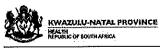
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Ndlovu Nombali 🕶 📍



**KZN** Health Intranet KZN HEALTH

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HOME CORPORATE INFORMATION COMPONENTS DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

| KWAZULU-NATAL PROVING HEALTH REPUBLIC OF SOUTH AFRICA | Quotation Advert                              |             |  |  |
|---|---|-------------|--|--|
| Opening Date:   | 2021-09-01                                    |             |  |  |
| Closing Date:   | 2021-09-09                                    |             |  |  |
| Closing Time:   | 11:00   | anner ann A |  |  |
| INSTITUTION DETAILS                                   |   |             |  |  |
| Institution Name:                                     | Mfundo Arnold Lushaba CHC                     | V           |  |  |
| Province:   | KwaZulu-Natal                                 |             |  |  |
| Department or Entity:                                 | Department of Health                          |             |  |  |
| Division or section:                                  | Central Supply Chain Management               |             |  |  |
| Place where goods / services is required              | Mfundo Arnold Lushaba Community Health Centre |             |  |  |
| Date Submitted  | 2021-08-31                                    |             |  |  |
| ITEM CATEGORY AND DETAILS                             | Exp. 22.2. 2.2. 2.3. 2.3. 2.3. 2.3. 2.3. 2    |             |  |  |
| Quotation Number:                                     | ZNQ:<br>ZNQ/MAL/0162/22                       |             |  |  |
| Item Category:  | Goods   | V           |  |  |
| Item Description:                                     | OFFICE FURNITURE                              |             |  |  |
|   |   |             |  |  |
| Quantity (if supplies)                                | AS PER ATTACHED SPECIFICATION                 |             |  |  |
| COMPULSORY BRIEFING SESSION /                         | SITE VISIT                                    |             |  |  |
| Select Type:  | Select  |             |  |  |
| Date :  |   | <b>10</b>   |  |  |
| Time:   |   |             |  |  |
| Venue:  |   |             |  |  |
| QUOTES CAN BE COLLECTED FROM:                         |   |             |  |  |
| QUOTES SHOULD BE DELIVERED TO:                        |   |             |  |  |
| ENQUIRIES REGARDING THE ADVER                         | T MAY BE DIRECTED TO:                         |             |  |  |
| Name:   | NOMBALI NDLOVU                                |             |  |  |
| Email:  | nombali.ndlovu@kznhealth.gov.za               |             |  |  |
| Contact Number:                                       | 039 972 8254                                  |             |  |  |

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

| STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00  |  |  |  |  |  |
|---|--|--|--|--|--|
| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT MFUNDO ARNOLD LUSHABA CHC   |  |  |  |  |  |
| DATE ADVERTISED: 01/09/2021 CLOSING DATE: 09/09/2021 CLOSING TIME: 11:00  |  |  |  |  |  |
| FACSIMILE NUMBER: E-MAIL ADDRESS nombali.ndlovu@kznhealth.gov.za  |  |  |  |  |  |
| PHYSICAL ADDRESS: Umzumbe Magistrate Court Road, Ward 19 Mnafu Area, Mtwalume 4186.   |  |  |  |  |  |
| ZNQ/MAL/0162/22  ZNQ NUMBER: ZNQ/MAL/0162/22  |  |  |  |  |  |
| DESCRIPTION: OFFICE FURNITURE   |  |  |  |  |  |
| CONTRACT PERIOD ONCE-OFF VALIDITY PERIOD 60 Days SARS PIN (if applicable)   |  |  |  |  |  |
| CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.  |  |  |  |  |  |
| UNIQUE REGISTRATION REFERENCE   |  |  |  |  |  |
|   |  |  |  |  |  |
| DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)   |  |  |  |  |  |
| MFUNDO ARNOLD LUSHABA COMMUNITY HEALTH CENTRE.  |  |  |  |  |  |
| UMZUMBE MAGISTRATE COURT ROAD WARD 19, MNAFU AREA MTWALUME 4186.  |  |  |  |  |  |
| Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted 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-RREE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)  |  |  |  |  |  |

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

| DEFICIAL | PRICE | PAGE | FOR | QUOTA | HONS |
|----------|-------|------|-----|-------|------|

ZNQ NUMBER: ZNQ/MAL/0162/22

|            |            |                         | modei            | Inanulacture                            | R                                       | C         |
|------------|------------|-------------------------|------------------|---|---|-----------|
| Item No    | Quantity   | Description             | Brand & model    | Country of manufacture                  | Price                                   |           |
| CAPACITY U | JNDER WHIC | CH THIS QUOTE IS SIGNED |                  | *************************************** |   | ********* |
|            |            | t                       | DATE.            |   |   | •         |
| DESCRIPTIO | OFFI       | CE FURNITURE            | Romannanan meman | 311311111111111111111111111111111111111 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | asemi     |
| OFFICIAL F | NICE PAGE  | I ON GOOTATIONS         | ENGINORE         |   | ***********                             | 5         |

| Item No  | Quantity   | Description                                  | Brand & | Country of  | Price |        |
|----------|------------|--|---------|-------------|-------|--------|
|          |            |  | model   | manufacture | R     | С      |
|          | 01 UNIT    | SWIVEL CHAIR LEATHER                         |         |             |       |        |
|          | 16 UNITS   | SWIVEL AND TILT OFFICE CHAIRS                |         |             |       |        |
|          | 10 UNITS   | OFFICE DESKS                                 |         |             |       |        |
|          | 01 UNIT    | COMPLAINTS/COMPLIMENTS/SUGGESTION BOX        |         |             |       | $\bot$ |
|          |            |  |         |             |       |        |
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|          |            |  |         |             |       |        |
|          |            | 100000                                       |         |             |       |        |
|          |            | SUPPLY AND DELIVER                           |         |             |       |        |
|          |            | ATTACH DETAILED CSD REPORT ON EACH QUOTATION |         |             |       |        |
|          |            | AS PER SPECIFICATION                         |         |             |       |        |
| VALUE AD | DED TAX @  | 15% (Only if VAT Vendor)                     |         |             |       |        |
| TOTAL QL | JOTATION P | RICE (VALIDITY PERIOD 60 Days)               |         |             |       |        |

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

| Enquiries regarding the <u>quote</u> may be directed to:  Contact Person NOMBALITel: 0399728254.  E-Mail Address nombali.ndlovu@kznhealth.go.za. |  |
|--|--|
|--|--|

