9.5		RIBE PRINCIPAL BUSINESS ACTIVITIES				
9.6		ANY CLASSIFICATION (TICK APPLICABLE B	ΔXI			
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	O/J			
9.7	Total n	umber of years the company/firm has been in b	susiness:			
9.8	I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:					
	i) The information furnished is true and correct;					
	ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;					
	iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor ma be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;					
	iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contra have not been fulfilled, the purchaser may, in addition to any other remedy it may have –					
	(a)	disqualify the person from the bidding process	s;			
	(b) recover costs, losses or damages it has incurre		red or suffered as a result of that person's conduct;			
	 (c) cancel the contract and claim any damages what arrangements due to such cancellation; 		which it has suffered as a result of having to make less favourable			
	(d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any or of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has be applied; and		d by the National Treasury from obtaining business from any organ			
	(e)	forward the matter for criminal prosecution.				
		ESSES	SIGNATURE(S) OF BIDDERS(S)			
	1		DATE:			
	2		ADDRESS			
	1					



Greytown Hospital Postal Address P\BAG X5562 Tel: 0334139400 Fax 0334132809 Email: bongi mabika@kznhealth gov.za www.kznhealth.gov.za DIRECTORATE:

RADIOGRAPHER

TO : HTS

FROM: MSSB Mavana

Chief Radiographer Greytown Hospital

DATE: 30\07\2021

SUBJECT: MOTIVATION FOR PROCURING OF MOBILE UNIT FOR COVID- 19 ISOLATION WARDS

PURPOSE:

To facilitate the procurement of radiology equipment for the management of suspected and confirmed patients of COVID- 19

BACKGROUND:

Current equipment status: The facility has two mobile x-ray units allocated at M4 running all wards and OPD accept maternity and nursery. Greytown hospital COVID-19 ward is situated at M3 with no portable machine to x-ray COVID-19 patients.

MOTIVATION:

The COVID 19 Isolation wards should have its own dedicated Xray mobile unit. This equipment is vital due to the fact that x-rays are forming part of the management of COVID-19 patients as a diagnostic tool for such patients and for their prognosis. The pandemic also demands strict observation of Infection Prevention and control therefore minimum with close to zero exposure to the same equipment of any other patients in the rest of the hospital who are not diagnosed with COVID 19.

IMPACT OF NOT PROCURING THIS VITAL EQUIPMENT

Failer of procuring x-ray mobile machine for M3 will lead to miss management of the infectious patients. M3 hospital has only one x-ray room that is used by all patients including staff ,mixing COVID-19 patients with other immune compromised patients it's a risk and it's not allowed.

FINANCIAL IMPLICATIONS:

The estimated cost is approximately R 480.000 for mobile x-ray units

REQUEST:

Procurement of the mobile Xray unit.

Ms S B Mavana	Date	
Thank you.	30/07/21	

Chief Radiographer Greytown Hospital

Supported/Not supported	
Dr K J Gabela	30\0-+\2021

Manager Medical Greytown Hospital.

Recommended /Not recommended							
Mrs K J Mngadi	Date						
Chief Executive Officer Greytown ho	spital						

KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING