

Quotation Advert

Opening Date:

09/06/2023

Closing Date:

15/06/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Untunjambili Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required: **UNTUNJAMBILI HOSPITAL**

Date Submitted:

09/06/2023

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/UNT/50/2023/24

Item Category:

Goods

Item Description:

CLEANING MATERIAL

Quantity (if supplies):

01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Click here to enter text.

Venue:

QUOTES CAN BE COLLECTED FROM:

UNTUNJAMBIL HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

UNTUNJAMBILI HOSPITAL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

S.L MTHEMBU

Email: Silindile.Mthembu3@kznhealth.gov.za

Contact number: 033 444 0818

Finance Manager Name:

MC Jange

Finance Manager Signature



PARTICULARS OF QUOTATION																											
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UNTUNJAMBILI HOSPITAL																											
FACSIMILE NUMBER:	SIMILE NUMBER: 033 444 0987 E-MAIL ADD							DRES	makhosazane.shezi@kznhealth.gov.za																		
PHYSICAL ADDRESS: UNTUNJAMBILI HOSPITAL ,KRANSKOP MAIN ROAD MISSION AREA PRIVATE BAG X216 KRANKOP 3268																											
QUOTE NUMBER:	ZNQ	, UN —	NT		, 50		1	202	23 .	24	-									VA	LIDI	TY P	ERI	OD:	60	DAY	S_
DATE ADVERTISED:	09	JUNE	2023				CL	OSI	NG [DATE	:	15	JUN	IE 20	023						CLC	DSIN	G T	IME:		11:	00_
DESCRIPTION:	CLEA	NIN	G MA	ATEF	RIAL																						
CONTRACT PERIOD	(IF APPL	.ICABL	.E):	ONC	E-OI	FF					-																
DEPOSITED IN THE QUOTE BOX SITUATED AT <i>(STREET ADDRESS):</i> UNTUNJAMBILI HOSPITAL,KRANSKOP MAIN ROAD,MISSION AREA ,MAIN SECURITY GATE NEXT TO TRANSPORT																											
OFFICE																											
ENQUIRIES REGARD					DIREC'	TED T	0:			_	TEL	EPF	IONE	E NUI	MBER	. (033	44	I4 0	818	3						
E-MAIL ADDRESS:	Silindil	e.Mth	nemb	u3@k	znhe	alth.	gov.z	а																			
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: MISS Z.N Ngubane TELEPHONE NUMBER: 033 444 0818																											
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 1	5:30.																								
QUOTATIONS MUST	BE SUB	MITTE	D ON	THE O	FFICIA	L FOR	RMS –	(NO	т то	BE	RETY	/PEI	D)														
THIS QUOTE IS SUBJ REGULATIONS, 2022																									NTR	ACT.	
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	R:									_	FAC	SIM	IILE I	NUM	BER:	-											
CELLPHONE NUMBER: SARS PIN:																											
VAT REGISTRATION NUMBER (If VAT vendor):																											
CENTRAL SUPPLIER				RATIO	N (CSI	D) NO.					М	Α	А	А													
UNIQUE REGISTRATI	ION REF	EREN	CE:		Т		\top	Т	Т	Τ.						Т	Т				Г			Т			\neg
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QUOTE NUMBER: ZNQ / UNT / 50 / 2023 24 DESCRIPTION: CLEANING MATERIAL PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022: POINTS ALLOCATED

Race - Full/partial/ combination of points may be allocated to companies at least 51% Owned by Black People 20 PRICE COUNTRY OF UNIT OF BRAND & ICN NUMBER QUANTITY DESCRIPTION MANUFACTUR MEASURE MODEL 50 UNITS SUPPLY AND DELIVER STEELWOOL FINE 500G 50 **UNITS** FLOOR PAD BRUSH BLACK 500MM UNITS 50 FLOOR PAD BRUSH RED 500MM 50 **UNITS** POLISH FURNITURE AEROSOL 275ML 30 UNITS SPRAY INSECTICIDE 180ML 5000 **UNITS** SOAP BATH 50G NON PERFUMED (ARGOSY) VALUE ADDED TAX @ 15% (Only if VAT Ve

VALUE ADDED TAX @ 15% (Only if VAT vendor)				
FOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)				
DOES THIS OFFER COMPLY WITH THE SPECIFICATION? S THE PRICE FIRM? DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION	YES YES YES	1	NO NO	
STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)				
NAME OF BIDDER:	SIGNATURE OF BIDDER: [By signing this document, I hereby agree to all terms	and conditional		_
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:	, ,	and conditions		
MI ACTIT CINDER WHICH THIS QUOTE IS SIGNED.	DATE:			

Number of Number of



4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
 - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
 - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

Note to tenderers: The <u>tenderer</u> must indicate <u>how</u> they claim points for each preference point system.

	The specific goal/s allocated points in terms of this tender	allocated (80/20 system)	claimed (80/20 system)
Race -	- Full/partial/ combination of points may be allocated to companies at least 51% Owned by Black People	20	
	DECLARATION WITH REGARD TO COMPANY/FIRM		
4.3.	Name of company/firm:		
4.4.	Company registration number:		
4.5.	TYPE OF COMPANY/ FIRM [tick applicable box] Partnership/Joint Venture / Consortium One-person business/sole propriety Close corporation Public Company Personal Liability Company (Pty) Limited Non-Profit Company State Owned Company		
4.6.	I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on t in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contract documentary proof to the satisfaction of the organ of state that the claims are correct;	or may be requir	ed to furnish
	 iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not be state may, in addition to any other remedy it may have – (a) disqualify the person from the tendering process; 	een fulfilled, the	organ or
	 (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 arraceancellation; 	angements due t	o such
	 (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors to basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the other side) rule has been applied; and (e) forward the matter for criminal prosecution, if deemed necessary. 	vho acted on a fr audi alteram part	audulent tem (hear the
	SIGNATURE(S) OF TENDERER(S)		
	SURNAME AND NAME:		
	DATE:		
	ADDRESS:		