#### **DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a

|                     | evaluation and or adjudication   | iew of possible allegations of fa<br>ersons connected with or relate<br>on to the evaluating/adjudicatin  | avouritismed to theing authorious signed, sknown | n, should the resulting<br>n, it is required that<br>ty where-<br>has a relationship wi<br>that such a relationsh | g quote, or part thereof, the bidder or his/her aut<br>the bidder or his/her aut<br>th persons/a person who<br>the persons between the pe | pe awarded to persons<br>horised representative<br>o are/is involved in the<br>erson or persons for or |
|---------------------|--|---|--|---|---|--|
| 2.                  | In order to give effect to the abo   | ove, the following questionnaire  | must be  | completed and subm  | itted with the quote.   |  |
| 2.2.                | Full Name of bidder/representation literative Number:  | . 311 141 181 112 124811 114 ((3 ( ) ) ) ( 1 *** ) ) ) )  | . 2.5.<br>der²):2.6.                             | Tax Reference Nur   | ion Number:<br>nber:<br>umber:  | *** *** *** ****   |
| 2.8.<br>2.8.1       | The names of all directors / truemployee / persal numbers must have you or any person connect. If so, furnish the following part Name of person / director / trus Name of state institution at which   | ustees / shareholders / member<br>ust be indicated in paragraph 3<br>ted with the bidder presently er<br>iculars:<br>tee / shareholder/ member:<br>th you or the person connected | rs, their ir<br>below.<br>nployed b              | by the state?   | (FIC)   | (APPLICABLE] YES NO  |
| 2.8,2               | Position occupied in the state in<br>, If you are presently employed<br>in the public sector?  | d by the state, did you obtain t  | he appro <sub>l</sub>                            | oriate authority to und   | ılars;lars;lertake remunerative wol   | rk outside employment  |
| 2.8.2<br>(Note: F   | .1. If yes, did you attach proof<br>failure to submit proof of such a  | of such authority to the quote  | documen  | t?<br>the disqualification o  | f the quote.)   |  |
| 2.8.2<br>2.9.       | .2. If no, furnish reas Did you or your spouse, or any state in the previous twelve mo . If so, furnish particulars:   | ons for non-submission of such<br>y of the company's directors / to<br>onths?   | n proof:<br>rustees /                            | shareholders / memb   | ers or their spouses con  | duct business with the   |
| 2.10.<br>2.10.      | Do you, or any person connect may be involved with the evaluation. If so, furnish particulars:   | ted with the bidder, have any re<br>nation and or adjudication of thi   | elationship<br>s quote?                          | o (family, friend, other  | ) with a person employed  | YES NO   |
|                     | Are you, or any person connected employed by the state who mathematical from the state who mathematically from the state who mathematically from the state of the | y be involved with the evaluation   | on and or  | adjudication of this q  | uote?   | bidder and any person YES NO   |
| 2.12.               | Do you or any of the directors a or not they are bidding for this 1. If so, furnish particulars:   | trustees / shareholders / memb<br>contract?   | pers of the                                      | e company have any  | interest in any other relate  | ed companies whether YES NO  |
|                     | Full details of directors / trus The Department Of Health will to ensure that their details are not be considered and passed   |   | trustees<br>D. If the                            | Department cannot v   | alidate the information of  | suppliers' responsibility<br>on CSD, the quote will  |
| 4                   | DECLARATION  |   |  |   |   |  |
|                     | IE UNDERSIGNED (NAM<br>NISHED IN PARAGRAPH   |   |  | ***************************************   | .CERTIFY THAT TH  | IE INFORMATION   |
|                     | CCEPT THAT THE STATE<br>IVE TO BE FALSE.   | MAY REJECT THE QUOT   | E OR A   | CT AGAINST ME   | SHOULD THIS DEC   | CLARATION  |
|                     | e of bidder  | Signature   |  | osition   | Date  |  |
| ¹"State<br>a)<br>b) | "means —<br>any national or provincial department<br>constitutional institution within the me<br>Act, 1999 (Act No. 1 of 1999);<br>any municipality or municipal entity;   | nt, national or provincial public entity<br>aning of the Public Finance Managen   | y or c)<br>nent d)<br>e)                         | provincial legislature;<br>national Assembly or the<br>Parliament.  | e national Council of provinces;  | or   |

<sup>&</sup>lt;sup>22</sup>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 initialied.
- 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)<br>(ii) | The institution has determined that a compulsory site meeting  Date                                 | take place  |
| Institu     | 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
- 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    |

- 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:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 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 Contributo | or 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 | AR A | ACITA |
|---|-----|------|------|-------|

- 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 | 7.1.1 If yes, indicate:   |                    |          |   |  |  |
| 8.    | i) What percentage of the contract will be subcontracted  ii) The name of the sub-contractor  iii) The B-BBEE status level of the sub-contractor  Whether the sub-contractor is an EME or QSE | 11++11+2           | box)     |   |  |  |
|       | <ul> <li>Specify, by ticking the appropriate box, if subcontracting with an enterprine Preferential Procurement Regulations, 2017:</li> </ul>   | se in terms of YES | NO       |   |  |  |
|       | Designated Group: An EME or QSE which is at last 51% owned by:  | EME<br>√           | QSE<br>√ |   |  |  |
|       |   | <u> </u>           |          | 1 |  |  |

| Preferential Procurement Regulations, 2017:                       |     |     |
|---|-----|-----|
| 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 |     |     |
| Cooperative owned by black people                                 |     |     |
| Black people who are military veterans                            |     |     |
| OR  |     |     |
| Any EME   |     |     |
| Any QSE   |     |     |

| 9.  | DECLARATION WITH REGARD TO COMPANY/FIRM   |  |   |  |  |  |  |  |  |  |
|-----|---|--|---|--|--|--|--|--|--|--|
| 9.1 | Name of company/firm:   |  |   |  |  |  |  |  |  |  |
| 9.2 | VAT registration number:  |  |   |  |  |  |  |  |  |  |
| 9.3 | Company registration number:  |  |   |  |  |  |  |  |  |  |
| 9.4 | TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]   |  |   |  |  |  |  |  |  |  |
|     | ()<br>()<br>()<br>()  | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited  |   |  |  |  |  |  |  |  |
| 9.5 | DESC  | DESCRIBE PRINCIPAL BUSINESS ACTIVITIES   |   |  |  |  |  |  |  |  |
|     |   |  |   |  |  |  |  |  |  |  |
| 9.6 |   | ANY CLASSIFICATION [TICK APPLICABLE BOX  |   |  |  |  |  |  |  |  |
| O10 |   | Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.  | •   |  |  |  |  |  |  |  |
| 9.7 | Total number of years the company/firm has been in business:  |  |   |  |  |  |  |  |  |  |
| 9.8 | the B-l   | ne undersigned, who is / are duly authorised to do<br>BBE status level of contributor indicated in paragra<br>ference(s) shown and I / we acknowledge that:  | so on behalf of the company/firm, certify that the points claimed, based or aphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for  |  |  |  |  |  |  |  |
|     | i) Ti   | he 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; |  |   |  |  |  |  |  |  |  |
|     |   | lii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may<br>be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct; |   |  |  |  |  |  |  |  |
|     |   | the B-BBEE status level of contributor has been cl<br>ave not been fulfilled, the purchaser may, in addition   | laimed or obtained on a fraudulent basis or any of the conditions of contraction on to any other remedy it may have –   |  |  |  |  |  |  |  |
|     | (a)   | disqualify the person from the bidding process;  |   |  |  |  |  |  |  |  |
|     | (b)   | recover costs, losses or damages it has incurred   | d or suffered as a result of that person's conduct;   |  |  |  |  |  |  |  |
|     | (c)   | cancel the contract and claim any damages wh arrangements due to such cancellation;  | ich it has suffered as a result of having to make less favourable   |  |  |  |  |  |  |  |
|     | (d)   | who acted on a fraudulent basis, be restricted b   | areholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ fter the audi alteram partem (hear the other side) rule has been |  |  |  |  |  |  |  |
|     | (e)   | forward the matter for criminal prosecution.   |   |  |  |  |  |  |  |  |
|     | WITN  | ESSES  | SIGNATURE(S) OF BIDDERS(S)  |  |  |  |  |  |  |  |
|     | 1   |  | DATE:   |  |  |  |  |  |  |  |
|     | 2   |  | ADDRESS   |  |  |  |  |  |  |  |

| Health<br>PROVINCE OF I  | CIVA 701111                 |                                   |                                  |  | 於例信則於                             | TITINE NIME                  | FEZ-SOTESIN      | Zar Carrier                             |           |
|--|-----------------------------|-----------------------------------|----------------------------------|--|-----------------------------------|------------------------------|------------------|---|-----------|
| Quote Numbe  | PEAZULU-NATA                | L "5                              | ,                                |  | STORY STATE                       | 和的小师                         |                  |   |           |
| ltem Descripti   |                             | Swigel                            | T Out                            | 1- 1-  |                                   | <i>ţ.</i>                    | , ,              | و پښه اسويلو . منځه                     |           |
| Department/Se  | 1                           | DE 010 0                          | -4411<br>-4411                   | leather  | paddec                            | 1 Deap                       | nic with         | . k. L.                                 | :<br>سر ۱ |
|  |                             |                                   | the                              |  | Purpose o                         | f Item·                      | CAN              | Office                                  | orbbiet   |
| 11 4 4   | cation crit                 | eria if any:                      |                                  |  |                                   |                              | 2000             | office                                  |           |
| Regulatory   | tem requi<br>Body / certi   | red to have a fication require    | regulatory<br>d if Yes: <u>-</u> | body certificati<br>SABS   | on (e.g. SABS                     | , sans, san                  | IAS, ISO, CIE    | )B, etc.)? Ves                          | :/No      |
| if Yes, spec   | fy: Date                    | site inspection                   | n / briefing<br>Time             | session require  | d? Yes (No)                       |                              |                  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |
|  | H                           |                                   |                                  | quote? Yes /   |                                   |                              |                  | 9                                       | . ,       |
| 1.4. Provision if Yes, specify   | ns of sect                  | ion 4(1)(a) of t                  | he PPPFA                         | Regulations,20   | 17 if applicabl                   | le? Yes /Nō                  | · ·              |   |           |
| 1.5. Liability if Yes, specify:  | Cover insi                  |                                   |                                  |  |                                   |                              |                  |   | •         |
| 2. What is the s   | pecification<br>be advertis | of the requir                     | ed item?                         | ,  |                                   |                              |                  |   |           |
| - 1. Surve   | cha.                        | r leath                           | 21 00-                           | 4401 = 6   |                                   | Comment                      |                  |   |           |
| 3. A (mge)   | Suppe                       | >64                               | 4 100                            | स्त्रेश छ्ट  | VIC MILE                          | 01                           |                  |   |           |
| 4. Roods, no   | der                         | <u></u>                           |                                  |  | 10                                | Bolla                        |                  |   |           |
| 5. Dahar   | told a                      | <u> </u>                          |                                  |  | •                                 | Syron                        | برر <sup>ب</sup> |   |           |
| Black Ti   | DO 110                      | JOHT - S                          | DOD P                            | 1 200  | 10.7                              | <u> </u>                     | School           | n_1                                     |           |
| <ol><li>Does a sample</li></ol>  | need to be                  | Submittado i                      | (2-16)                           |  | <u> </u>                          |                              | ~ 1 _ 1          | .1 1                                    |           |
| <ol> <li>Does a sample</li> <li>3.1. Deadline for</li> </ol>   |                             |                                   | /                                | Time   | , 51                              | tect                         | / -              | 601/2.                                  |           |
| 3.2. Specify that  | samples m                   | ust be made av                    | ailable whe                      | en requested in v  | vriting Voc                       |                              |                  |   |           |
|  |                             |                                   |                                  |  |                                   | l or No L_                   |                  |   |           |
| 4.1. If the supplie contract, the as a penalty,  | r fails to d                | eliver any or                     | all of the a                     | lond-  | •                                 |                              |                  |   |           |
| ontract, the   | burchaser s                 | hall, without pr                  | ejudice to i                     | ts other rome "  | orm the service                   | es within the                | Derind(s) en     | nade i i                                |           |
| prime interest   | a sum calcula               | sulated on the<br>ated for each d | delivered p                      | loods or to perfo<br>ts other remedle<br>Drice of the dela<br>elay until actual c  | s under the cor<br>yed goods or ι | ntract, deduc<br>unperformed | t from the co    | ontract price,                          |           |
| 5. What is the evalua  | lion critori                | alan ka                           |                                  | actual c   | felivery or perfo                 | ormance.                     | -5171003 ((3)))  | y the current                           |           |
| 5. What is the evalua  List evaluation criteria / s  1. Pre-qualification crit   | pecial term                 | s and condition                   | ns and cor                       | nditions to be a   | dvertised?                        |                              |                  |   |           |
| Land of the second control of the second con | eria Does                   | the offer meat                    | is to be adv                     | vertised (if applic  | able)                             |                              |                  |   |           |
| , commustrative  | Does                        | the offer comp                    | du to -ti -t                     | amication criteria   | ?                                 |                              |                  |   |           |
| Conformance:     Performance:  | Wast                        | he product ma                     | de or servic                     | allication criteria<br>ated administrative<br>performed to solid its performed to solid its performed.   | e requirements                    | s?                           |                  |   |           |
|  | Will/de                     | es the produc                     | Vservice ful                     | ce performed to solid its performance ract?  | pecifications?                    |                              |                  |   |           |
| 5. Features:   | What                        | Il liabilities und                | ler the conti                    | ract?  | e obligation, in                  | a manner th                  | at releases th   | e supplier                              |           |
| 6. Reliability:  | i i How id                  | na can a ara di                   |                                  | add of selvice   | nave?                             |                              |                  | - onbhilet                              |           |
|  | What is                     | the useful life                   | to go be(w.                      | een fallures and   | the need for m                    | aintenance2                  | laure 1          |   |           |
| Serviceability:     Ability & Capacity   | How ea                      | sy is it to repa                  | ir, maintain                     | duct? How will the post of the | e product hold                    | up under ext                 | (Snatautee)      |   |           |
| 10. Preference points  | The abi                     | lity and capaci                   | ty of the ve                     | or support the p   | roduct or servic                  | ce? (custome                 | ( SUpport)       |   |           |
| T - Forer once points  | Prefere                     | ntial Procurem                    | ent System                       | ndor to execute<br>(80/20) if applic   | he contract                       |                              | · oabbott)       |   |           |
|  |                             |                                   |                                  | (19120) ii appiic  | able .                            |                              |                  |   |           |
| Name of End-user (in full)   | 18-01                       | Mas                               | ule                              |  |                                   |                              | Þ                |   |           |
| Designation / Rank (in full)   | 1                           |                                   |                                  | Name of SCM  | Rep (in full)                     | 00                           | 7/ '             | 7                                       |           |
| Signature  | TO THE                      | wind (                            | lelic                            | Designation/ R   | ank (in full)                     | - KY                         | MAMIN            | 7                                       |           |
| Dale   | 3/10                        | 1000                              |                                  | Signature  |                                   | 105m                         | ~                |   |           |
| Standard End-User Specific   | tion Form                   | 6,5051                            |                                  | Date   |                                   | 2/104                        | 1/200            |   |           |
| , ==   |                             | · ·                               | •                                | ٠.   | 7                                 | 1 24 / 14                    | 1/202/<br>Pag    | ge 1 of 1                               |           |

