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AdvertQuote



Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: MADADENI PROVINCIAL HOSPITAL DATE ADVERTISED: 15/06/2022 CLOSING DATE: 22/06/2022 CLOSING TIME: 11:00 E-MAIL ADDRESS: FACSIMILE NUMBER: PHYSICAL ADDRESS: F 0001 MADADENI, HOSPITAL STREET QUOTE NUMBER: MAD/111/22-23 DESCRIPTION: Major service to air compressor & pneumatic controls - May 2022 & Minor service to air compressor & pneumatic controls - November 2022 CONTRACT PERIOD ONCE-OFF VALIDITY PERIOD 60 Davs (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) ADMINISTRATION BUILDING, MADADENI HOSPITAL - TENDER BOX 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

OFFICIAL PRICE PAGE FOR QUOTATIONS

QUOTE NUMBER: MAD/111/22-23

| DESCRIPTION | ON: Major se | rvice to air compressor & pneumatic controls - May 2 | 022 & Minor serv | rice to air compre | ssor & pneumatic controls | - November 202 | 22 |
|----------------------------|--------------|--|------------------|--------------------|---|---|---------|
| SIGNATURE [By signing t | E OF BIDDER | Rt, I hereby agree to all terms and conditions] | | DATE | • | | |
| CAPACITY I | JNDER WHI | CH THIS QUOTE IS SIGNED | | | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Item No | Quantity | Description | | Brand & model | Country of manufacture | Price R | С |
| | 2 | Major service to air compressor & pneumatic contro | | | Hallalastalo | N N | 1 |
| | 2 | May 2022 & Minor service to air compressor & pneumatic controls | - | | | + | + |
| | | Service provider to do 1x Major service & 1x N | finor service | | | | + |
| | | Service provider to do both service | es | | | | |
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| | | NB. PLEASE ATTEND TO THE SPECIFICAT | TION FORM | | | | |
| | | ATTACHED !!!! | | | = | | \perp |
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| | | NB: KINDLY ATTACH 3 REFERRENCE | | | | | - |
| | | YOUR COMPANY HAD SUCCESSFULLY S | SERVICED | | | | - |
| | | THE ABOVE EQUIPMENT | | | | _ | |
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| | | 15% (Only if VAT Vendor) | | (84) | | | |
| TOTAL QU | OTATION PI | RICE (VALIDITY PERIOD 60 Days) | | | | | |
| | | Does T | he Article C | Conform To | The S.A.N.S. / S.A | N D C T | |
| Does This C | Offer Comply | | pecification? | JUNIONIN TO | THE S.A.N.S. / S.F | 1.0.0. | |
| ls The Price | Firm? | | | .g., 1day, 1wee | k | v , | |
| Contact Per | son: NTC I | e <u>quote</u> may be directed to: MdluliTel: 034-328 8269 anipho.Mdluli@kznhealth.gov.za | | | cal information may b | | |
| | | | | | | | |

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, 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 quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, 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 bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder 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 quote(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 quote.

