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Sikithi Sipho ▾ ?



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[HOME](#) [CORPORATE INFORMATION](#) [COMPONENTS](#) [DIRECTORY](#) [DISTRICT OFFICES](#) [HEALTH FACILITIES](#)

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-03-01

Closing Date: 2022-03-08

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Grey's hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey's Hospital

Date Submitted: 2022-02-01

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
GRS 4238/2/22

Item Category: Goods

Item Description: IN PATIENT ADMISSION PADS (80 Sets of 3 sleeve pages Printed in Black (240 leaves / pad) Original White_ NCR PAPER CB Printed on one Side, Duplicate Yellow NCR PAPER CFB printed on both sides (Mill tinted) Triplicate: Blue NCR CF printed on both sides. Padded with 225gsm Kraft Board. (SEE ATTACHED SAMPLE)

Quantity (if supplies) 250 Pads

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental Website

QUOTES SHOULD BE DELIVERED TO: Greys Hospital

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Sipho Sikithi

Email: No Email / Fax: 033 897 3006

Contact Number: Mrs. B.G Anderson

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

PROVINCE OF KWAZULU-NATAL : DEPARTMENT OF HEALTH

(yellow)

IN-PATIENT ADMISSION

PATIENT DETAILS:

Initials

First name

Surname

Address

Postal code

Town

Phone Home (area code)

No.

Business (area code)

No.

Patient's marital status

Single

Married

Widowed

Divorced

Legally separated

YEAR MONTH DAY Age

Date of birth

Brought in by ambulance

Yes

No

Vehicle / Ambulance number

Religion

Identity number

Employer

Address

Postal code

NEXT OF KIN:

Initials

Relationship

Surname

Address

Postal code

Town

Phone Home (area code)

No.

Business (area code)

No.

LOCAL RELATIVE / FRIEND:

Initials

Surname

Address

Postal code

Town

Phone Home (area code)

No.

Business (area code)

No.

FOR OFFICIAL USE ONLY:

Type of case

h.

p.h.

p.

Sex

m.

f.

Referred by doctor

Diagnosis:

Time and date of admission

YEAR MONTH DAY

Ward name

on admission

Private

General

Suite

FOR OFFICIAL USE ONLY

Life number

Patient sequential no.

O.P. No.

Prev. I.P. No.

PERSON RESPONSIBLE FOR ACCOUNT

Initials

Surname

First name:

Postal address

Postal code

Town

Resident address

Postal code

Town

Phone Home (area code)

No.

Business (area code)

No.

Identity number

EMPLOYEE / STATUTORY BODY

Name

Address

Postal code

Town

ADDITIONAL DETAILS

Occupation / rank

Medical aid name

Medical aid abbrev.

Medical aid / service number

Order No. / m.p.o. / unit

Debtor's marital status

Single

Married

Widowed

Divorced

Legally separated

Patient's relationship to member

Dependent children: ages

No.

Deposit required

Yes

No

Ante nuptial contract

Yes

No

Individually liable

Yes

No

Personal code

Debtor's number

Amount paid

Receipt No.

(blue)

NOTIFICATION OF INFECTIOUS DISEASES

Date: _____ Disease: _____

Medical officer/
sister's signature: _____

DETAILS OF DISCHARGE																																		
Ward name on discharge:															Private General Suite			Private bed for medical/hospital reasons							Yes No									
Time of discharge: YEAR MONTH DAY																									Medical/surgical appliance					Yes No				
Reason for discharge															Discharged R.H.T. Died* Transferred										Infectious disease					Yes No				
Final diagnosis																																		
On discharge treated by															Private doctor Hospital doctor					Discharge doctor's name:										Sister's signature				

VERIFICATION DETAILS																				RANDS ONLY			
School address if available																				Gross monthly salary - husband/self			
Infectious disease (maximum days) Service code																				No. of days hospitalised			
Socical / pension number Insurance cover																				- wife			
Accident																				Other income			
Date of W.C.A. injury YEAR MONTH DAY																				Value of fee board and lodging			
TOTAL FAMILY MONTHLY INCOME																							
Accounts accepted: Hospital secretary																				Date income accepted:			

REMARKS / ASSESSMENT DETAILS			
Free case in terms of:	Yes	No	
Full paying hospital case (no rebate allowed)	Yes	No	
Assessing / verification officer Date Date Authorising officer			

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl VAT

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: **Grey's Hospital**

DATE ADVERTISED: 2022-03-01 FACSIMILE NUMBER: 033 897 3006 EMAIL: No email / fax: 033 897 3006

ENQUIRIES REGARDING THE QUOTE: Sipho Sikithi CONTACT NUMBER: 033 897 3492

ENQUIRIES REGARDING TECHNICAL INFORMATION: _____ CONTACT NUMBER: _____

PHYSICAL ADDRESS: 201 Townbush Road, Northern park, Pietermaritzburg, 32001

QUOTE NUMBER: GRS 4238/2/22 CLOSING DATE: 2022-03-08 CLOSING TIME: 11:00

DESCRIPTION IN PATIENT ADMISSION PADS

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED)

[illegible]

Does this offer comply with the specification?		State delivery period, e.g. <i>1day, 1week</i>	
Is the price firm?		All delivery costs must be included in the quoted price	

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1	250 Pads	IN PATIENT ADMISSION PADS (80 SETS OF SLEEVE PAGES PRINTED IN BLACK				
		(240 LEAVES / PAD) ORIGINAL WHITE_NCR PAPER CB PRINTED ON ONE SIDE,				
		DUPLICATE YELLOW NCR PAPER CFB PRINTED ON BOTH SIDES (MILL TINTED)				
		TRIPLICATE: BLUE NCR CF PRINTED ON BOTH SIDES.				
		PADDED WITH 225gsm KRAFT BOARD (SEE ATTACHED SAMPLE)				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

- | | |
|---|---|
| <p>1. SPECIAL CONTRACT CONDITIONS OF QUOTATIONS</p> <p>1.1. The Department is under no obligation to accept the lowest or any quote.</p> <p>1.2. 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.</p> <p>1.3. ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.</p> <p>1.4. 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.</p> <p>1.5. The bidder must ensure the correctness & validity of the quotation:</p> <p>(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</p> <p>(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.</p> <p>1.6. 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.</p> <p>1.7. 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.</p> <p>1.8. Offers must comply strictly with the specification.</p> <p>1.9. Only offers that meet or are greater than the specification will be considered.</p> <p>1.10. Late offers will not be considered.</p> <p>1.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.</p> <p>1.12. Used/ second-hand products will not be accepted.</p> <p>1.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.</p> <p>1.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.</p> <p>1.15. 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.</p> <p>1.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.</p> <p>1.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.</p> <p>1.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.</p> <p>1.19. 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.</p> <p>2. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.</p> | <p>2.1 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.</p> <p>2.2 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.</p> <p>2.3 The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.</p> <p>2.4 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.</p> <p>2.5 Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.</p> <p>2.6 Use of correction fluid is prohibited and may render the response invalid.</p> <p>2.7 Quotations will be opened in public as soon as practicable after the closing time of quotation.</p> <p>2.8 Where practical, prices are made public at the time of opening quotations.</p> <p>2.9 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.</p> <p>2.10 The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation</p> <p>3. SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS</p> <p>3.1 Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt and in accordance with the directives in the quotation documents.</p> <p>3.2 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.</p> <p>3.3 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.</p> <p>3.4 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.</p> <p>3.5 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.</p> <p>3.6 Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.</p> |
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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 above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full name of bidder/representative.....
 2.2. Identity Number: 2.4. Company Registration Number:
 2.3. Position occupied in the Company (director, trustee, shareholder²): 2.5. Tax Reference Number:
 2.6. VAT Registration Number:

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

- 2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

- 2.8.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:
 Name of state institution at which you or the person connected to the bidder is employed:.....
 Position occupied in the state institution:Any other particulars:.....

- 2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

- 2.8.2.1. If yes, did you attach proof of such authority to the quote document?

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

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

- 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

- 2.9.1. If so, furnish particulars:.....

- 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

- 2.10.1. If so, furnish particulars:.....

- 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

- 2.11.1. If so, furnish particulars:.....

- 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

- 2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

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

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
 Name of bidder Signature Position Date

¹ "State" means –

- | | |
|--|--|
| <p>a) any national or provincial department, national or provincial public entity or constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);</p> <p>b) any municipality or municipal entity;</p> | <p>c) provincial legislature;</p> <p>d) national Assembly or the national Council of provinces; or</p> <p>e) Parliament.</p> |
|--|--|

² Shareholder² 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.