

Quotation Advert

Opening Date:

31/08/2023

Closing Date:

06/09/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Ladysmith Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/

service is required:

Ladysmith Regional Hospital

Date Submitted:

31/08/2023

ITEM CATEGORY AND DETAILS

Quotation number:

LSH710/23/24

Item Category:

Goods

Item Description:

Supply and Deliver Hysters for Hospital Use

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Time:

Not applicable

Venue:

Not applicable

QUOTES CAN BE COLLECTED FROM:

KZN Health Website or emailed to

Ladysmith.quoation@kznhealth.gov.za

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX SITUATED NEXT TO SECURITY MAIN GATE, 36 MALCOM ROAD, LADYSMITH, BEFORE THE CLOSSING DATE AND TIME OF **TENDER**

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Ms N.S.A Khumalo

Email:

nosiphiwe.khumal@kznhealth.gov.za

Contact number: 036-638 0196

Finance Manager Name:

Finance Manage signature:



PARTICULARS OF QUOTATION YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: LADYSMITH REGIONAL HOSPITAL												
FACSIMILE NUMBER: 036 631 2136 E-MAIL ADDRESS: Ladysmith, quotations@kznhealth.gov.za												
PHYSICAL ADDRESS: 36 MALCOM ROAD, HOSPITAL PARK ,LADYSMITH, 3370												
QUOTE NUMBER: ZNQ / LSH / 710 / 23 - 24 VALIDITY PERIOD: 60 DA	YS_											
DATE ADVERTISED: 31-08-2023 CLOSING DATE: 06-09-2023 CLOSING TIME: 11	1:00											
DESCRIPTION: SUPPLY AND DELIVER HYSTERS FOR HOSPITAL USE												
CONTRACT PERIOD (IF APPLICABLE): ONCE-OFF												
DEPOSITED IN THE QUOTE BOX SITUATED AT <i>(STREET ADDRESS):</i> 36 MALCOM ROAD, HOSPITAL PARK, LADYSMITH, 3370 (BOX OUTSIDE SCM)												
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: N.S.A.KHUMALO TELEPHONE NUMBER: 036 638 0096	338 0096											
E-MAIL ADDRESS: nosiphiwe.khumalo@kznhealth.gov.za												
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: A SOOKHAYEE TELEPHONE NUMBER: 036 638 0267												
E-MAIL ADDRESS:												
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, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.												
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)												
NAME OF BIDDER:												
E-MAIL ADDRESS:												
POSTAL ADDRESS:												
STREET ADDRESS:												
TELEPHONE NUMBER: FACSIMILE NUMBER:												
CELLPHONE NUMBER: SARS PIN: .	SARS PIN:											
VAT REGISTRATION NUMBER (If VAT vendor):												
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.												
UNIQUE REGISTRATION REFERENCE:	\Box											



QUOTE NUMBE	R: ZNQ	, LSH	,710	_/ 23	R QUOTATIONS OVE				20-X0402-04-02-03-04-04-04-04-04-04-04-04-04-04-04-04-04-
ACOLE HOMBE			,						
DESCRIPTION:	SUPP	LY AND D	ELIVER HYSTI	ERS FOR I	HOSPITAL USE				
REFERENCE PO	INTS WILL BE	ALLOCATED	ACCORDING TO THE	IMPLEMENTA	ATION OF SPECIFIC GO.	ALS IN TERMS OF	PPR 2022:	POINT	S ALLOCATED
Promotion of Sout	h African owne	ed enterprises							20
CN NUMBER	QUANTITY	UNIT OF	DESCRIPTION		BRAND & MODEL	COUNTRY OF MANUFACTUR E	PRICE		
		MEASURE					R	С	
	02	UNITS	SUPPLY	AND DELI	VER HYSTERS				
			FC	R HOSPIT	TAL USE	1			
			SEE SPI	ECIFIATIO	N ATTACHED				
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ALUE ADDED	1 TAX @ 15% (Only if VAT	/endor)				I		
TOTAL QUOTA	TION PRICE (VALIDITY PE	RIOD 60 Days)						

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VALUE ADDED TAX @ 15% (Only if VAT Vendor)											
TOTAL QUOTA	TION PRICE (VALIDITY PE	RIOD 60 Days)							
DOES THIS OFFER COMPLY WITH THE SPECIFICATION? IS THE PRICE FIRM? DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION?							YES YES YES	/ NO			
STATE DELIVE	RY PERIOD (E	.G. 3 DAYS,	1 WEEK)								
						SIGNATURE OF BIDDER: [By signing this document, I hereby agree to all terms and conditions]					
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:					DATE:						
								Page 2 o	f 13		



300 213 010



TUG8K Cushman Tow Tug 8K

CAPACITY 3636kg (8000lb)

MOTOR 48V AC/ 8 Kw

SEAT/S 1

Add to