### Assets and Disposal Management

MFUNDO ARNOLD LUSHABA CHC

Postal Address

Private Bag X07, Hibberdene, 4220

Physical Address Mnafu Area, Magistrate Court Road, Ward 19, Umzumbe

Tel I: (039) 9726092

Email address : Diamini,praisegod@kzn.gov.za

www.kznhealth.gov.za

# SPEC FOR SURGICAL STORES CONSUMABLES, FURNITURE & EQUIPMENT

SPEC NO: 190 2122

ITEM: Swivel chair leather

| ON | Swivel chair leather                |
|----|-------------------------------------|
|    | Unit                                |
|    | As per quotation form SABS APPROVED |
|    | IRED                                |

## WHAT IS THIS TEM/PRODUCT USED FOR?

For the CEO's office, current chair is not in a good state

#### SPECIAL CONDITIONS

- Please submit sample when requested to do so, should you fail to submit, your quotation will be disqualified
- The Department is not compelled to accept lowest price only, evaluation criteria of your bid / quote will be based on Price, Functionality and as prescribed on Broad Based Black Economic Act and Preferential Procurement Policy

## FEATURES EXPECTED FROM THE PRODUCT TO BE EVAL

| ESTABLISHED (SCOPE)    |
|------------------------|
| pecifications attached |
|                        |
|                        |
|                        |
|                        |
| <br>   ·               |

AUTHORISED BY BID SPECIFICATION COMMITTEE / RESPONSIBILTY MANAGER Initials and Surname **Portfolio** Signature Date Mr. Dlamini PP Chairperson Ms. Pillay D Member Mrs. Ngcobo N L Member Mrs. Dlamini TP Member Mr. Mkhize M J Member

### health Health PROVINCE OF KWAZULU-NATAL Quote Number: OFFICE CHAIR Item Description: FOR OFFICE USE Purpose of Item: PHC MOBILE Department/Section: Pre-qualification criteria if any: 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes: 1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date \_\_\_\_/\_\_\_Time\_\_\_\_Place \_\_\_\_ 1.3. Is local production and content part of the quote? Yes / No if Yes, specify: \_\_\_ 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No if Yes, specify: \_ 1.5. Liability Cover insurance? Yes / No if Yes, specify: What is the specification of the required item? Comment List specifications to be advertised OFFICE CHAIR- FULL BACK SWIVEL SE007 LENGTH-85cm 2. WIDTH-57cm 3. HIEGTH-64dm 4. COLOR-BURGURNDY 5. Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2) 3.2. Specify that samples must be made available when requested in writing. Yes or 4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the 4. Penalties to be noted by the suppliers: 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. What is the evaluation criteria / special terms and conditions to be advertised?

| =    | What is the   | evaluation criteria / special terms and conditions (if applicable) |  |  |  |  |  |  |  |
|------|---------------|--|--|--|--|--|--|--|--|
| 0.   | Tyliat is the | Maria / apocia   | terms and conditions to be advertised (if applicable)  |  |  |  |  |  |  |
| List | evaluation cr | iteria / specia  | Does the offer meet the pre-qualification criteria?  |  |  |  |  |  |  |
| 1.   | Pre-qualific  | ation criteria   | Does the offer meet the pro-quantum administrative requirements?   |  |  |  |  |  |  |
| 2.   | Administrati  |  | Does the offer comply to stipulated administrative requirements?   |  |  |  |  |  |  |
|      | Conforman     | `a'  | Was the product made or service performed to specifications?  Was the product made or service performed to specifications in a manner that releases the supplier                 |  |  |  |  |  |  |
| 3.   |               |  | Was the product made or service performed to specification.  Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier             |  |  |  |  |  |  |
| 4.   | Performano    | e:   | Compatible by the contract   |  |  |  |  |  |  |
|      |               |  |  |  |  |  |  |  |  |
| 5.   | Features:     |  |  |  |  |  |  |  |  |
| 6.   | Reliability:  |  | How long can a product go between ratifies and the recent hold up under extended use?  What is the useful life for the product? How will the product hold up under extended use? |  |  |  |  |  |  |
| 7.   | Durability:   |  | What is the useful life for the product? How will are product assistance? (customer support)   |  |  |  |  |  |  |
|      | 7 11          |  | The require it to repair maintain or support the product of services (determine)   |  |  |  |  |  |  |
| 8.   | Serviceabili  |  | The ability and capacity of the vendor to execute the contract   |  |  |  |  |  |  |
| 9.   | Ability & Ca  |  | Preferential Procurement System (80/20) if applicable  |  |  |  |  |  |  |
| 10   | Preference    | points   | Preferential Procurement System (60/25) in application   |  |  |  |  |  |  |
|      | 1             |  |  |  |  |  |  |  |  |

| Signature | 1 22/06/21 | I of 1 |
|-----------|------------|--------|
|-----------|------------|--------|

