



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

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KZN Health > Components > Supply Chain Management

**AdvertQuote**



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

**Quotation Advert**

Opening Date: 2022-04-22

Closing Date: 2022-05-05

Closing Time: 11:00

**INSTITUTION DETAILS**

Institution Name: Queen Nandi

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: 29 Union Street, Empangeni, 3880

Date Submitted: 2022-04-21

**ITEM CATEGORY AND DETAILS**

Quotation Number: ZNQ: QNH029/22-23

Item Category: Services

Item Description: Establishment of a Database of Suppliers for Electrical Services

Quantity (if supplies)

**COMPULSORY BRIEFING SESSION / SITE VISIT**

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: QNRH, 29 Union Street, Empangeni, 3880

QUOTES SHOULD BE DELIVERED TO: QNRH, 29 Union Street, Empangeni, 3880

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

Name: Mr V.M. Zungu

Email: vincentmboneni.zungu@kznhealth.gov.za

Contact Number: (035) 907 7043

Finance Manager Name: D.N. Luthuli

Finance Manager Signature:

No late quotes will be considered



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## ESTABLISHMENT OF A DATABASE OF SUPPLIERS FOR ELECTRICAL SERVICES

### REGISTRATION FORM

**QNH 029/22/23**

Name of Prospective supplier

Central Supplier's Database Registration Number

Income Tax Reference Number


Email completed form to: [vincentmboneni.zungu@kznhealth.gov.za](mailto:vincentmboneni.zungu@kznhealth.gov.za)

Telephone: 035 – 907 7043

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## REGISTRATION FORM FOR ELECTRICAL SERVICES SUPPLIERS DATABASE

YOU ARE HEREBY INVITED TO REGISTER ON QUEEN NANDI REGIONAL HOSPITAL FOR ELECTRICAL SUPPLIERS DATABASE					
Quote Number:	QNH 029/22/23	Closing Date:	05 May 2022	Closing Time:	11h00
Description	ESTABLISHMENT OF A DATABASE OF SUPPLIERS FOR ELECTRICAL SERVICES				
<b>DOCUMENTS CAN BE SUBMITTED TO THE BELOW ADDRESS OR EMAIL</b>					
Queen Nandi Region Hospital, 29 Union Street, Empangeni 3880 or alternatively email to <a href="mailto:vincentmboneni.zungu@kznhealth.gov.za">vincentmboneni.zungu@kznhealth.gov.za</a>					
<b>ENQUIRIES MAY BE DIRECTED TO</b>			<b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>		
Contact Person	Mr Vincent Zungu		Contact Person	Mr Vusi Masondo	
Telephone Number	035-9077043		Telephone Number	035-9077071/77	
E-Mail Address	<a href="mailto:vincentmboneni.zungu@kznhealth.gov.za">vincentmboneni.zungu@kznhealth.gov.za</a>		E-Mail Address	<a href="mailto:petros.masondo@kznhealth.gov.za">petros.masondo@kznhealth.gov.za</a>	
<b>SUPPLIER INFORMATION</b>					
Name Of Prospective supplier:					
Postal Address					
Physical Address					
Telephone Number	Code		Number		
E-Mail Address			Cell Phone Number		
Vat Registration Number		Tax Compliance System Pin:	Or	Central Supplier Database No:	
B-BBEE LEVEL			PROVINCE:		
B-BBEE Status Level Verification Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE Status Level Sworn Affidavit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					
Are You The Accredited Representative In South Africa For The Goods /Services /Works Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No [If Yes Enclose Proof]		Are You A Foreign Based Supplier For The Goods /Services /Works Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No [If Yes, Answer The Questionnaire Below ]	

## TERMS AND CONDITIONS FOR REGISTRATION ON DATABASE

<b>1. DOCUMENT SUBMISSION:</b>
1.1. All applications must be submitted on the official forms provided–(not to be re-typed)
<b>2. TAX COMPLIANCE REQUIREMENTS</b>
2.1 Prospective suppliers must ensure compliance with their tax obligations.
2.2 Prospective suppliers are required to submit their unique personal identification number (pin) issued by SARS to enable the organ of state to verify the taxpayer's profile and tax status.
2.3 No bids will be considered from persons in the service of the state, companies with directors who are persons in the service of the state, or close corporations with members persons in the service of the state."

