

Quotation Advert

Opening Date: 09/06/2023

Closing Date: 15/06/2023

Closing Time: 11:00

Institution Name: Untunjambili Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods/ **UNTUNJAMBILI HOSPITAL**

service is required:

Date Submitted: 09/06/2023

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ/UNT/52/2023/24

Item Category: Goods

Item Description: CLEANING DETERGENTS

Quantity (if supplies): 250

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date: Click here to enter a date.

Click here to enter text.

Venue:

Time:

QUOTES CAN BE COLLECTED FROM: UNTUNJAMBILI HOSPITAL

QUOTES SHOULD BE DELIVERED TO: UNTUNJAMBILI HOSPITAL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: S.L MTHEMBU

Email: Silindile. Withembu3@kznhealth.gov.za

Contact number: 033 444 0818

Finance Manager Name: M.C. JANGE

Finance Manager Signature





QUOTE NUMBER: ZNQ / UNT / 52 / 2023 _ 24
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DESCRIPTION:	FLOO	FLOOR POLISH				•
REFERENCE POI	NTS WILL BE	ALLOCATED /	PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	IN TERMS OF	PPR 2022:	POINTS ALLOCATED
Race – Full/partial/	combination o	of points may b	Race – Full/partial/ combination of points may be allocated to companies at least 51% Owned by Black People			20
CN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND &	COUNTRY OF MANUFACTUR	PRICE
	250	UNITS	SUPPLY AND DELIVER SOAP			
			DISHWASHING LIQUID/ ALL PURPOSE			
			CLEANER (GREEN) 5L			
	350	STINU	FLOOR POLISH 5L			
			(KINDLY PROVIDE A SAMPLE WITH			
			QUOTATION)			
-						
ALUE ADDED TAX @ 15% (Only if VAT Vendor)	AX @ 15% (C	only if VAT Ve	ndor)			
OTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)	ON PRICE (V	ALIDITY PER	IOD 60 Days)			
OES THIS OFFER COMPLY WITH THE SPECIFICATION?	R COMPLY V	NITH THE SP	ECIFICATION?			~
OES THE ARTICLE	M? LE CONFOR	M TO THE S.	OES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION?			YES / NO
TATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)	PERIOD (E.	G. 3 DAYS, 1	WEEK)		1	
AME OF BIDDER:			SIGNATURE OF BIDDER: I'Ry significant this document I hereby agree to all terms and conditions!	ER:	gree to all terms a	and conditions!
				מונ, ו וופופטא מ	Gree to all territs a	וום כסוומוויסווא]
APACITY UNDER WHICH THIS QUOTE IS SIGNED:	WHICH TH	IS QUOTE IS	SIGNED:		DATE:	



POINTS AWARDED FOR SPECIFIC GOALS

- 4.4 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—
- 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
- 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 tenderer must indicate how they claim points for each preference point system

Race – Full/partial/ combination of points may be allocated to companies at least 51% Owned by Black People	w		The specific goal/s allocated points in terms of this tender		No.
20	system)	(80/20	allocated	points	ımber of
	system)	(80/20	claimed	points	Number of Number of

DECLARATION WITH REGARD TO COMPANY/FIRM

	4.3. Name of company/firm:
4.4	4.4. Company registration number:
4 5	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
- 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 the specific goals as advised 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 contractor may be required to furnish

- In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- 3 If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
- (a)
- disqualify the person from the tendering process; recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
- <u>O</u> cancellation cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such
- <u>a</u> recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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 forward the matter for criminal prosecution, if deemed necessary.

ADDRESS:	DATE:	SURNAME AND NAME:	
			SIGNATURE(S) OF TENDERER(S)