Standard End User Specification Form



Mrs. Dlamini T P

Mrs. Ngcobo N L

Ms. D Pillay

| L |  |
|---|--|

Health PROVINCE OF KWAZULU-NATAL ASSET AND DISPOSAL MANAGEMENT MFUNDO ARNOLD LUSHABA CHC

Private Bag X07 HIBBERDENE 4220
Umzumbe Magistrate Court Road
Ward 19, Mnafu Area, Turton MTWALUME 4186
Tel.: (039) 972 6092 Fax:(039) 972 6098
Email.:praisegod.dlamini@kznhealth.gov.za

www.kznhealth.gov.za

202

#### SPEC FOR SURGICAL STORES CONSUMABLES, FURNITURE & EQUIPMENT

| SPEC NO:                   | 050/2122   | ITEM: SWIVEL C                 | HAIRS                            |                             |  |  |  |  |
|----------------------------|--|--------------------------------|----------------------------------|-----------------------------|--|--|--|--|
| ITEM DESC                  | RIPTION  | SWIVEL CHAIRS                  |                                  |                             |  |  |  |  |
| UNIT OF IS                 | SUE  | Units                          |                                  |                             |  |  |  |  |
| SIZE                       |  | AS PER SPECIFICA               | TION ATTACHED                    |                             |  |  |  |  |
| QUANTITY                   |  |                                |                                  |                             |  |  |  |  |
|                            |  | SABS AND ISO                   |                                  |                             |  |  |  |  |
|                            |  |                                |                                  |                             |  |  |  |  |
| WHAT IS TO                 | IIS ITEM/PRODUCT U   | SED FOR?                       |                                  |                             |  |  |  |  |
| FOR OFFIC                  | E USE.   |                                |                                  |                             |  |  |  |  |
| SPECIAL C                  | ONDITIONS  |                                |                                  |                             |  |  |  |  |
| <ul> <li>The De</li> </ul> | submit sample when requested<br>partment is not compelled to ac-<br>nality, and as prescribed on Bro | cept lowest price only, evalua | ition criteria of your bid / quo | ite will be based on Price, |  |  |  |  |
| FEATURES                   | EXPECTED FROM TH   | IE PRODUCT TO BE               | EVALUATED (SCC                   | PE)                         |  |  |  |  |
| SEE SPEC                   | FICATION ATTACHE   | ED                             |                                  |                             |  |  |  |  |
|                            |  |                                |                                  |                             |  |  |  |  |
| # ( 13°) (^\m)to           | ED BY BID SPECIFICA  | TION COMMITTEE                 | I DESDONSIBIL TV (               | MANAGER                     |  |  |  |  |
| Initials and               |  | Portfolio                      | Signature                        | Date                        |  |  |  |  |
| muais anu                  | Burnasite  | FOILIONO                       |                                  |                             |  |  |  |  |
| Mr. PP Dlan                | ini  | Chairperson                    |                                  | 11.08.2021                  |  |  |  |  |
| Mr. Mkhize                 | vi J   | Member                         | 4                                | 11/08/2021                  |  |  |  |  |
| 1                          |  |                                |                                  |                             |  |  |  |  |

UMnyango Wezempilo. Departement van Gesondheid

Member

Member

Member

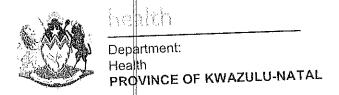
Fighting Disease, Fighting Poverty, Giving Hope