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER YOUR APPLICATION INVALID.**

SIGNATURE OF PROSPECTIVE SUPPLIER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....

(Proof of authority must be submitted e.g. company resolution)

DATE: .....

## **SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO PROSPECTIVE SUPPLIERS**

### **SUPPLIER / VENDOR ELECTRICAL DATABASE REGISTRATION FORM TO BE COMPLETED BY ALL COMPANIES SEEKING TO BE INCLUDED ON THE DATABASE FOR QUEEN NANDI REGIONAL HOSPITAL**

The following important notes should be read carefully before the completion of this form

1. It should be noted that The Department reserves the right to accept or reject any application without being obliged to give any reasons in this respect. Suppliers that have been registered onto the Central Suppliers Database may have the opportunity to bid or quote on The Department's acquisition requirements.
2. This form must be completed in full and signed by the duly authorised signatory.
3. Full signatures are required when alterations are made in this document.
4. ~~If the information required is not applicable to your business, clearly insert the symbol "N/A" in the appropriate space.~~
5. Suppliers must comply with all the registration criteria for registration to be finalised – failure to do so may result in the application being declined.
6. The registration form must be e-mailed and must not be altered in anyway.
7. Applicants will be contacted via e-mail and must therefore submit an operating e-mail address
  - failure to comply will result in excluding the supplier from the vendor database.
8. Suppliers that have registered onto the Supplier Database should ensure that they furnish The Department with any change to the status of the information initially provided, as and when the information changes.
9. It is the responsibility of the supplier to ensure that its tax matters are always in order. The Department will use the Central Suppliers Database (CSD) report at the time of a transaction to verify the tax compliance of a service provider.
10. Suppliers that have registered onto the Supplier Database will be continuously monitored for their performance on work awarded to them by The Department.
11. The Department reserve the right to request additional information where document submitted is not clear.

**SECTION C: AUTHORITY TO SIGN A QUOTE**

Authority to sign on behalf of the:

COMPANY  SOLE PROPRIETOR  PARTNERSHIP  CLOSE CORPORATION   
CO-OPERATIVE  JOINT VENTURE  CONSORTIUM

By resolution/agreement passed/reached on.....20.....

..... (full name)

whose signature appears below have been duly authorised to sign all documents in connection with this application on behalf of:

..... (Name of Organisation)

**IN HIS/ HER CAPACITY AS:** .....

**SIGNATURE:** ..... **DATE:** .....

**SECTION D: DECLARATION OF INTEREST**

**SBD 4**

**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 blood relationship, may make an offer or offers in terms of this invitation to offer (includes a price quotation, advertised competitive offer, limited offer or proposal). In view of possible allegations of favouritism, should the resulting offer, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the prospective supplier or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the prospective supplier is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the offer(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the offer.

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

- 2.1 Full Name of prospective supplier/ representative: \_\_\_\_\_
- 2.2 Identity Number: \_\_\_\_\_
- 2.3 Position occupied in the company (director, trustee, shareholder): \_\_\_\_\_
- 2.4 Company Registration Number: \_\_\_\_\_
- 2.5 Tax Reference Number: \_\_\_\_\_
- 2.6 Value Registration Number: \_\_\_\_\_

3. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

3.1. Are you or any person connected with the prospective supplier presently employed by the state? 

YES	NO	
-----	----	--

3.1.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the prospective supplier is employed: .....

Position occupied in the state institution: ..... Any other particulars: .....

3.1.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work

YES	NO	
-----	----	--

outside employment in the public sector?

3.1.2.1. If yes, did you attach proof of such authority to the offer document?

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

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

3.2. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES		NO	
-----	--	----	--

3.2.1. If so, furnish particulars: .....

3.3. Do you, or any person connected with the prospective supplier, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this offer?

YES		NO	
-----	--	----	--

3.3.1. If so, furnish particulars: .....

3.4. Are you, or any person connected with the prospective supplier, aware of any relationship (family, friend, other) between any other prospective supplier and any person employed by the state who may be involved with the evaluation and or adjudication of this offer?

