

KZN HEALTH

# **KZN Health Intranet**

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#### AdvertQuote

	WAZULU-NATAL PROVIN		
	EPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:		2022-08-15	HR.
Closing Date:		2022-08-19	He.
Closing Time:		11:00	
INSTITUTION	I DETAILS		
Institution Nam	e:	Prince Mshiyeni Memorial hospital	~
Province:		KwaZulu-Natal	
Department or	Entity:	Department of Health	
Division or sec	tion:	Central Supply Chain Management	
Place where go	ods / services is required	Prince Mshiyeni memorial hospital	1
Date Submitted	I	2022-08-15	
ITEM CATEG	ORY AND DETAILS		
Quotation Num	ber:	ZNQ: PMM/315/22/23	
Item Category:		Goods	~
Item Descriptio		A4 PAPER PHOTOCOPY WHITEBOND 80gsm see attached annexure d for prequalifying criteria	
Quantity (if sup	plies)	895	
COMPULSO	RY BRIEFING SESSION /	SITE VISIT	
Select Type:		Not Applicable	eter tunne
Date :			
Time:			Hann
Venue:		The second secon	
QUOTES CAN B	E COLLECTED FROM:	Prince mshiyeni memorial hospital 17-18 August 2022 09h00-15h00	
QUOTES SHOU	LD BE DELIVERED TO:	Prince Mshiyeni memorial hospital tender box	
ENQUIRIES F	REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:		MS MP MDLULI	
Email:		N/A	
Contact Numbe	r:	0319078365	
Finance Manage	er Name:	MR CD ZUMA	=
Finance Manage	er Signature:		

### ANNEXURE D – Target Local Youth

## PRE-QUALIFICATION CRITERIA FOR PREFERENTIAL PROCUREMENT

Contract	PMM/315/22/23	Description of Service	
Number		A4 PAPER PHOTOCOPY WHITEBOND 80GSM	
lame of Tenderer	(Bidder):		
	PRE-QUALIFICAT	ION ODITEDIA	1
	FRE-GUALIFICAT	ION CRITERIA	Indicate
			Yes / No/ NA
Database (CSI	D), "proof of B-BBEE status level of cont	BEE status level 1 contributor on Central Supplier ributor" means- (a) the B-BBEE status level certificate ffidavit as prescribed by the B-BBEE Codes of Good	
people who are which is Umlaz	e LOCAL and whose address indicate th i/ Ngonyameni or Ethekwini Lower Sout IMbumbulu, Kwamakhutha, Nsimbini, Fo	to an EME or QSE which is at least 51% owned black leat they are living within catchment area of the hospital ch (covering areas such as Isipingo, Malukazi, Illovu, blweni, Umnini, Magabheni, Danganya, Inkwali,	
Or			
whose address Ngonyameni or	indicate that they are living within catch Ethekwini Lower South (covering areas	owned by black people who are LOCAL YOUTH and ment area of the hospital which is Umlazi/s such as Isipingo, Malukazi, Illovu, Amanzimtoti, i, Magabheni, Danganya, Inkwali, Imfume, Nkwali,	
document for th	ole who are LOCAL subcontracted by mane same contract number advertised, should be disqualified.	ain contractor must not submit a separate tender ould they do so, the quotation will be treated as non-	
	ele who are LOCAL Youth must submit p y reside within catchment area.	proof of address from Ward Counsellor or Utility Bill as	
enderer (Bidder) : lisqualified	failing to comply with the above will I	be regarded as non-responsive and immediately be	
	actor and subcontracted company must n front of Commissioner of Oaths.	submit valid proof of joint venture agreement signed	
Note. We reserve to ontracting but fai	the right to check for validity of the jo ling this criteria will be regarded as n	oint venture agreement. Tenderer (Bidder) sub- con-responsive and will immediately be disqualified	·
clearance certif certificate which	icate on Central Supplier Database (CS	with Central Supplier Database (CSD), have valid tax D). If expired there must be proof of tax clearance S via pin number. The CSD proof must be submitted	

#### **EVALUATION CRITERIA**

Note: Prospective tenderer (bidder) is obliged to comply with pre-qualification criteria as guided on Preferential Procurement Regulation 2017, any tenderer (bidder) who fail to comply with this, will be regarded as non-responsive and will be disqualified.



## This quotation will be evaluated as follows:

- 1. Phase 1 Prequalifying criteria as prescribed on Annexure D.
- 2. Phase 2 Mandatory requirements and specification
- 3. Phase 3 Price and Preference Point System 80/20 System

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