| 2. | In order to give effect to the ab | ove, the following qu | estionnaire must | be completed | d and submitt | ed with the quo | ote. | | |
|-------|---|-------------------------|---|---------------------------|-------------------------------|---------------------|----------------|-------------|-----------|
| 2.3. | Full Name of bidder/represent Identity Number: | e Company (dir | ector, trustee,2 2 | .5. Tax Ref .6. VAT Re | erence Numb gistration Nur | er: nber: | | | |
| | employee / persal numbers m | ust be indicated in p | aragraph 3 below | , | | , | | APPLICABL | |
| | Are you or any person connec | | resently employe | ed by the state | e? | | | YES | NO |
| 2.8. | I. If so, furnish the following par Name of person / director / trus | | iember | | | | | | |
| | Name of state ins | titution at w | hich you | | | connected | | he bidd | |
| | employed:Position occupied | in the | eteto | inctitution: | | | | A-514 | othor |
| | particulars: | | *** | | | | | | other |
| 2.8. | If you are presently employ | ed by the state, did y | ou obtain the app | propriate auth | ority to unde | take remunera | ative work | outside emp | oloyment |
| 28 | in the public sector? 2.1. If yes, did you attach proc | of of such authority to | the quote docum | nont? | | | | YES | NO |
| | Failure to submit proof of such a | | | | alification of t | he quote.) | | | |
| 2.8. | 2.2. If no, furnish reas | sons for non-submis | sion of such proof | | | | | | |
| 2.9. | Did you or your spouse, or ar state in the previous twelve m | | directors / trustee | s / sharehold | ers / member | s or their spou | ises condu | | |
| 2.9. | 1. If so, furnish particulars: | | | | | | | YES] | NO] |
| 2.10 | . Do you, or any person conne | ected with the bidder | r, have any relati | onship (famil) | y, friend, othe | er) with a pers | on employ | ed by the s | state and |
| 2.40 | who may be involved with the | | | | | | | YES | NO |
| | If so, furnish particulars: Are you, or any person conf | | | | | | een anv o | ther bidder | and any |
| | person employed by the state | who may be involve | ed with the evalua | tion and or a | djudication of | this quote? | oon any c | YES | NO |
| | .1. If so, furnish particulars: | | | | | | 41 | | 1 |
| 2.12 | Do you or any of the director whether or not they are biddirector | | enoiders / membe | ers or the co | mpany nave | any interest ii | any ome | YES | NO |
| 2.12 | 1.1. If so, furnish particulars: | | | | | | | 120 | 1110 |
| 3. | Full details of directors / trus | stees / members / s | hareholders. | | | | | | |
| NB: | The Department Of Health | | | | | | | | |
| | responsibility to ensure that to the quote will not be consider | | | | | | | | |
| 4 | DECLARATION | | = = | N . | | • | | | |
| I, T | HE UNDERSIGNED (NAM | Œ) | | | | CERTIFY TE | HAT THE | E INFORM | IATION |
| FU | RNISHED IN PARAGRAPI | HS 2. | | | | | | | |
| | CCEPT THAT THE STATE OVE TO BE FALSE. | MAY REJECT T | HE QUOTE OI | R ACT AGA | AINST ME S | SHOULD TH | IIS DECI | ARATIO] | N |
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| Mar | | Cian about | 7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Desition | | | | | ·ii |
| - Nar | ne of bidder | Signature | | Position | | | Date | | |
| | te" means – | ant national | al aublia c-th. | a\ | lasislat. | | | | |
| a) | any national or provincial departm constitutional institution_within the n Act, 1999 (Act No. 1 of 1999); | | | | | national Council of | f provinces; o | r | |

"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

- The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.
- 3.4. 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.
- 3.5. The bidder must ensure the correctness & validity of the quotation:
 - (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
 - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.6. 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.
- 3.7. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria.

 All required documentation must be completed in full and submitted.
- 3.8. Offers must comply strictly with the specification.
- 3.9. Only offers that meet or are greater than the specification will be considered.
- 3.10. Late offers will not be considered.
- 3.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.12. Used/ second-hand products will not be accepted.
- 3.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.15. 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.
- 3.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.19. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response is incomplete in any respect, the said supplier meets all specification requirements and is lowest to quote, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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 disqual | ified from the evaluation process. |
|-------------|--|---|
| (i) (ii) | The institution has determined that a compulsory site meeting Date/ Time: Place | take place |
| Institut | ion Stamp: | Institution Site Inspection / briefing session Official |
| | a . | 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 falls to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

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

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

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

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

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
 - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
 - (a) Price; and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

| | 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;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes:

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

Ps = Points scored for price of bid under consideration

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

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

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

| B-BBEE Status Level of Contributor | Number of points (80/20 system) |
|------------------------------------|---------------------------------|
| 1 | 20 |
| 2 | 18 |
| 3 | 14 |
| 4 | 12 |
| 5 | 8 |
| 6 | 6 |
| . 7 | 4 |
| 8 | 2 |
| Non-compliant contributor | 0 |

| 5 | RID | DECL | AR. | ΔΤΙΩΝ |
|---|-----|------|-----|-------|

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.

| 1. | SUB-CONTRACTING | |
|----|-----------------|--|
| | applicable box) | |
| | | |

(Tick

| | | |
|-----|------|--|
| YES | NO - | |

7.1 Will any portion of the contract be sub-contracted?

7.1.1 If yes, indicate:

8.

i) What percentage of the contract will be subcontracted.....%

ii) The name of the sub-contractor.....