YES		NO	
-----	--	----	--

3.4.1. If so, furnish particulars: .....

3.5. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES		NO	
-----	--	----	--

3.5.1. If so, furnish particulars: .....

**4. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the offer will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Personnel Number





**SECTION E: DECLARATION OF PROSPECTIVE SUPPLIER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

This Standard Bidding Document must form part of all bids invited.

Item	Question	Yes	No
1.	Is the prospective supplier or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? <b>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</b>  The Database of Restricted Suppliers now resides on the National Treasury's website ( <a href="http://www.treasury.gov.za">www.treasury.gov.za</a> ) and can be accessed by clicking on its link at the bottom of the home page.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.1.	If so, furnish particulars:		
2.	Is the prospective supplier or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? <b>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.1.	If so, furnish particulars:		
3.	Was the prospective supplier or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.1.	If so, furnish particulars:		
4.	Was any contract between the prospective supplier and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.	If so, furnish particulars:		

**CERTIFICATION**

**I, THE UNDERSIGNED (FULL NAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.**

**I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....  
**Signature**

.....  
**Date**

.....  
**Position**

.....  
**Name of Prospective Supplier**

**SECTION F: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

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

**NB: BEFORE COMPLETING THIS FORM, PROSPECTIVE SUPPLIERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

**GENERAL CONDITIONS**

- 1.1. The following preference point systems are applicable to all bids:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
  - the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).
- 1.2. Points for this bid shall be awarded for:
  - (a) Price; and
  - (b) Status Level of Contributor.
- 1.3. The maximum points for this bid are allocated as follows:

CATEGORY	POINTS
<b>PRICE</b>	<b>80</b>
<b>STATUS LEVEL OF CONTRIBUTOR</b>	<b>20</b>
<b>Total points for the offer</b>	<b>100</b>

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

**POINTS AWARDED FOR PRICE**

**2.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 or 90 points is allocated for price on the following basis:

$$P_s = 80 \left( 1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

- P<sub>s</sub> = Points scored for price of bid under consideration
- P<sub>t</sub> = Price of bid under consideration
- P<sub>min</sub> = Price of lowest acceptable bid

**POINTS AWARDED FOR STATUS LEVEL OF CONTRIBUTOR**

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

<b>STATUS LEVEL OF CONTRIBUTOR</b>	<b>NUMBER OF POINTS (80/20 SYSTEM)</b>
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

**BID DECLARATION**

4.1 Prospective suppliers who claim points in respect of Status Level of Contribution must complete the following:

**STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1**

5.1 Status Level of Contributor: = ..... (maximum of 20 points) Or = ..... (maximum of 10 points) (Points claimed in respect of paragraph 5.1 must be in accordance with the table reflected in paragraph 3 and must be substantiated by relevant proof of status level of contributor.

5.2 The proof submitted as per SBD1 requirements will be used to confirm the preference points allocated.

**DECLARATION WITH REGARD TO COMPANY/FIRM**

8.1 Name of company/firm: .....

8.2 VAT registration number: .....

8.3 Company registration number: .....

<p><b>WITNESSES</b></p> <p>1. ....</p> <p>2. ....</p>
---

<p>.....</p> <p><b>SIGNATURE(S) OF PROSPECTIVE SUPPLIERS(S)</b></p> <p><b>DATE:</b> .....</p> <p><b>ADDRESS</b> .....</p> <p>.....</p> <p>.....</p>
---

**SECTION G: CERTIFICATE OF INDEPENDENT BID DETERMINATION**

**SBD 9**

- 1 This Standard Bidding Document (SBD) must form part of all bids<sup>1</sup> invited.
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
  - a. disregard the bid of any prospective supplier if that prospective supplier, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
  - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

I, the undersigned, in submitting the accompanying bid: \_\_\_\_\_  
(Bid Number and Description)

in response to the invitation for the bid made by: \_\_\_\_\_  
(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: \_\_\_\_\_ that:  
(Name of Prospective supplier)

- 6 I have read and I understand the contents of this Certificate;
- 7 I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 8 I am authorized by the prospective supplier to sign this Certificate, and to submit the accompanying bid, on behalf of the prospective supplier;
- 9 Each person whose signature appears on the accompanying bid has been authorized by the prospective supplier to determine the terms of, and to sign the bid, on behalf of the prospective supplier;
- 10 For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the prospective supplier, whether or not affiliated with the prospective supplier, who:
  - (a) has been requested to submit a bid in response to this bid invitation;
  - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) provides the same goods and services as the prospective supplier and/or is in the same line of business as the prospective supplier
- 11 The prospective supplier has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.
- 12 In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation)
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) bidding with the intention not to win the bid.
- 13 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 14 The terms of the accompanying bid have not been, and will not be, disclosed by the prospective supplier, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 15 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Prospective supplier

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.

<sup>2</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

<sup>3</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

**THIS FORM IS STRICTLY FOR THE REGISTRATION TO QUEEN NANDI REGIONAL HOSPITAL  
DATABASE OF EMERGENCY ELECTRICAL ONLY.**

1. Hospital will evaluate the capacity of Companies before listing them on the database. The Hospital reserves a right not to list a Company if the requirements are not met.
2. Queen Nandi Regional Hospital reserves a right, should it is deemed necessary, not to use companies listed on the listed electrical database and advertise as per Supply Chain Management normal procedure.
3. Listed companies will be related should there be any emergencies arise at the hospital
4. The completed work will be inspected before any payment is effected and the company is required to provide the institution with the proof of purchase for all bought out items.
5. Invoices to be detailed and there should be breakdown on prices of the done job as well as material used
6. SABS approved material to be used when called
7. This registration is for the 2022/2023 financial year only
8. Contracts concluded by the institution are superseded by provincial and national arrangements, so should there be an arrangement by provincial or national the list herein to be created will be forfeited.
9. Employee rates and kilometer rates to be capture on the job sheet and signed off by the Chief Artisan or delegated official

Employees	Hourly rates
Artisan	R
Semi -skilled	R
Labour	R
Charge per kilometer	R

**SECTION H: ELECTRICAL SERVICES**

<b>ELECTRICAL COMPANY COMMUNICATION DETAIL'S</b>	
<b>Name of company:</b>	
<b>Contact person:</b>	
<b>Telephone:</b>	
<b>Cell phone number</b>	
<b>Email address:</b>	
<b>District Municipality</b>	
<b>B-BBEE Status Level:</b>	
<b>Core business sector</b>	
<b>APPLICANTS MUST PROVIDE THE FOLLOWING AS MANDATORY REQUIREMENTS</b>	
<b>Company Registration Number</b>	Official Company Registration documents including list of directors and id numbers
<b>Letter of Good Standing</b>	Proof of Registration and Letter of Good Standing with Labour. (Certified Copies).
<b>Letter of good standing with COIDA</b>	Current letter of good standing for COIDA with valid reference number (to be verified on line)
<b>Proof of Business Address</b>	Proof of Business Address (Preferably a Utility Bill of the business or company Director), and the Letter from the Ward Councillor confirming your address
<b>CIDB Registration ( EP/EB)</b>	CIDB in the name of the Company and/or Close Corporation (Certified Copies)
<b>The Consortium/ Joint Venture/ Partnership agreement,</b>	If applicable Certified Copies of Consortium/ Joint Venture/ Partnership agreement
<b>Company Profile</b>	Attached the company profile with list of directors
<b>Proof of completion certificate for Electrical works</b>	Reference Letters for previous works, copy of orders and completion certificate must be attached

# ESTABLISHMENT OF A DATABASE OF SUPPLIERS FOR ELECTRICAL SERVICES AT QUEEN NANDI REGIONAL HOSPITAL

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

Who is an authorized representative of (COMPANY NAME): .....

certify that the information furnished on this Registration Form is true and correct. I give permission to the KZN

DEPARTMENT OF HEALTH (QUEEN NANDI REGIONAL HOSPITAL) to verify the authenticity of the all the

information submitted through any legal and available tools that the Department has access to.

If the information supplied is found to be incorrect/false then the Queen Nandi Regional Hospital may de-register my company on the list the Suppliers Database.

.....

**Signature**

.....

**Date**

.....

**Position**

\_\_\_\_\_  
**WITNESS 1:**

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS 2:**

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**DATE**