

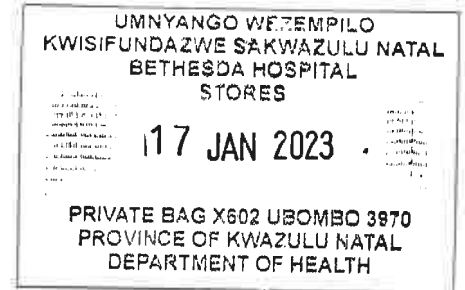


KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 17/01/2023
Closing Date: 20/01/2023
Closing Time: 11:00

INSTITUTION DETAILS
Institution Name: Bethesda Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods/ service is required: Bethesda Hospital
Date Submitted: 17/01/2023



ITEM CATEGORY AND DETAILS

Quotation number: ZNQ: BET0345/22-23
Item Category: Goods
Item Description: Service of Gedleza clinic diesel generator
Quantity (if supplies): 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: print on website/ collect at Bethesda hospital (SCM)

QUOTES SHOULD BE DELIVERED TO: Tender box/fax: 035 595 1125/ emails are not working

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Bongumusa Masango

Email: bongumusa.mthembu@kznhealth.gov.za

Contact number: 035 595 3305

Finance Manager Name: HH Nxumalo **Finance Manager Signature** 

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000

QUOTE NUMBER: ZNQ/BET / 0345 / 22 - 23

DESCRIPTION: SERVICE OF GEDLEZA CLINIC DIESEL GENERATOR

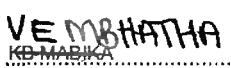
SIGNATURE OF BIDDER DATE

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
01	01	SERVICE OF GEDLEZA CLINIC DIESEL GENERATOR				
		AS PER ATTACHED SPECIFICATION				
		ITS ABOUT 30K AWAY FROM THE HOSPITAL TO GEDLEZA CLINIC				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period, e.g., 1day, 1week

Enquiries regarding the quote may be directed to: Contact Person: <u>BONGUMUSA MASANG</u> . Tel: <u>035 595 33305</u> E-Mail Address: <u>bongumusa.mthembu@kznhealth.gov.za</u>	Enquiries regarding technical information may be directed to:  Contact Person: <u>KB MABIKA</u> . Tel: <u>035 595 3155</u>
--	---

UMNINYO WEZEMPILO
 KWISIFUNDAZWE SAKWAZULU NATAL
 BETHESDA HOSPITAL
 STORES

17 JAN 2023

 PRIVATE BAG X602 UBOMBO 3970
 PROVINCE OF KWAZULU NATAL
 DEPARTMENT OF HEALTH

BIDDER'S DISCLOSURE**1. PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? **YES/NO**

- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

- 2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

- 2.2.1. If so, furnish particulars:

- 2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

- 2.3.1. If so, furnish particulars:

3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Name of Bidder

.....
Signature

.....
Position

.....
Date

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property,

GENERAL CONDITIONS OF CONTRACT

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 OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. 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.*
- 3.7. 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.
- 3.8. 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.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. 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, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, 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 disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date ____/____/____ Time ____:____ 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; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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** (hereafter 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 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. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = 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. BID DECLARATION

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.

7. SUB-CONTRACTING
applicable box)

(Tick

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

7.1.1 If yes, indicate:

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

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
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		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (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;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES

1.

2.

.....
SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS.....

.....

.....



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Institution name:

BETHESDA HOSPITAL

COMPLAINTS PROCESS FOR QUOTATIONS R2 000.00 TO R500 000.00 INCLUDING V.A.T

1. Supplier Submits Written Complaint / Objection

- Bidders aggrieved by decisions or actions taken by the Department or Institution during the SCM procurement process, must lodge a written complaint **immediately**.
- Complaints lodged two (2) or more days after the award will not be entertained.
- Complaints must be directed to the Responsibility Manager of the institution (Hospital or CHC) and District Finance Manager for District Offices.
- **It must be noted that this is not an appeals process and as such will not halt the procurement process.**

2. Institution Prepares Written Response to Complaint

- The Responsibility Manager, or his appointee, must prepare a response letter to the complainant.
- The complaint must be resolved within **60 days**.
- Should the complainant not be satisfied with the response, the matter will be referred to the District Finance Manager (applicable to all Hospitals and CHC) or District Manager (Applicable to all District Offices) for a final verdict.
- Should the complainant still not be satisfied with the response received, they may then seek legal recourse at their own expense.

Complaints or objections should be directed to:

Responsibility Manager:

HH Nxumalo

Email Address:

hlengiwe.nxumalo@kznhealth.gov.za

CONTRACT FORM - PURCHASE OF GOODS/WORKS

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SUCCESSFUL BIDDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SUCCESSFUL BIDDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

PART 1 (TO BE FILLED IN BY THE BIDDER)

1. I hereby undertake to supply all or any of the goods and/or works described in the attached bidding documents to (name of institution) Bethesda hospital in accordance with the requirements and specifications stipulated in bid number _____ at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the purchaser during the validity period indicated and calculated from the closing time of bid.

2. The following documents shall be deemed to form and be read and construed as part of this agreement:
 - (i) Bidding documents, viz
 - Invitation to bid;
 - Tax clearance certificate;
 - Pricing schedule(s);
 - Technical Specification(s);
 - Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
 - Declaration of interest;
 - Declaration of bidder's past SCM practices;
 - Certificate of Independent Bid Determination
 - Special Conditions of Contract;
 - (ii) General Conditions of Contract; and
 - (iii) Other (specify)

3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the goods and/or works specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.

4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.

5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.

6. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)

CAPACITY

SIGNATURE

NAME OF FIRM

DATE

WITNESSES	
1
2.
DATE:	

CONTRACT FORM - RENDERING OF SERVICES

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SERVICE PROVIDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SERVICE PROVIDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

1. I, _____ Full Names
I.D No. _____ I.D No in full

hereby undertake to render services described in the attached bidding documents to (Bethesda Hospital), in accordance with the requirements and task directives / proposals specifications stipulated in Quote Number ZNQ _____ at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the Purchaser during the validity period indicated and calculated from the closing date of the bid.

- 2. The following documents shall be deemed to form and be read and construed as part of this agreement:
(i) Bidding documents, viz
- Invitation to bid;
- Tax clearance certificate;
- Pricing schedule(s);
- Filled in task directive/proposal;
- Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
- Declaration of interest;
- Declaration of bidder's past SCM practices;
- Certificate of Independent Bid Determination;
- Special Conditions of Contract;
(ii) General Conditions of Contract; and
(iii) Other (specify)

3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the services specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.

4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.

5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.

6. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)
CAPACITY
SIGNATURE
NAME OF FIRM
DATE

WITNESSES
1
2
DATE:

CONTRACT FORM - SALE OF GOODS/WORKS

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SUCCESSFUL BIDDER (PART 1) AND THE SELLER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SUCCESSFUL BIDDER AND THE SELLER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

PART 1 (TO BE FILLED IN BY THE BIDDER)

1. I, _____
 I.D No. _____ Full Names _____
 I.D No in full _____
2. hereby undertake to purchase all or any of the goods and/or works described in the attached bidding documents from (name of institution) **Bethesda Hospital** in accordance with the requirements stipulated in (bid number) **ZNQBET** _____ at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the seller during the validity period indicated and calculated from the closing time of bid.
3. The following documents shall be deemed to form and be read and construed as part of this agreement:
 - (i) Bidding documents, viz
 - Invitation to bid;
 - Tax clearance certificate;
 - Pricing schedule(s);
 - Declaration of interest;
 - Declaration of bidder's past SCM practices;
 - Special Conditions of Contract;
 - (ii) General Conditions of Contract; and
 - (iii) Other (specify)
4. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) quoted cover all the goods and/or works specified in the bidding documents; that the price(s) cover all my obligations and I accept that any mistakes regarding price(s) and calculations will be at my own risk.
5. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.
6. I undertake to make payment for the goods/works as specified in the bidding documents.
7. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
8. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)

CAPACITY

SIGNATURE

NAME OF FIRM

DATE

WITNESSES	
1
2.
DATE:

**PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

Scope of servicing of Equipment

Location of equipment: Gedleza Clinic
Equipment: Gen set
Make: Deutz
Type of Service: Minor Service

GEN-SET

MODEL: Deutz
RATING:60 -KVA
SERIAL NO: C32-08T2-B227
LITERS PER HOUR:9 L
TANK CAPACITOR:660 LITRES
ENGINE NO:70175013
PHASE ROTATION:CLOCKWISE

PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH BETHESDA DISTRICT HOSPITAL

SCOPE OF WORK TO SERVICE MAJOR EQUIPMENT

Equipment: Diesel Driven generator

Mark: Deutz

240Hours Service:Minor Service

Mechanical and electrical service

Minimum Requirements for evaluation criteria

- Registered with central supply chain data base
- Valid tax clearance
- Valid B-BBEE Certificate
- Must be valid CIDB ME/EB
- Attached proof of previous order to work on Gen set x 3
- Attached proof of qualified artisan that will be doing the job

2. Documents required after service is done:

The contractor shall submit the invoice with the following documents for the payment approval, if this document is not submitted we are going to take as unfinalized project.

- Report of the service as per unit
- Signed and stamp scheduler per unit
- Signe job cards by maintenance officer
- Original Tax Invoice

PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH BETHESDA DISTRICT HOSPITAL

GEN SET

The auto solenoid must be working properly

The contractor must replace the filter with correct part number of filters see *the following numbers*: The O-ring at top of the canister must be replaced with the correct one

- Oil filter part no =B 202
- Fuel filter part no=Z131
- Replace 55 AH 12 Volt batteries x 1

The jacket water heater must be checked and charged the element if not working.

Replace the existing generator batteries x 2

Charge water and add antifreeze

NB: If the above list it is not complete done we will take as the job is not complete and they will be no payment will be made until it is done completely. Sign lock book time in and out

Make sure that your job card is signed and job inspection is done with Chief ART or Foreman Submit reports to Chief Artisan or Foreman (no report no payment unfinished job)

PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH BETHESDA DISTRICT HOSPITAL

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF HEALTH

PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : GEN SET MINOR SERVICE

SCHEDULED FOR : DIESEL DRIVEN GENERATOR - REF : CRE-DGEN-110

SCHEDULE FREQUENCY: 240 HOURS SERVICE CODE:

P.M.E SERVICE (FIRM PRICE WORK)	RUNNING REPAIRS APPLY FOR V.O. (Note separate v.o. for site stock)	OTHER REPAIRS REQUIRED SUBMIT QUOTATION
DATE:	TIME:	NO LOAD TEST: ON LOAD TEST:

INSTRUCTION	IN ORDER	OTHER NON-SPECIFIED	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY EX	QTY EX FIRMS STOCK	DISCUSSION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DISCUSSION OF SPARES REQUIRED	QTY REQ.
		RUNNING REPAIRS DONE								

**PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

									STOCK								
1	CHECK FAN BELT: a)condition b)Tension-Adjust if Necessary c) Pulleys																
2	Clean radiator air passage & check coolant is at correct level																
3	Check that oil cooler passages clear- clean if necessary																
4	Check all the radiator hoses clamps																
5	Check oil level																
6	Change fuel filters, primary fuel filters/water traps																
7	Bleed fuel system																
	Check oil of fuel pump cam box & governor																

**PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

8													
9	Check fuel pump drive shaft &coupling												
10	Remove air filter												
11	Check turbo for free rotation &bearing wear												
12	Check seal faces of elements, air cleaner hoses &clamps for dust ingress												
13	Fit new or clean filter [washable paper air filters to be washed 3 times before discarding												
14	Check jacket water heater is operating												
15	Check all gauges are in position &secure												
16	Check battery charger												
	(a)log volts												
	(b)log lamps												

**PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

17	Check battery water & top up if necessary																					
18	Check battery cable lugs, clean & tighten as required																					
19	Start engine & run on load for 20 minutes and record the following (OBTAIN PERMISSION BEFORE PROCEEDING)																					
	(a) voltage																					
	(b) amperage																					
	© HZ																					
	(D) oil pressure																					
	(e) water temperature																					
	(f) oil temperature																					
20	Listen for unusual noises																					
	a) on starting																					
	b) when running																					
	C) when stopping																					

**PROVINC OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

	e)check hour meter																			
32	Clean plant room																			

Defects noted for further attention and comments: _____

N.B. if oil requires to be changed after analysis, the old oil must be returned to the supplier and not disposed of in the sewer or storm water

**PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

I CERTIFY THAT SPECIFIED SERVICE WAS CARRIED ON

BY: NAME IN BLOCK LETTERS:.....

COMPANY:

OFFICIAL STAMP:

TIME IN:.....TIME OUT:..... TOTAL HOURS:.....

