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KZN HEALTH

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#### AdvertQuote

| HEALTH<br>REPUBLIC OF SOUTH AFRICA       | Quotation Advert   |
|--|--|
| Opening Date:                            | 2022-03-25   |
| Closing Date:                            | 2022-04-04   |
| Closing Time:                            | 11:00  |
| NSTITUTION DETAILS                       |  |
| nstitution Name:                         | Dr Pixley ka Isaka Seme Memorial Hospital  |
| Province:                                | KwaZulu-Natal  |
| Department or Entity:                    | Department of Health   |
| Division or section:                     | Central Supply Chain Management  |
| Place where goods / services is required | Dr Pixley kaisaka Seme Memorial Hospital   |
| Date Submitted                           | 2022-03-25   |
| TEM CATEGORY AND DETAILS                 | 1.5.55 1.5.1.  |
| Quotation Number:                        | ZNQ:   |
|  | dpm 357-21-22  |
| tem Category:                            | Goods  |
| tem Description:                         | supply and installation of stainless steel wall mopunted brackets, trolley munted and kick about |
| Quantity (if supplies)                   | various  |
| COMPULSORY BRIEFING SESSION              | SITE VISIT   |
| Select Type:                             | Not Applicable   |
| Date:                                    |  |
| Fime:                                    |  |
| /enue:                                   |  |
|  |  |
| QUOTES CAN BE COLLECTED FROM:            | KZNHEALTH WEBSITE  |
| QUOTES SHOULD BE DELIVERED TO:           | QUOTATIONS.SCMHO@KZNHEALTH.GOV.ZA OR 310 JABUNDLOVU STREE,                                       |
|  | РМВ  |
| ENQUIRIES REGARDING THE ADVE             | RT MAY BE DIRECTED TO:   |
| Name:                                    | Zamampembe Dladla  |
| Emalt:                                   | zamampembe.dładła@kznhealth.gov.za   |
| Contact Number:                          | 0315301456   |
|  |  |

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL DATE ADVERTISED: 2022/03/24 CLOSING DATE: 2022/04/04 CLOSING TIME: 11:00 FACSIMILE NUMBER: \_\_\_\_\_\_E-MAIL ADDRESS: zamampembe.dladla@kznhealth.gov.za PHYSICAL ADDRESS: 310 JABU NDLOVU STREET OLD BOYS MODEL SCM TENDER BOX PMB QUOTE NUMBER: dpm 357-21-22 DESCRIPTION: supply and installation of stainless steel wall mounted sharps brackets, trolley munted, and kick about VALIDITY PERIOD 60 Days SARS PIN.... CONTRACT PERIOD..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 310 JABU NDLOVU STREET OLD BOYS MODEL SCM TENDER BOX PMB EMAIL: quotations.scmho@kznhealth.gov.za 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 CODE.......NUMBER.......FACSIMILE NUMBER CODE .......NUMBER...... 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]



|              |  | FOR QUOTATIONS  |   |   |                                |   | 3ER:                                      |  |             |
|--------------|--|---|---|---|--------------------------------|---|---|--|-------------|
| DESCRIPT     | ION:   |   | 1 - 4,53 - 1 - 4<br>*********************************** | 77.7.434                                | enimenenenen<br>Pilionomialian | 11 17 14 14 15 17 17 17 17 17 17 17 17 17 17 17 17 17 | en er |  | ******      |
| SIGNATUR     | RE OF BIDDE                                      | R   |   |   |                                | DATE.   |   |  |             |
|              |  | nt, I hereby agree to all terms   |   |   |                                |   |   |  |             |
| CAPACITY     | UNDER WH   | ICH THIS QUOTE IS SIGNED  | D   |   |                                |   |   |  |             |
| Item No      | Quantity   | Description   |   |   |                                | Brand &   | Country of                                | Price  |             |
|              | ļ  |   |   |   |                                | model   | manufacture                               | R  | C           |
|              | ļ  | Supply and Installa   |   |   |                                |   |   |  |             |
|              |  | wall mounted  |   |   |                                |   |   |  |             |
|              |  | trolley munted, and kick ab   |   |   |                                |   |   |  |             |
|              | 214  | 8L TROLLEY MO   |   |   |                                |   | _   |  | <del></del> |
|              | 86   | 20L WALL MOU  |   |   |                                |   | ***************************************   |  |             |
| .,           | 36   | 10L WALL MOU  |   |   |                                |   |   |  | +           |
|              | 05   | 5L WALL MOUN  |   |   |                                |   |   |  | +           |
|              | 02   | 8L WALL MOUI  |   |   | -18                            |   |   | _  | _           |
|              | 02   | 5L KIC  | KABOU   | <u> </u>                                |                                |   |   |  | +           |
|              |  |   |   |   |                                |   |   |  | +           |
|              |  |   |   |   |                                |   |   |  |             |
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|              | 1  |   |   |   |                                |   |   |  | +           |
|              |  | ***************************************   |   |   |                                | · · · · · · · · · · · · · · · · · · ·                 |   |  |             |
|              |  |   |   |   |                                |   |   |  | -           |
|              |  |   |   |   |                                |   |   |  | +           |
|              |  |   |   |   |                                |   |   |  | +           |
|              |  |   |   |   |                                |   |   |  | +           |
| •            |  | Documents to be subr  | mitted w  | ith tax                                 | clearance                      | ,   |   |  | +           |
|              | <del>                                     </del> | certificate of  |   | ······                                  |                                |   |   |  | 1           |
|              |  | failure to attach will result   |   |   | lisqualified                   |   |   |  |             |
|              |  |   |   |   |                                |   |   |  |             |
|              |  | responses to be delive  | ered at:  | 310 Jal                                 | ou Ndlovu                      |   |   |  |             |
|              |  | street, old boy model   |   |   |                                |   |   |  |             |
|              |  | email to: quotations.so   | cmho@l  | kznhea                                  | lth.gov.za                     |   |   |  |             |
| VALUE AD     | DED TAY @  | 459/ (Only if VAT Vandor)   |   |   |                                |   |   |  | -           |
|              |  | 15% (Only if VAT Vendor) RICE (VALIDITY PERIOD 60   | Davel   |   |                                |   |   | -  | +           |
| TOTAL QU     | OIAHOHII   | MOE (VALIDITY I ENIOD OU  | Dayo  |   |                                |   |   |  |             |
|              |  |   | T (   |   |                                | Conform To  | The S.A.N.S. / S.                         | A.B.S.   |             |
|              |  | With The Specification?   |   |   | Specification?                 |   |   |  |             |
| Is The Price | e Firm?  |   |   | State De                                | livery Period,                 | e.g., 1day, 1we                                       | ek  | L  |             |
|              |  |   |   |   |                                |   |   |  |             |
| Enquiries r  | regarding the                                    | quote may be directed to:   |   |   | Enquiries                      | regarding <u>tech</u> i                               | nical information may                     | be directed t  | 0:          |
| Contact Per  | <sub>rson</sub> . Zama                           | Dladla Tel: 031   | 530145  | 7                                       |                                |   |   |  |             |
|              | 1 200 100  |   |   | 100 11 11 11 11 11 11 11 11 11 11 11 11 | Contact Pe                     | rson:   | Tel:                                      | Arrent de distriction de la constant | •••••       |
| L-Wall MUUI  | 1609, 111, 151, 151                              | <del>(karanan jankaran karan ka</del> | ********  |   |                                |   |   |  |             |



#### **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 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 e  | ffect to th               | e abov                | e, the follo                 | wing question                       | nnaire mu                 | st be         | complete   | d and subm     | itted with the    | quote.            |                       |                   |                      |
|--------------|---|---------------------------|-----------------------|------------------------------|-------------------------------------|---------------------------|---------------|------------|----------------|-------------------|-------------------|-----------------------|-------------------|----------------------|
| 21           | Full Name of bio  | lder/repre                | sentati               | ve                           |                                     |                           |               |            |                | *******           |                   |                       |                   |                      |
|              | Identity Number   |                           |                       |                              |                                     |                           | 2.4.          |            |                | ion Number: .     |                   |                       |                   |                      |
| 2.3.         | Position occu   | pied in                   | the                   | Compan                       | y (director,                        |                           |               |            |                |                   |                   |                       |                   |                      |
|              | shareholder²):  |                           |                       | •                            | •                                   |                           | 2.6.          | VAT Re     | gistration N   | umber:            |                   |                       |                   |                      |
|              | The names of a employee / pers                                      | al numbe                  | rs mus                | t be indica                  | ted in paragra                      | aph 3 belo                | W.            |            |                | bers, tax refe    | rence num<br>[TIC | nbers and<br>K APPLIC | , if app<br>CABLE | olicable,            |
| 2.8.         | Are you or any p  | oerson co                 | nnecte                | d with the i                 | bidder preser                       | ntly employ               | yed b         | y the stat | e?             |                   |                   | YE                    | S ]               | NO                   |
| 2.8.1        | .If so, furnish the   | following                 | particu               | ılars:                       |                                     |                           |               |            |                |                   |                   | •                     |                   |                      |
|              | Name of person  |                           |                       |                              |                                     |                           |               |            |                |                   |                   |                       |                   |                      |
|              |   | state                     |                       | ution a                      |                                     |                           | or            | the        | person         | connected         | i to              | the                   | bidde             | er is                |
|              | employed:   |                           |                       |                              | the s                               | iato                      | inet          | itution    |                |                   |                   | Δην                   | ,                 | other                |
|              | particulars:  | •                         |                       |                              |                                     | tate                      | 11134         | RUGOIL     | ******         |                   | ***************** |                       |                   | Outo                 |
| 2,8,2        | . If you are pres   | sently em                 | oloyed                | by the sta                   | le, did you ol                      | otain the a               | pprog         | riate auth | ority to und   | lertake remun     | erative wo        | ork outside           | empl              | oyment               |
|              | in the public s   | ector?                    | •                     | •                            | -                                   |                           |               |            | •              |                   |                   | YE                    |                   | NO                   |
| 2.8.2        | 2.1. If yes, did yo   | ou attach                 | proof o               | f such auti                  | nority to the o                     | łuote docu                | ment          | ?          |                |                   |                   |                       |                   |                      |
|              | ailure to submit p  | <u>proof of su</u>        | ıch aut               | <u>hority, whe</u>           | <u>ere applicable</u>               | , may res                 | <u>ult in</u> | the disqu  | alification of | the quote.)       |                   |                       |                   |                      |
| 2.8.2        | 2.2. It n<br>Did you or your  | o, fumish                 | reasor                | ns for non-                  | submission o                        | t such pro                | ot:           |            | I mamb         | oro or thoir or   |                   | adust bus             |                   | with the             |
| 2.9.         | state in the prev   |                           |                       |                              | pany s direct                       | ors / truste              | es/           | marenoio   | ers / memb     | ers or men sp     | ouses co          | YE                    |                   | NO                   |
| 201          | i. If so, furnish p   | nous (wen                 | 'e mon                | u i S :                      |                                     |                           |               |            |                |                   |                   | LE                    | 2                 | NO                   |
| 2.3.1        | . Do you, or any  | person co                 | onnect                | ed with the                  | bidder, hav                         | e anv rela                | tions         | nip (famil | v. friend. ot  | her) with a pe    | erson emp         | loved by              | the st            | ate and              |
| 2.10         | who may be inv  | olved with                | the ev                | aluation a                   | nd or adjudic                       | ation of thi              | s quo         | te?        | ,,             |                   |                   | YE                    |                   | NO                   |
| 2.10.        | .1. If so, furnish o  | articulars                |                       |                              |                                     |                           |               |            |                |                   |                   |                       |                   |                      |
| 2.11.        | . Are you, or any   |                           |                       |                              |                                     |                           |               |            |                |                   |                   |                       |                   |                      |
|              | person employe  |                           |                       |                              |                                     |                           |               |            |                |                   |                   | YE                    | S                 | NO                   |
| 2.11.        | .1. If so, furnish p<br>. Do you or any                             | articulars                |                       |                              |                                     |                           |               |            |                |                   | lin oou o         | بامامه حمامه          |                   | ~~~=!~~              |
| 2.12.        | . Do you or any<br>whether or not t                                 |                           |                       |                              |                                     | ns / menn                 | Jers 1        | or the cor | mpany nav      | e any interes     | LHEARIN O         | YE                    |                   | NO NO                |
| 2 12         | whether or not t<br>1. If so, furnish p                             | ney are or<br>particulars | uumy i                | OI WIIS COI                  | luact:                              |                           |               |            |                |                   |                   | 1 %                   | 2 1 1             | 140                  |
|              | ·   |                           |                       |                              |                                     |                           |               | ,,,        | •••••          |                   |                   |                       |                   |                      |
|              | Full details of d The Departmer responsibility to the quote will no | nt Of Hea<br>ensure th    | alth will<br>nat thei | l validate<br>r details a    | details of o                        | directors<br>and verifi   | ed or         | CSD. If    | the Departr    | nent cannot v     | alidate the       | e informa             | ition o           | uppliers'<br>on CSD, |
| 4            | DECLARATIO  | NC                        |                       |                              |                                     |                           |               |            |                |                   |                   |                       |                   |                      |
|              | HE UNDERSIC<br>RNISHED IN P.  |                           |                       |                              |                                     |                           |               | *********  |                | .CERTIFY          | THAT T            | HE INFO               | )RMA              | ATION                |
| I AC         | CCEPT THAT T<br>OVE TO BE FA  | THE STA                   |                       |                              | ЕСТ ТНЕ С                           | OTE C                     | R A           | CT AGA     | AINST ME       | SHOULD 7          | THIS DE           | CLARA'                | ΓΙΟΝ              | !                    |
|              | **************************************                              |                           |                       |                              |                                     |                           |               |            |                |                   |                   |                       | • • • • • • • •   | •                    |
| Nam          | e of bidder   |                           | ;                     | Signature                    |                                     |                           | ۲             | osition    |                |                   | Date              |                       |                   |                      |
| ¹*Stat<br>a} | e" means any national or pre- constitutional institu                | ilion within t            | arlment,<br>he mear   | national or<br>sing of the P | provincial publi<br>ublic Finance M | ic entity or<br>anagement | c)<br>d)      | national A |                | e national Counci | l of province     | s; or                 |                   |                      |

any municipality or municipal entity;

<sup>&</sup>quot;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 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 disqua                | ified from the evaluation process.                      |
|--------------------|---|---|
| (i)<br>(ii)        | The institution has determined that a compulsory site meeting  Date/ Time Place | take place  |
| Institution 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 falls 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 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   | 7,17<br>1,17<br>1,17<br>1,17<br>1,17 | 80     |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR                | 3.5                                  | 20     |
| Total points for Price and B-BBEE must not exceed | ed .                                 | 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;
  - 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 I | 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. **BID DECLARATION**

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1 6.
- B-BBEE Status Level of Contributor: = ......(maximum of 20 points) 6.1

(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 8-BBEE status level of contributor.

| 7.  | SUB-CONTRACTING                                     | (Tick |      |        |    |  |
|-----|---|-------|------|--------|----|--|
|     | applicable box)                                     |       | YE\$ | $\Box$ | NO |  |
| 7.1 | Will any portion of the contract be sub-contracted? |       |      |        |    |  |

7.1.1 If yes, indicate:

8.

- What percentage of the contract will be subcontracted......%
- The name of the sub-contractor. ii)
- The B-BBEE status level of the sub-contractor.....

Whether the sub-contractor is an EME or QSE

Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations.2017:

| Designated Group: An EME or QSE which is at last 51% owned by:    | EME<br>√ | QSE<br>√ |
|---|----------|----------|
| 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   |          |          |

NO

(Tick applicable box)

|     | Any Q                                     | SE   |             |   |   |                     |  |
|-----|---|--|-------------|---|---|---------------------|--|
|     | DECL                                      | ARATION WITH REGARD TO COMPANY/FIRM  | Л           |   |   |                     |  |
|     | Na  | me of company/firm:  |             | *************************************** | ***********                             |                     |  |
|     | VA  | T registration number:   |             | *************************************** |   |                     |  |
|     | Co  | mpany registration number:   |             | *************************************** | *********                               |                     |  |
|     | TY  | PE OF COMPANY/ FIRM [TICK APPLICABLE B   | OX]         |   |   |                     |  |
|     | 10.00<br>10.00<br>10.00<br>10.00<br>10.00 | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited  |             |   |   |                     |  |
|     | DE  | SCRIBE PRINCIPAL BUSINESS ACTIVITIES   |             |   |   |                     |  |
| ••• |   |  |             |   |   |                     |  |
|     | CO  | MPANY CLASSIFICATION [TICK APPLICABLE  | BOX]        |   |   |                     |  |
|     | =   | Manufacturer   |             |   |   |                     |  |
|     | _   | Supplier<br>Professional service provider  |             |   |   |                     |  |
|     | _   | Other service providers, e.g. transporter, etc.  | •           |   |   |                     |  |
|     | Tot                                       | al number of years the company/firm has been in  | hucinaca    |   |   |                     |  |
|     |   | e, the undersigned, who is / are duly authorised t   |             |   |   | ointe claimad hace  |  |
|     | the                                       | B-BBE status level of contributor indicated in pa<br>preference(s) shown and I / we acknowledge the  | ragraphs    |   |   |                     |  |
|     | i)  | The information furnished is true and correct;   |             |   |   |                     |  |
|     | ii)                                       | The preference points claimed are in accordan  | ce with the | e General Condition                     | s as indicated in paragrapl             | 1 1 of this form;   |  |
|     | iii)                                      | In the event of a contract being awarded as a 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  |             |   |   | ny of the condition |  |
|     |   | (a) disqualify the person from the bidding proc  | ess;        |   |   |                     |  |
|     |   | (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;   |             |   |   |                     |  |
|     |   | (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;                           |             |   |   |                     |  |
|     |   | <ul> <li>recommend that the bidder or contractor, i<br/>who acted on a fraudulent basis, be restricted<br/>of state for a period not exceeding 10 year<br/>applied; and</li> </ul> | ted by the  | National Treasury                       | from obtaining business fro             | om any organ        |  |
|     |   | (e) forward the matter for criminal prosecution.   |             |   |   |                     |  |
|     | 140                                       | TNFCCEC  |             |   |   |                     |  |
|     | 1   | TNESSES  |             | SIGNA                                   | ATURE(S) OF BIDDERS                     | <br>(S)             |  |
|     | 1.  |  |             |   |   |                     |  |
|     |   |  |             |   | *************************************** |                     |  |
|     | 2.  |  |             |   |   |                     |  |

**DIRECTORATE: FACILITIES** 

Physical Address: 310 Bhejane Street, KwaMashu ,4360 Postal Address: **Private Bag X011, KwaMashu ,4360** Tel: 087 1311750 Email: thuli.ngubane@kznhealth.gov.za www.kznhealth.gov.za

WASTE MANAGEMENT

# RE: BRACKET INSTALLATION BREAK DOWN REPORT

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Radiology  | 07 (trolley mounted) | 8L (Rectangular containers) |
| Radiology  | 01 (wall mounted)    | 201                         |
| TOTAL      | 08                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Theatre    | 28 (trolley mounted) | 8L (Rectangular containers) |
| Theatre    | 10 (wall mounted)    | 20년                         |
| CSSD       | 03 (wall mounted)    | X2 (5L) & X1 (20L)          |
| TOTAL      | 41                   |                             |

| DEPARTMENT               | QUANTITY (BRACKETS)  | SIZE                        |
|--------------------------|----------------------|-----------------------------|
| ICU/High care/Renal care | 03 (trolley mounted) | 8L (Rectangular containers) |
| ICU/High care/Renal care | 09 (trolley mounted) | 201                         |
| TOTAL                    | 12                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| POPD       | 09 (trolley mounted) | 8L (Rectangular containers) |
| POPD       | 01 (wall mounted)    | 20L                         |
| TOTAL      | 10                   |                             |

| DEPARTMENT      | QUANTITY (BRACKETS)  | SIZE                        |
|-----------------|----------------------|-----------------------------|
| Post-natal ward | 26 (trolley mounted) | 8L (Rectangular containers) |
| Post-natal ward | 10 (wall mounted)    | 20L                         |
| TOTAL           | 36                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Gynea ward | 10 (trolley mounted) | 8L (Rectangular containers) |
| Gynea ward | 08 (wall mounted)    | 20L                         |
| TOTAL      | 18                   |                             |

de es

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Karoo ward | 01 (trolley mounted) | 8L (Rectangular containers) |
| TOTAL      | 01                   |                             |

| DEPARTMENT    | QUANTITY (BRACKETS)  | SIZE                        |
|---------------|----------------------|-----------------------------|
| Neonatal ward | 06 (trolley mounted) | 8L (Rectangular containers) |
| Neonatal ward | 03 (wall mounted)    | 10L                         |
| TOTAL         | 09                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Paeds ward | 18 (trolley mounted) | 8L (Rectangular containers) |
| Peads ward | 05 (wall mounted)    | 10L                         |
| Peads ward | 02 (wall mounted)    | 20L                         |
| TOTAL      | 25                   |                             |

| DEPARTMENT              | QUANTITY (BRACKETS) | SIZE                        |
|-------------------------|---------------------|-----------------------------|
| Labour & Antenatal ward | 12 (wall mounted)   | 8L (Rectangular containers) |
| Labour & Antenatal ward | 10 (wall mounted)   | 20L                         |
| TOTAL                   | 22                  |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| PICU       | 02 (trolley mounted) | 8L (Rectangular containers) |
| TOTAL      | 02                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Burns ward | 04 (trolley mounted) | 8L (Rectangular containers) |
| Burns ward | 02 (wall mounted)    | 8L                          |
| Burns ward | 01 (wall mounted)    | 20L                         |
| TOTAL      | 07                   |                             |

| DEPARTMENT             | QUANTITY (BRACKETS)  | SIZE                        |
|------------------------|----------------------|-----------------------------|
| <br>Surgical male ward | 10 (trolley mounted) | 8L (Rectangular containers) |
| Surgical female ward   | 06 (trolley mounted) | 8L (Rectangular containers) |
| TOTAL                  | 16                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |
|------------|----------------------|-----------------------------|
| Ortho ward | 10 (trolley mounted) | 8L (Rectangular containers) |
| Ortho ward | 10 (wall mounted)    | 20L                         |
| TOTAL      | 20                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS) | SIZE |
|------------|---------------------|------|
| Pharmacy   | 02 (wall mounted)   | 20L  |
| TOTAL      | 02                  |      |

| DEPARTMENT   | QUANTITY (BRACKETS)  | SIZE                       |  |
|--|----------------------|----------------------------|--|
| Crisis center  | 03 (wall mounted)    | 10L                        |  |
| Triage   | 02 (wall mounted)    | 10L                        |  |
| Emergency  | 20 (wall mounted)    | 10L                        |  |
| And the second s | 05 (trolley mounted) | 8L (Rectangular container) |  |
| TOTAL  | 30                   |                            |  |

| DEPARTMENT             | QUANTITY (BRACKETS) | SIZE |
|------------------------|---------------------|------|
| Occupational Therapist | 03 (wall mounted)   | 5L   |
| TOTAL                  | 03                  |      |

| DEPARTMENT      | QUANTITY (BRACKETS) SIZE |    |
|-----------------|--------------------------|----|
| Physiotherapist | 02 (wall mounted)        | 5L |
| TOTAL           | 02                       |    |

| DEPARTMENT      | QUANTITY (BRACKETS)  | SIZE                        |
|-----------------|----------------------|-----------------------------|
| Infectious ward | 10 (trolley mounted) | 8L (Rectangular containers) |
| Infectious ward | 08 (wall mounted)    | 20L                         |
| TOTAL           | 18                   |                             |

| DEPARTMENT   | QUANTITY (BRACKETS)  | SIZE                        |  |
|--------------|----------------------|-----------------------------|--|
| Medical ward | 10 (trolley mounted) | 8L (Rectangular containers) |  |
| Medical ward | 06 (wall mounted)    | 20L                         |  |
| TOTAL        | 16                   |                             |  |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |  |
|------------|----------------------|-----------------------------|--|
| MOPD       | 09 (trolley mounted) | 8L (Rectangular containers) |  |
| MOPD       | 01 (wall mounted)    | 20L                         |  |
| TOTAL      | 10                   |                             |  |

| DEPARTMENT         | QUANTITY (BRACKETS)  | SIZE                        |
|--------------------|----------------------|-----------------------------|
| Chronic/TB clinic  | 08 (trolley mounted) | 8L (Rectangular containers) |
| Chronic/ TB clinic | 02 (wall mounted)    | 20L                         |
| TOTAL              | 10                   |                             |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |  |
|------------|----------------------|-----------------------------|--|
| Day ward   | 09 (trolley mounted) | 8L (Rectangular containers) |  |
| Day ward   | 01(wall mounted)     | 20L                         |  |
| TOTAL      | 10                   |                             |  |

| DEPARTMENT | QUANTITY (BRACKETS)  | SIZE                        |  |
|------------|----------------------|-----------------------------|--|
| Psych ward | 05 (trolley mounted) | 8L (Rectangular containers) |  |
| Psych OPD  | 05 (trolley mounted) | 8L                          |  |
| TOTAL      | 10                   |                             |  |

| DEPARTMENT | QUANTITY (BRACKETS) | SIZE         |
|------------|---------------------|--------------|
| Dental     | 02                  | 5L kickabout |
| TOTAL      | 02                  |              |

| DEPARTMENT   | QUANTITY (BRACKETS)  | SIZE                        |  |
|--------------|----------------------|-----------------------------|--|
| Staff clinic | 04 (trolley mounted) | 8L (Rectangular containers) |  |
| TOTAL        | 04                   |                             |  |

