

Quotation Advert

Opening Date:

13/01/2023

Closing Date:

23/01/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Fort Napier Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required:

FORT NAPIER HOSPITAL

Date Submitted:

13/01/2023

ITEM CATEGORY AND DETAILS

Quotation number:

FNH297/22/23

Item Category:

Goods

Item Description:

FLOOD LIGHT

Quantity (if supplies):1600

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

N/a

Time:

N/a

Venue:

QUOTES CAN BE COLLECTED FROM:

KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO:

FORT NAPIER HOSPITAL SECURITY MAIN GATE

TENDER BOX

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

MS B NDABA

Email:

Contact number: 033 260 4421

PP Finance Manager Name:

MR MW SITHOLE Finance Manager Signature

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: FORT NAPIER HOSPITAL DATE ADVERTISED: 13 JANUARY 2023 CLOSING DATE: 23 JANUARY 2023 CLOSING TIME; 11:00 FACSIMILE NUMBER: 086 483 5221 E-MAIL ADDRESS: FNH.Quotations@kznhealth.gov.za PHYSICAL ADDRESS: 1 DEVONSHIRE ROAD, NAPIERVILLE PIETERMARITZBURG 3200 / FNH 297 QUOTE NUMBER: ZNQ / UMG DESCRIPTION: FLOOD LIGHTS F5188 500W, LEWS MATERIAL-GLASS CONTRACT PERIOD ONCE OFF VALIDITY PERIOD 60 Days SARS PIN..... (if applicable) М Α Α Α CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 1 DEVONSHIRE ROAD, NAPIERVILLE PIETERMARITZBURG 3200 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 CODE......NUMBER...... FACSIMILE NUMBER CODENUMBER.... TELEPHONE 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) YES NO [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEEL FORT NAPIER HOSPITAL POSBUS / P.O. BOX 370

2023 -01- 13

PIETERMARITZBURG

Page 1 of 9

| =SURIP | ION: | D LIGHTS F5188 500W, LEWS MATERIAL-G | | ····· | •••••• | , |
|---------------------|-----------------------------|---|---|---|---|--------------|
| GNATUF y signing | RE OF BIDDE this documer | Rt, I hereby agree to all terms and conditions] | DATE | = | ************* | ,,,,,, |
| APACITY | UNDER WH | ICH THIS QUOTE IS SIGNED | *************************************** | | 141411111111111111111111111111111111111 | |
| m No | Quantity | Description | Brand & model | Country of manufacture | Price R | |
| | 20 | FLOOD LIGHTS FS188 500W, LEW | | - I I I I I I I I I I I I I I I I I I I | | + |
| | | MATERIAL-GLASS LAMP HALOGE | | | | -+- |
| | | LOCRAZON: EXETERIOR | | | | \dashv |
| | | LENGTH:185MM | | | | + |
| | | WIDTH:125MM | | | _ | |
| | | HEIGHT:190MM | | | - | - |
| | | | | | | \dagger |
| | | | | | | |
| | | | | | | |
| | | - Andrew Market | | | | T |
| | | | | | | |
| | | | ··· | | | |
| | | CONTRACTOR OF THE PROPERTY OF | | | | |
| | - | | | | | ļ |
| | | | | | | \perp |
| | | | | | | _ |
| | | | **** | | | \perp |
| | | | | | | _ |
| | | | | | | <u> </u> |
| | | | | | | 1 |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | <u> </u> | | \downarrow |
| | | | | | | \perp |
| LUE ADD | ED TAY @ 1 | 5% (Only if VAT Vendor) | | | | ╄ |
| | | CE (VALIDITY PERIOD 60 Days) | ··· | | | _ |
| 7E 40C | TATION FIN | CE (VALIDIT I PERIOD 80 Days) | | | | <u> </u> |
| s This Of | fer Comply W | Does The Specification? | e Article Conform To ecification? | The S.A.N.S. / S. | A.B.S. | |
| ne Price I | | | ery Period, e.g., 1day, 1we | ek | | |
| | | | | | | |