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of

| of | YES | NO | |
|----|-----|----|--|
| | | | |

| Preferential Procurement Regulations, 2017: | 6 76 | | 7 |
|---|----------------------|--------|------------------|
| Designated Group: An EME or QSE which is at last 51% owned by: | EME | | QSE √ |
| Black people | | | |
| Black people who are youth | Taka cana | 100 | |
| Black people who are women | | 1-315 | HELMHER VI |
| Black people with disabilities | 25.000A-003.005.05 | | |
| Black people living in rural or underdeveloped areas or townships | to a second second | | n-many #11 a |
| Cooperative owned by black people | | No. | |
| Black people who are military veterans | a province describer | 40.46 | 进入经验 基本企业 |
| OR . | | F. 188 | ADMINISTRA |
| Any EME | | 100 | |

| | Any QSE | | | |
|------|---|--------------|---------------------------------------|-----------------------------|
| | DECLARATION WITH REGARD TO COMPANY/FIRM | | | |
| | Name of company/firm: | | ··· | |
| | VAT registration number: | | | |
| | Company registration number: | | | |
| | TYPE OF COMPANY/ FIRM [TICK APPLICABLE BO) | XI | | |
| | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited | | | |
| | DESCRIBE PRINCIPAL BUSINESS ACTIVITIES | | | |
| ,,,, | COMPANY CLASSIFICATION [TICK APPLICABLE B | | | |
| | Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc. | | | |
| | Total number of years the company/firm has been in t | business: | · · · · · · · · · · · · · · · · · · · | |
| | I/we, the undersigned, who is / are duly authorised to the B-BBE status level of contributor indicated in parathe preference(s) shown and I / we acknowledge that | agraphs 1. | | |
| | i) The information furnished is true and correct; | | | |
| | ii) The preference points claimed are in accordance | e with the | General Conditions as indicated in | n paragraph 1 of this form; |
| | iii) In the event of a contract being awarded as a re be required to furnish documentary proof to the | | | |
| | iv) If the B-BBEE status level of contributor has contract have not been fulfilled, the purchaser m | | | |
| | (a) disqualify the person from the bidding proce | ss; | | |
| | (b) recover costs, losses or damages it has incu | urred or sur | ffered as a result of that person's | conduct; |
| | (c) cancel the contract and claim any damages arrangements due to such cancellation; | which it h | as suffered as a result of having | to make less favourable |
| el | (d) recommend that the bidder or contractor, its who acted on a fraudulent basis, be restricted of state for a period not exceeding 10 years applied; and | ed by the N | National Treasury from obtaining I | business from any organ |
| | (e) forward the matter for criminal prosecution. | | | |
| | | - | | |
| | WITNESSES | | SIGNATURE(S) OF | BIDDERS(S) |
| | 1 | | DATE:, | |
| | 2 | | ADDRESS | |
| | | 8-7-2 | | |

PROVINCE OF KWAZULU-NATAL

PREVENTIVE MAINTENANCE SCHEDULE

| TYPE | TYPE OF SERVICE SCHEDULE FOR SCHEDULE FOR | PNUEN AIR CC | PNUEMATIC WINDOW COTROLS(OPD) AIR COMPRESSOR SIX MONTHLY (MINOR SERVICE) | ROLS(OF | ³ D) | | | | | | |
|------|---|-----------------|---|----------|-------------------------------|------|-------|---|----------------------|-----------------------------------|------|
| INST | INSTALLATION NAME | | | | | | | REF : | | | |
| SER | SERVICE PROVIDER : | | | | : | | | ORDER No.: | | | |
| P.M. | P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | plicable | | | OTHER | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | IRED | | |
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME | DESCRIPTION OF SPARES USED | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| | Check unit is running | | | | | | | | | | |
| 'n | Check for undue noise and vibration | | | | | | | | | | |
| ώ | Drain out oil, flush out unit, top up with manufactures recommended oil | | | | | | | | | | |
| .4 | Replace all oil filters | | | | | | | | | | |
| Οī | Replace all air filters including in- line filters | | | | | | | | | | |
| 6 | Replace drive belts | | | | | | | | | | |
| 7. | Check all mounting bolts are tight | | - | | | | | | | | |
| 8 | Check and make sure couplings are aligned correctly | | | | | | | | | | |
| 9 | Check and test all electrical controls and components | | | | | | | | | | |
| 10 | Check and test air dryer unit | | | | | | | | | | |
| 12 | Check and replace all in-line filters | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| | valves | | | | | | | | | | |
| 14 | Drain out air receiver | | | | | | | | | | |
| 15 | Check and tighten nuts and bolts | | | | | | | | | | |
| 16 | Run unit, make sure unit cuts in and out at the correct pressure settings | | | | | | | | | | |