TOTAL= 345

**DIRECTORATE: FACILITIES** 

WASTE MANAGEMENT

Physical Address: 310 Bhejane Street KwaMashu 4360 Postal Address: Private Bag X 001 KwaMashu 4360 Tel: 087 131 1750 Fax: Email: thuli.ngubane@kznhealth.gov.za www.kznhealth.gov.za

# SPECIFICATIONS FOR SANITARY DIRECTIONS SHARPS BRACKETS

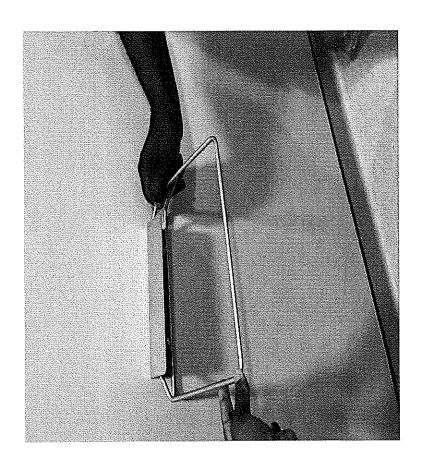
## Item specification:

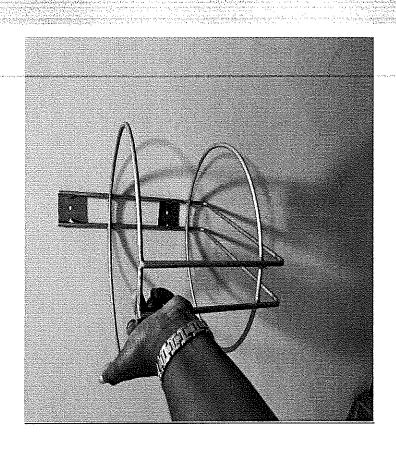
- Supply and install sharps brackets in all clinical areas
- All brackets must be a stainless steel
- Brackets should accommodate 5L, 8L, 10L & 20L sharps containers as per attached report

## Requirements:

- · Report is attached, specifying all areas
- Total number of brackets needed is indicated in the attached report

## Below are the samples







|             | Name                | Signature | Date       |
|-------------|---------------------|-----------|------------|
| Compiled by | TJ Ngubane (EHP) WM | DD.       | 21/01/2022 |