| . \@ | u h   | ealth                                   |   | MEMBE                  |  | CATION FORM  |  |  |
|------|---|---|---|------------------------|--|--|--|--|
|      | De  | partment:                               |   |                        |  |  |  |  |
|      | PR  | ealth<br>OVINCE OF KWAZUL               | U-NATAL   |                        |  |  |  |  |
|      | Quot  | e Number:                               |   |                        | <del></del>  |  |  |  |
|      |   | mttlass                                 | OFF   | ICE DESK               |  |  |  |  |
|      | Item  | Description:                            | 911   | IOL DLU.               | •••  | FOR MAXIMUM TABLE WORKSURFACE                            |  |  |
|      | Depa  | artment/Sectio                          |   | MOBILE                 | Purpose of Item:   | FOR MIAXIMION TABLE WOUNTED                              |  |  |
|      | 1.  | Pre-qualificat                          | on criteria   | if any:                |  | OLD Ata 12 Vas / No.                                     |  |  |
|      |   | 1.1 Is the ite                          | n required  | to have a regul        | atory body certification (e.g  | , SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:         |  |  |
|      |   | Regulatory Boo                          | v / certificat  | ion required if Y      | es: क्षेत्र के किंदिन के किंदि |  |  |  |
|      |   |   |   |                        |  |  |  |  |
|      |   | 1.2. Is a com                           | oulsory site  | inspection / b         | riefing session required? Y  | es / No  |  |  |
|      |   | if Yes, specify                         | Date  | // <u>/</u> Ti         | me Place   |  |  |  |
|      |   |   |   |                        |  |  |  |  |
|      |   |   |   | and content pa         | rt of the quote? Yes / No  |  |  |  |
|      |   | if Yes, specify:                        |   | 4. (4.5.4.4.5.5.5      |  |  |  |  |
|      |   |   | _ ,   | 4(4)(a) af tha         | DDDEA Regulations 2017 if  | fapplicable? Yes / No                                    |  |  |
|      | 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No if Yes, specify  |   |   |                        |  |  |  |  |
|      | if Yes, specify   |   |   |                        |  |  |  |  |
|      |   |   |   |                        | ^  |  |  |  |
|      | 1.5. Liability Cover insurance? Yes / No if Yes, specify  |   |   |                        |  |  |  |  |
|      |   | if Yes, specify                         | <u> </u>  | 7,611, 124 (3m fr. ) 4 |  |  |  |  |
|      |   |   | 100 - 11 -  | £4ba raquire           | nd item?   |  |  |  |
|      | 2.  | What is the                             | pecificatio   | n of the require       | - TO TROTTO  | Comment  |  |  |
|      | 1   | specifications                          | CO DE AUVEIL  | M                      |  |  |  |  |
|      | 1.  |   | THEGHT:73CM   |                        |  |  |  |  |
|      | 2.  | WIDTH: 60CN<br>LENGTH/ DE               |   | 1                      |  |  |  |  |
|      | 3.  | LENGTH DE                               | D WITH EIT  | TED DRAWER             | S X3   |  |  |  |
|      | 4.  | STYLE: WOO                              | VALLILLA  | TALE BITTING           |  |  |  |  |
|      | 5.  |   |   |                        |  |  |  |  |
|      | 2   | Door a cam                              | ole need to   | be submitted?          | Yes / No(select option 3.1 or  | * 3.2)   |  |  |
|      | 3.  | 3.1 Deadlin                             | Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2)  3.1. Deadline for submission if Yes: Date |                        |  |  |  |  |
|      | or  | U. I. Deddin                            | THE TOT SUBTRISSION & FOO. DATA   |                        |  |  |  |  |
|      | Oi.   | 3.2 Specify                             | y that samples must be made available when requested in writing. Yes or No  |                        |  |  |  |  |
|      |   |   | line outriples  |                        |  |  |  |  |
|      | 4.  | Penalties to be noted by the suppliers: |   |                        |  |  |  |  |
|      | 4.1. If the supplier fails to deliver any or all of the goods of the contract the contract deduct from the contract price.  |   |   |                        |  | lies under the contract, deduct from the contract price, |  |  |
|      | 4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the services within the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price 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 curre as a penalty, a sum calculated on the delivered price of the delayed goods or unperformance. |   |   |                        |  | played goods or unperformed services using the current   |  |  |
|      |   | as a pe                                 | nalty, a sur  | n calculated on        | ch day of the delay until actua  | al delivery or performance.                              |  |  |
|      |   | prime ir                                | terest rate of  | calculated for ea      | ch day of the delay diffit dotal   | and delivery exp   |  |  |
|      |   |   |   | oritoria l'enocia      | I terms and conditions to b  | e advertised?  |  |  |
|      | 5.  | What is the                             | evaluation (  | of terms and cor       | nditions to be advertised (if ap   | oplicable)   |  |  |
|      |   | t evaluation cr                         | teria / speci-  | I Dood the offer       | meet the file-dualilication or   | toria:   |  |  |
|      | 1.  | Pre-qualifica                           |   | Does the offer         | comply to stipulated adminis   | trative requirements?                                    |  |  |
|      | 2.  | Administrati                            |   |                        | t an contino performer   | d to specifications (                                    |  |  |
|      | 3.  | Conformanc                              | J   | 14 CUI de en the       | product/service fulfil its perfor  | mance obligation, in a manner that releases the supplier |  |  |

| 5.   | what is the eve    | aluation of  | tellar specificad (if applicable)  |
|------|--------------------|--------------|--|
| List | evaluation criteri | ia / special | terms and conditions to be advertised (if applicable)  |
| 1    | Pre-qualification  |              | n the offer most the file-file-file-file-file-file-file-file-  |
| 2.   | Administrative     |              | Does the offer comply to stipulated administrative requirements?   |
|      |                    |              |  |
| 3.   | Conformance:       |              | Was the product made or service performed to specification, in a manner that releases the supplier Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier |
| 4.   | Performance:       |              | from all liabilities under the contract?   |
|      |                    |              | to the deep the product of Service Dave?   |
| 5.   | Features:          |              |  |
| 6.   | Reliability:       |              | - 5.1 life for the product? How will the product floid up under extended dos.  |
| 7.   | Durability:        |              | What is the useruffile for the product from the product or service? (customer support)  How easy is it to repair, maintain or support the product or service? (customer support)                           |
| 8.   | Serviceability:    |              | How easy is it to repair, maintain of support the product of the contract  |
| 9.   | Ability & Capac    | nië.         | The ability and capacity of the vendor to execute the contract   |
|      | Preference poir    |              | Preferential Procurement System (80/20) if applicable  |
| 10.  | 1 10,0,0100 poi    |              |  |

|   |             |                             | 1805        |
|---|-------------|-----------------------------|-------------|
| [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ | MN SHELEMBE | Name of SCM Rep (in full)   | PPD/AMINI   |
| Name of Lita-days (in tail)             | ADMIN CLERK | Designation/ Rank (in full) | SEMP        |
| Designation / Rank (in full)            | <u> </u>    |                             | 20/-        |
| Signature                               | M. 00       | Signature                   | ANY         |
|   | 22/06/21    | Date                        | 10.08.2021  |
| Date                                    |             |                             | Page 1 of 1 |

Standard End-User Specification Form



### ASSET AND DISPOSAL MANAGEMENT MFUNDO ARNOLD LUSHABA CHC

Private Bag X07 HIBBERDENE 4220 Umzumbe Magistrate Court Road Ward 19, Mnafu Area, Turton MTWALUME 4186 Tel.: (039) 972 6092 Fax (039) 972 6098 Email.:praisegod.dlamini@kznhealth.gov.za

www.kznhealth.gov.za

# SPEC FOR SURGICAL STORES CONSUMABLES, FURNITURE & EQUIPMENT

SPEC NO:079 2122

ITEM: OFFICE DESKS

| 0, 20,000                    | 1 2122         |                                     |
|------------------------------|----------------|-------------------------------------|
| ITEM DESCRIPT                | ION            | OFFICE DESKS                        |
| UNIT OF ISSUE                |                | Units AS PER SPECIFICATION ATTACHED |
| QUANTITY REQ<br>QUALITY STAN | UIRED<br>DARDS | 06<br>SABS AND ISO                  |
|                              |                |                                     |

## WHAT IS THIS ITEM/PRODUCT USED FOR?

FOR MAXIMUM TABLE WORKSURFACE..