17 19 20 8 Install company stickers on equipment including date serviced and technician name Check and test all pneumatic controls in panel at Nurses Station , make sue it works as per requirement Check machine for corrosion, treat, touch up with paint Check and test all pneumatic controls in panel, make sue it works as per requirement Replace all pilot lights PAGE 2 OF 3

| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | OFFICIAL STAMP: |
|--|---------------------------------------|
| NAME OF SERVICEMAN (BLOCK LETTERS): SIGNATURE: | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | |
| COMPANY NAME (BLOCK LETTERS): | NAME OF RESPONSIBLE OFFICIAL ON SITE: |
| TIME IN: TIME OUT: TIME ON SITE: DATE: | |
| FROM: TO: KM: TO: KM: TOTA | TOTAL KM: SIGNATURE: |
| | |

PAGE 1 OF 3

PROVINCE OF KWAZULU-NATAL

PREVENTIVE MAINTENANCE SCHEDULE

| TYPE | TYPE OF SERVICE : SCHEDULE FOR : | PNUEN AIR CC | PNUEMATIC WINDOW COTROLS(OPD) AIR COMPRESSOR SIX MONTHLY (MINOR SERVICE) | ROLS(OF | ⁹ D) | | | | | | |
|------|---|-----------------|---|----------|-------------------------------|------|----------------|---------------------------------------|--------------|-----------------|-----|
| INST | INSTALLATION NAME | | | | | | - | REF : | : | × | |
| SER | SERVICE PROVIDER : | | | | | | | ORDER No.: | 1 | | _ |
| P.M. | P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | plicable | | | OTHER SUBMI | | JIRED | | |
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME | DESCRIPTION OF SPARES USED | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | TIME REQ. | SPARES REQUIRED | ar. |
| | Check unit is running | | | | | | | | | | |
| 2. | Check for undue noise and vibration | | | | | | | | | | |
| ω | Drain out oil, flush out unit, top up with manufactures recommended oil | | | | | | | | | | |
| 4. | Replace all oil filters | | - | | | | | | | | |
| 5 | Replace all air filters | P | | | | | | | | | |
| 6. | Check all mounting bolts are tight | | | | | | | | | | |
| 7. | Check and make sure couplings are aligned correctly | | | | | | | | | | |
| œ | Check and test all electrical controls and components | | | | | | | | | | |
| 9 | Check and test air dryer unit | | | | | | | | | | |
| 10 | Check and service all water traps | | | | | | | | | | |
| 11 | Check and service all isolating valves | | | | | | | | | | |
| 12 | Check and tighten nuts and bolts | 8 | | | | | | | | | |
| 13 | Run unit, make sure unit cuts in and out at the correct pressure settings | | | | | | | | | | |
| 4 4 | Check and test all pneumatic controls in panel, make sure it works as per requirement | | | | | | | | | | |
| 15 | Check and test all pneumatic controls in panel at Nurses Station, | | | | | | | | | | |

| Install campany strikers on equipment including date serviced and exhibition name as serviced and exhibition name is serviced. | make sup it works as por may be written and the supplier of th | reclaiment Replace (I) (IV) (II) (IV) Replace (I) (IV) (IV) India common state on authoritin indicting date serviced and instriction enter. |
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| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | RVICE WAS CARRIED OUT | | OFFICIAL STAMP: |
|--|-----------------------|---------------|---------------------------------------|
| NAME OF SERVICEMAN (BLOCK LETTERS): | ETTERS): | SIGNATURE: | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | ILLED: | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | ED: | | |
| COMPANY NAME (BLOCK FTTERS): | | | |
| COMPAN NAME (DECOMPAN | • | | NAME OF RESPONSIBLE OFFICIAL ON SITE: |
| TIME IN: TIME OUT: | TIME ON SITE: | DATE: | |
| FROM: TO: | KM: TO: | KM: TOTAL KM: | SIGNATURE: |
| | | | |