# Department: Health PROVINCE OF KWAZULU-NATAL

# **END-USER SPECIFICATION FORM**

|  | te Number:  |   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Item Description:  Department/Section:         |   | SHARPS BRACKETS   |  |  |  |  |  |  |
|  |   | WASTE MANACTEMENT   | Purpose of Item:   | TO HOLD SHAPPS CONTAINED   |  |  |  |  |
| 1.   | Pre-qualification c   | riteria if any:   |  | _  |  |  |  |  |
|  | 1.1. <b>Is the item req</b><br>Regulatory Body / ce   | uired to have a regulatory body certifi<br>rtification required if Yes: | cation (e.g. SÁÞS, SANS  | s, SANAS, ISO, CIDB, etc.)? 6 / No:  |  |  |  |  |
|  | 1.2. <b>Is a compulso</b> if Yes, specify: Date   | ry site inspection / briefing session re                                | quired? Yø≶ / No<br>ace  |  |  |  |  |  |
|  | 1 1 10 10 10 10 10 10   | ction and content part of the quote? Y                                  | FILE WILLIAM STATE OF THE STATE |  |  |  |  |  |
|  | 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No-if Yes, specify:   |   |  |  |  |  |  |  |
|  | 1.5. Liability Cover<br>f Yes, specify:   | rinsurance? Yes / ⋈∕o   |  |  |  |  |  |  |
| 2,   |   | cation of the required item?  | <u> </u>   |  |  |  |  |  |
|  | specifications to be  | advertised  |  | omment   |  |  |  |  |
| 1.   |   |   |  |  |  |  |  |  |
| ~  |   |   |  |  |  |  |  |  |
| 2.   |   | <b>X</b>  |  |  |  |  |  |  |
| 3.   |   | 240   |  |  |  |  |  |  |
| 3.<br>4.<br>5.                                 | Does a sample nee   | ed to be submitted? Yes / No(select on                                  | tion 3.1 or 3.2)   |  |  |  |  |  |
| 3.<br>4.<br>5.<br>3.<br>or                     | <ul><li>3.1. Deadline for su</li><li>3.2. Specify that sa</li><li>Penalties to be noted</li><li>4.1. If the supplier for the purchaser penalty, a sum</li></ul>   | ed to be submitted? Ye& / No(select op bmission if Yes: Date            | tion 3.1 or 3.2) TimePlace _ uested in writing. Yes  perform the services with edies under the contract, adelayed goods or unperformance.  | in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime   |  |  |  |  |
| 3. 4. 5. 5. or 4.                              | <ul> <li>3.1. Deadline for su</li> <li>3.2. Specify that sa</li> <li>Penalties to be noted</li> <li>4.1. If the supplier for the purchaser penalty, a sum interest rate ca</li> <li>What is the evaluated</li> </ul>  | ed to be submitted? Ye& / No(select op bmission if Yes: Date            | tion 3.1 or 3.2)  Time:_Place_ uested in writing. Yes  perform the services with edies under the contract, edelayed goods or unperformant delivery or performantions to be advertised?   | in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime   |  |  |  |  |
| 3. 4. 5. 5. or 4.                              | 3.1. Deadline for su 3.2. Specify that sa  Penalties to be note 4.1. If the supplier f the purchaser penalty, a sum interest rate ca  What is the evaluate evaluation criteria /  | ed to be submitted? Ye& / No(select op bmission if Yes: Date            | tion 3.1 or 3.2)  TimePlace _ uested in writing. Yes  perform the services with edies under the contract, edelayed goods or unperformant delivery or performant ions to be advertised?   | in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime   |  |  |  |  |
| 3.<br>4.<br>5.<br>33.<br>or<br>4.<br>Lis<br>1. | 3.1. Deadline for su 3.2. Specify that sa Penalties to be note 4.1. If the supplier f the purchaser penalty, a sum interest rate ca What is the evaluate t evaluation criteria /  | ed to be submitted? Yet / No(select op bmission if Yes: Date            | tion 3.1 or 3.2)  Time Place puested in writing. Yes delayed goods or unperfectual delivery or performantions to be advertised?  | or No in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime ace.  |  |  |  |  |
| 3. 4. 5. 3                                     | 3.1. Deadline for su 3.2. Specify that sa Penalties to be note 4.1. If the supplier f the purchaser penalty, a sum interest rate ca What is the evaluate t evaluation criteria / Pre-qualification cr Administrative  | ed to be submitted? Yet / No(select op bmission if Yes: Date/           | tion 3.1 or 3.2)  TimePlace _  uested in writing. Yes  perform the services with edies under the contract, edelayed goods or unperformant to be advertised?  tised (if applicable) ication criteria? dadministrative requirements.   | or No in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime ace.  |  |  |  |  |
| 3. 4. 5. 3. cor 4. Lis 1. 2. 3.                | 3.1. Deadline for su 3.2. Specify that sa  Penalties to be note 4.1. If the supplier f the purchaser penalty, a sum interest rate ca  What is the evaluate evaluation criteria / Pre-qualification cr Administrative Conformance:   | ed to be submitted? Yet / No(select op bmission if Yes: Date/           | tion 3.1 or 3.2)  TimePlace _  perform the services with edies under the contract, edelayed goods or unperformant to be advertised?  Tised (if applicable) ication criteria? dadministrative requirement performed to specification  | or No in the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime ince.   |  |  |  |  |
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| Name of End-user (in full)   | THULI NGUBANE        | Name of SCM Rep (in full)   | SIYA MADLO  |
|------------------------------|----------------------|-----------------------------|-------------|
| Designation / Rank (in full) | Waste Namag. OFFICER | Designation/ Rank (in full) | Samp        |
| Signature                    |                      | Signature                   | (all)       |
| Date                         | 24 101 12032         | Date                        | 124/01/2022 |
|                              |                      |                             | D 4-6       |