### SPECIAL CONDITIONS

- Please submit sample when requested to do so, should you fail to submit, your quotation will be disqualified
- The Department is not compelled to accept lowest price only, evaluation criteria of your bid / quote will be based on Price, Functionality, and as prescribed on Broad Based Black Economic Act and Preferential Procurement Policy

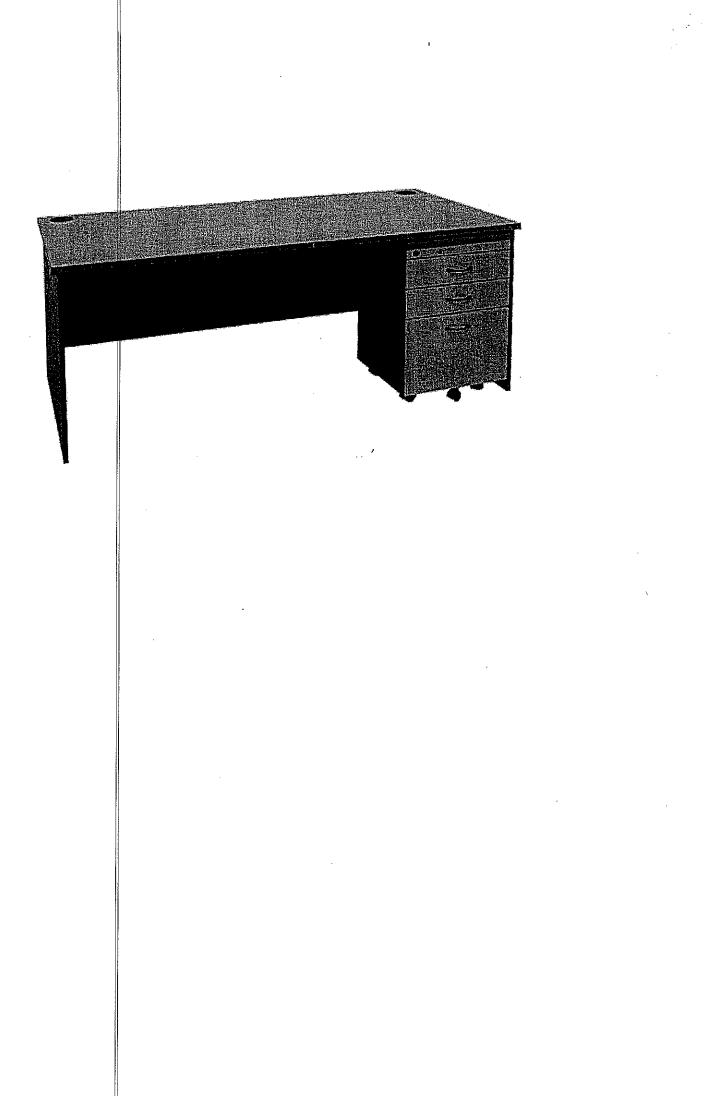
FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

|              |            | VALCTED FROM THE PRODUCT TO BE EVALUATED 1300. 51 |
|--------------|------------|---|
|              | FEATURES ! | XPECTED FROM THE PRODUCT TO BE EVALUATED (600) 27 |
|              | SEE SPECIF | ICATION ATTACHED                                  |
|              |            |   |
| and the same |            |   |
|              |            |   |
|              |            |   |
| -            |            |   |
| - 1          | l [i       |   |

AUTHORISED BY BID SPECIFICATION COMMITTEE / RESPONSIBILTY MANAGER Portfolio Initials and Surname Chairperson Mr. PP Dlamini Member Wr. Mkhize M J Member Mrs. Dlamini TP Member Mrs. Ngcobo N L Wember Ms. D Pillay

UMnyango Wezempilo. Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope



|                 | 11                   |  |                              | •  |
|-----------------|----------------------|--|------------------------------|--|
| heal<br>Departr |                      | END-USER S   | DEALLANT                     | ION FORM   |
| Health          | CE OF KWAZULU NA     |  |                              | <u>IUN FORM</u>  |
| Quote N         | 11                   |  |                              |  |
| GGOTE N         | iitiber;             |  |                              |  |
| Item Des        | cription;            | Compraint  | ٠. ٠. ٠. سو                  |  |
|                 |                      | OSTAL CALLAL.                                      | COMPLIME                     | MT AND SUGGESTION BO   |
| Departm         | ent/Section:         | KHAJELIHLE.  | Purpose of                   | . 14   |
| 1. Pre-         | -dustification -     |  | r drpose.or                  | <u> </u>   |
|                 | qualification c      | _  |                              | IDEAL CLINIC REQU  |
| 1.1.            | Is the item rec      | juired to have a regulatory body (                 | certification (e.g. SARS     | SANS, SANAS, ISO, CIDB, etc.)? Yes / No:   |
| Regu            | latory Body / ce     | ertification required if Yes:                      | (4.9. 67.50)                 | OANO, SANAS, ISO, CIDB, etc.)? Yes / No:   |
|                 |                      |  |                              |  |
| if Va           | is a compuiso        | ry site inspection / briefing session              | on required? Yes / No        |  |
| 11 16           | s, specify; Date     | Time   | Place                        | •  |
|                 | - 11                 |  |                              |  |
| if Yes          | specify:             | ction and content part of the quot                 | te? Yes / No                 |  |
| , 00            | , specify.           | - The quot   | <del></del>                  |  |
| 1.4.            | orovisions of        | section 4(1)(a) of the DDDD -                      |                              | •  |
| if Yes          | specify:             | section 4(1)(a) of the PPPFA Regu                  | ulations,2017 if applicab    | ile? Yes / No  |
|                 |                      |  | <del></del>                  |  |
| 1.5. L          | iability Cover       | insurance? Yes / No                                |                              |  |
| if Yes,         | specify:             | 103710   |                              |  |
| •               |                      |  |                              |  |
| 2. What         | is the specific      | cation of the required item?                       |                              |  |
| rior shacille   | rations to be ad     | (vertised  |                              |  |
| 1. ma           | TERIAL               | · Perspex 50                                       | 1.1                          | Comment  |
|                 | UIDIAIC :            | White, Frosted                                     | am blick                     |  |
| 1 LO            | ckable               |  |                              |  |
| 4. me           | untabl               | e arto the wall                                    |                              |  |
| <u> </u>        | <del>- </del>        |  |                              |  |
| 3. Does         | a sample pood        | to be and the second                               |                              |  |
| 3.1. Da         | adline for sub       | to be submitted? Yes / No(select                   | i option 3.1 or 3.2)         |  |
| or              | Junio 101 Subi       | mission if Yes: Date//                             | Time: Pla                    | ice  |
| 3.2. Sr         | <br>pecify that same | ales must be made available.                       | r                            |  |
| •               |                      | oles must be made available when r                 | requested in writing. Yes    | or No  |
| 4. Penalti      | es to be noted       | by the suppliers:                                  |                              |  |
| 4.1. 17         | the supplier fai     | ils to deliver any or all of the                   | ods or to porform the        | rvices within the period(s) specified in the   |
| CO              | ntract, the purch    | haser shall, without prejudice to its              | other remedies under the     | rvices within the period(s) specified in the contract, deduct from the contract price, |
| as              | apenalty, a su       | um calculated on the delivered price               | an afther the                | contract, deduct from the contract price.  |
| ρn              | ine unterest rate    | calculated for each day of the dela                | y until actual delivery or p | performance.   |
|                 |                      |  |                              |  |
| List evaluation | n criteria / spec    | criteria / special terms and conditions to be adve | litions to be advertised?    | ?  |
| -1              | Thansa directle      | Does the offer meet the pre-qual                   | intised (if applicable)      |  |
| 2. Administ     | rative               | Does the offer comply to stipulate                 | inication criteria?          |  |
| 3. Conform      |                      | Was the product made or service                    | en auministrative requiren   | nents?   |
| 4. Performa     | ınce:                | T AMINONOS RIG DI DOMICI/SEVVICE PUB               | ite porformana               | ons?   |
| 5. Features     | .                    | from all liabilities under the contra              | act?                         | on, in a manner that releases the supplier   |
| 6. Reliability  |                      | What characteristics does the pro-                 | oduct or service have?       |  |
| 7 Dunability    |                      | How long can a product go between                  | en failures and the peed     | for maintenance 0 (  |