SIGNATURE OF RESPONSIBLE OFFICER:

PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH BETHESDA DISTRICT HOSPITAL

PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : GEN SET MAJOR SERVICE

SCHEDULED FOR : ELECTRICAL GENERATOR - REF : CRE-DGEN-001

SCHEDULE FREQUENCY: 240 HOURS SERVICE CODE:

CONTRACTOR :

P.M.E SERVICE (FIRM PRICE WORK)	RUNNING REPAIRS APPLY FOR V.O. (Note separate v.o. for site stock)	OTHER REPAIRS REQUIRED SUBMIT QUOTATION
DATE:	TIME:	ON LOAD TEST:

INSTRUCTION	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY EX SITE STOCK	QTY EX FIRMS STOCK	DISCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ	DISCRIPTION OF SPAIRS REQUIRED	QTY REQ
1										
Control panel										
1.1 Blow out panel (do not compressed air)										

**PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

1.2	Check tightness of all connections											
1.3	Check alternator MCB contacts & record trip settings											
1.4	Replace defective indicator lamps in panel											
1.5	Replace defective fuses in panel											
1.6	Check changeover contactor coil, contactor & mechanical interlock (if not mechanical, specify)											
2	Fuel system											
2.1	Check all electrical connections on fuel alarm panel											
2.2	Check fuel transfer pump electrical connections											
2.3	Check for correct free travel & electrical operation of float switches											
3	Batteries											
3.1	Clean and grease terminals, change											

PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH

BETHESDA DISTRICT HOSPITAL

		battery clamps if necessary.																		
3.2		Check S.G. of battery no 1																		
		Cell no 1																		
		Cell no 2																		
		Cell no 3																		
		Cell no 4																		
		Cell no 4																		
		Cell no 5																		
		Cell no 6																		
3.3		Check S.G. of battery no 1																		
		Cell no 1																		
		Cell no 2																		
		Cell no 3																		
		Cell no 4																		
		Cell no 4																		
		Cell no 5																		

**PROVINCIAL HEALTH SERVICES
KWAZULU-NATAL
DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

Cell no 6																			
3.4	Check/fill battery cells to working level																		
3.5	Battery no. 1																		
	Make & no																		
3.6	Battery no. 2																		
4	Engine starter																		
4.1	Check condition of Bendix																		
4.2	Check communicator																		
4.3	Check brushes																		
4.4	Check contacts on slave solenoid																		
4.5	Check started sensor relay (i.e. Discharge)																		
4.6	On start																		
5	Fuel (stop/start)solenoid																		
5.1	Check level																		

**PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

5.2	Check condition of linkages																		
5.3	Check connections																		
6	Main alternator																		
6.1	Blow out main frame (do not use compressed air)																		
6.2	Check all connection for tightness																		
6.3	Listen for bearings noisy & report on same																		
6.4	Grease bearings (where applicable)																		
6.6	Check all diode connections																		
6.7	Check holding down bolts																		
7	Testing																		
7.1	Check manual mode start																		
7.2	Check test mode start																		
7.3	Carry out run on load test (minimum 20mins, obtain permission before proceeding)																		
7.4	Check the following:																		

**PROVINCE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

	Time MCB " off "							
	Time engine start							
	Time alternator "on load "							
	Time MCB "on "							
	Time sensor change to Eskom power							
	Engine cooling down time							
7.5	Check the following for correct operation of all safety circuits:							
	Low oil pressure cut out							
	Water temperature cut out							
	Over speed cut out							
	Battery charger cut out							
	Radiator coolant level cut out (if applicable)							
	Check day tank fuel low level audible alarm							

**PROVICE OF KWAZULU-NATAL: DEPARTMENT OF HEALTH
BETHESDA DISTRICT HOSPITAL**

Check bulk tank –low level audible alarm										
Check audible range & condition of siren										

Defects noted for further attention and comments: _____

N.B. if oil requires to be changed after analysis, the old oil must be returned to the supplier and not disposed of in the sewer or storm water

I CERTISFIEY THAT SPECIFIED SERVICE WAS CARRIED ON

BY: NAME IN BLOCK LETTERS:

COMPANY:

OFFICIAL STAMP:

TIME IN:..... TIME OUT:.....

TOTAL HOURS:

SIGNATURE OF RESPONSIBLE OFFICER: