

KZN Health Intranet KZN HEALTH

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AdvertQuote

| HEALTH REPUBLIC OF SOUTH AFRICA | Quotation Advert | |
|--|--|---------|
| Opening Date: | 2022-07-06 | |
| Closing Date: | 2022-07-12 (2022/07/12) | |
| Closing Time: | 11:00 | - |
| INSTITUTION DETAILS | | |
| Institution Name: | Greys hospital | |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | GREY'S HOSPITAL | |
| Date Submitted | 2022-07-06 | |
| ITEM CATEGORY AND DETAILS | | <u></u> |
| Quotation Number: | ZNQ: GRS 493/05/22 | |
| tem Category: | Goods | ~ |
| Item Description: | Liquid Detergent - Industrial Laundry. Supplied on 25Litres container Must be inaccordance with the attached specification. MSDS - Data sheet must be submitted with the quotations | |
| Quantity (if supplies) | 60 Units | |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | Select | ~ |
| Date : | | |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | KZNHEALTH WEBSITE | |
| QUOTES SHOULD BE DELIVERED TO: | GREY'S HOSPITAL | |
| ENQUIRIES REGARDING THE ADVE | RT MAY BE DIRECTED TO: | |
| Name: | MR. SP Ndlovu | |
| Email: | sbongiseni.ndlovu@kznhealth.gov.za | |
| Contact Number: | 033 897 3479 | |
| inance Manager Name: | Mrs/BG\Anderson | |
| | / \ \ \ | |

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: GREY'S HOSPITAL | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| DATE ADVERTISED: .06/07/2022 | | | | | | | | |
| FACSIMILE NUMBER: E-MAIL ADDRESS: sbongiseni.ndlovu@kznhealth.gov.za | | | | | | | | |
| PHYSICAL ADDRESS: 201 NORTHERN PARK, TOWNBUSH ROAD, PIETERMARITZBURG 3200 | | | | | | | | |
| QUOTE NUMBER: ZNQ / GRS / 493 / 05 - 22 | | | | | | | | |
| DESCRIPTION: LIQUID DETERGENT - INDUSTRIAL LAUNDRY IN 25 LITRE CONTAINERS | | | | | | | | |
| CONTRACT PERIOD. ONCE OFF VALIDITY PERIOD 60 Days SARS PIN | | | | | | | | |
| CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. | | | | | | | | |
| UNIQUE REGISTRATION REFERENCE | | | | | | | | |
| | | | | | | | | |
| DEPOSITED IN THE QUOTE BOX SITUATED AT <i>(STREET ADDRESS)</i> GREY'S HOSPITAL | | | | | | | | |
| 201 NORTHERN PARK, TOWNBUSH ROAD, PIETERMARITZBURG 3200 | | | | | | | | |
| Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. | | | | | | | | |
| The quote box is open from 08:00 to 15:30. | | | | | | | | |
| QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED) | | | | | | | | |
| 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 MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED) | | | | | | | | |
| NAME OF BIDDER | | | | | | | | |
| POSTAL ADDRESS | | | | | | | | |
| STREET ADDRESS | | | | | | | | |
| TELEPHONE NUMBER CODENUMBER FACSIMILE NUMBER CODENUMBER | | | | | | | | |
| CELLPHONE NUMBER | | | | | | | | |
| E-MAIL ADDRESS | | | | | | | | |
| VAT REGISTRATION NUMBER (If VAT vendor) | | | | | | | | |
| HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE] | | | | | | | | |

| OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000 | | | QUOTE NUMBER: ZNQ/GRS / 493 / 05 - 22 | | | | | |
|---|----------------------------|---|---------------------------------------|--------------------------|-------------------------|------------------------|--|-----|
| DESCRIPTI | ON: LIQUIE | D DETERGENT - INDUSTRIAL LAU | JNDRY IN | 25 LITRE C | ONTAINERS | | | |
| SIGNATURE [By signing t | E OF BIDDE this documer | Rnt, I hereby agree to all terms and co | onditions] | | DATE | | | |
| CAPACITY | UNDER WH | IICH THIS QUOTE IS SIGNED | | | | | ······································ | |
| Item No | Quantity | Description | | | Brand & | Country of | Price | |
| | | | | | model | manufacture | R | С |
| | 60 UNITS | LIQUID DETERGENT - INDUS | | UNDRY | | | | |
| | <u> </u> | (25 LITRE CONTAI | INERS) | | | | | |
| | <u> </u> | | | | | | | |
| | <u> </u> ' | (SPECIFICATION AT | TACHED) | | | | | |
| | | MODO DATA QUEST TO | | | | | | |
| | | MSDS - DATA SHEET TO | | | | | | |
| | | COMPLY WITH SABS/SAN | S 1044 IY | PE 2 | | | | |
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| VALUE ADD | ED TAX @ | 15% (Only if VAT Vendor) | | | | | | + |
| | | RICE (VALIDITY PERIOD 60 Days) | | | | | | |
| | | | | | | | | |
| Does This Of | ffer Comply | With The Specification? | | he Article pecification? | | The S.A.N.S. / S.A | .B.S. | |
| Is The Price | | That the opcomodaett. | | | e.g., 1day, 1weel | k | | |
| | | | | | | | | |
| Enquiries re | garding the | e <u>quote</u> may be directed to: | | Enquiries | regarding <u>techni</u> | cal information may be | e directed | to: |
| Contact Pers | son: | Tel: | | | | | | |
| E-Mail Addre | :SS: | | | Contact Pe | rson: | Tel: | | |

SPECIFICATION:

Liquid detergent – industrial laundry

Product description:

A low foam type of liquid detergent in the form of a liquid.

It is homogenous, free-flowing, free from visible impurities and readily soluble in water.

Product must not require agitation/mixing before application.

Product must carry the SABS mark of approval.

A fully built active liquid laundry detergent

Product must contain a blend of detergents, alkalis, phosphates, sequestrates, optical brightener and soil suspension agents.

Product must be universal and compatible with existing automatic dosing pumps

Quality level equal to:

To comply with the latest issue of SABS/SANS 1044 Type 2. The SABS/SANS certificate must be submitted with the bid documents

The MSDS (Material safety data sheet) must be supplied with the bid documentation.

Packaging:

Packed in a sealed 25litre plastic drums with a vented cap.

Product must bear a proper label with safety precautions and dosage recommendations.

Delivery:

Delivery shall be into the designated storage area at the Linen Department

Specification compiled by Mr S. Dladla (033 897-3489)