| 1  | Dro          |               | an earns and conditions to be advertised (if applicable)   |
|----|--------------|---------------|--|
|    | Pre-qualif   | Panon citella | Does the offer meet the pre-qualification criteria?  |
| 2. | Administra   | tive          | Does the offer comply to offer land to the |
| 3. | Conforma     | nce:          | Does the offer comply to stipulated administrative requirements?   |
| 4. | Performan    |               | Was the product made or service performed to specifications?   |
|    |              |               | Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?   |
| 5. | Features:    |               | What characteristics does the  |
| 6. | Reliability: |               | What characteristics does the product or service have?   |
| 7. | Durability:  | <del> </del>  | How long can a product go between failures and the need for maintenance? (guarantee)  What is the useful life for the product? Here i'll the   |
|    |              |               | The state of the control of the cont |
| 8. | Serviceabi   | ity:          | How easy is if to renair maintain or even at the product rold up under extended use?   |
| 9. | Ability & Ca | pacity        | How easy is it to repair, maintain or support the product or service? (customer support)  The ability and capacity of the product or service?  |
|    | Preference   |               | The support of the venture the contract  |
|    |              | <del>†</del>  | Preferential Procurement System (80/20) if applicable  |
|    |              |               |  |

| Name of End-user (in fu  |                 | Name of SCM Rep (in full)   | PPIVA 15   |
|--------------------------|-----------------|-----------------------------|------------|
| Designation / Rank (in f | . 0111          | Designation/ Rank (in full) | SId DA IP  |
| Date                     | 12h/22/21       | Signature Date              |            |
| Standard End-User Spe    | cification Form | Date                        | 10.08.2021 |

Assets and Disposal Management

MFUNDO ARNOLO LUSHABA GHC

Postal Address . Private Bag X07, Hilbberdene, 4220

Physical Address - Mnafu Area, Magistrate Court Road, Ward 19 , Umzumbe

Te) I. (039) 9726092 Email address : Dlamini.plaisegod@kzn.gov.za

www.kznhealthmovza

# SPEC FOR SURGICAL STORES CONSUMABLES, FURNITURE & EQUIPMENT

SPEC NO: 189/2122

ITEM: SUGGESTION BOX

DATE APPROVED:

**REVIEW DATE:** 

|                                      | THE DATE.                               |
|--------------------------------------|---|
| ITEM DESCRIPTION                     | COMPLAINTS, COMPLIMENTS, SUGGESTION BOX |
| UNIT OF ISSUE SIZE QUANTITY REQUIRED | Unit AS PER ATTACHED SPECIFICATION      |
| QUALITY STANDARDS                    | SABS APPROVED                           |

# WHAT IS THIS ITEM/PRODUCT USED FOR?

TO COMPLY WITH IDEAL CLINIC REQUIREMENTS

### SPECIAL CONDITIONS

- Please submit sample when requested to do so, should you fail to submit, your quotation will be disqualified
- The Department is not compelled to accept lowest price only, evaluation criteria of your bid / quote will be based on Price, Functionality, and as prescribed on Broad Based Black Economic Act and Preferential Procurement Policy

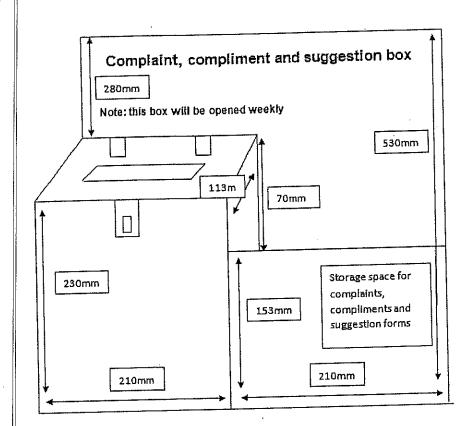
# FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

See specification attached.

AUTHORISED BY BID SPECIFICATION COMMITTEE / RESPONSIBILTY MANAGER

| Initials and Surname | CIFICATION COMMITTEE / RESPO | NSIBILTY MANAGER |
|----------------------|------------------------------|------------------|
|                      | Portfolio Signati            | ure) Date        |
| Mr. Dlamini PP       | Chairperson                  | 11.08.2021       |
| Ms. Pillay D         | Member                       | 71,00,002        |
| Mrs. Ngcobo N L      | Member 0 (                   | - 11 10013-3:    |
| Mrs. Dlamini TP      | Member                       | 11/08/2021       |
| Mr. Mkhize M J       | Member 2                     | 1/08/2021        |
|                      | 7                            | 11/00/000        |

# Annexure B: Specifications for complaint, compliment and suggestion boxes



| Specifications |       |  |
|----------------|-------|--|
| Material       |       | Perspex, 5mm thick   |
| Colour         |       | White, frosted (can be any colour according to province's decision)  |
| Hinges and hoo | k and | Stainless steel  |
| Label          |       | Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly (change according to facility's schedule) – Arial 32 |
| Lock           |       | Lock with number sequence to lock  |
| Mounted        |       | Mounted onto the wall, 1.2m above the ground   |