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Dłamini Musawenkosi +



KZN Health Intranet

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HOME CORPORATE INFORMATION

COMPONENTS

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

HEALTH REPUBLIO OF SOUTH APPRICA	Quotation Advert
Opening Date:	23/05/2023
Closing Date:	
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Select. HICHAISIZME CHC MY
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	HIENETSIZE CHE
Date Submitted	Cascal
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ:
	HLE 617 123/24 *
Item Category:	Select
Item Description;	STAMPARD TREATMENT 12
	Chibelines AND ESSORTIAL
	Medicine List ChilDELIMS
Quantity (if supplies)	1 Tollow Dist Challed Dist
• • • • •	
COMPULSORY BRIEFING SESSION /	SITE VISIT
Select Type:	Select
Date:	
Time:	Pict
Venue:	
QUOTES CAN BE COLLECTED FROM:	Hlengisizue CHC SCM
QUOTES SHOULD BE DELIVERED TO:	Herrisizue CHE TENDER ROX
ENQUIRIES REGARDING THE ADVERT	MAY BE DIRECTED TO:
Name:	M.G MAKHATE
Email:	Hlengisizue SCM@ krnheath. gov. 29
Contact Number:	031774 0080

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

KHUMALO



PARTICULARS OF QUOTATION YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: HLENGISIZWE CHC								
Hangisiana SCM@kanhagith gay ag								
PHYSICAL ADDRESS: HLENGISIZWE CHC, UNIT 6 SIBISI ROAD, MPUMALNGA T/SHIP, 3699								
QUOTE NUMBER: ZNQ /HLE /017 /23 .24	VALIDITY PERIOD: 60 DAYS							
DATE ADVERTISED: 23/05/2023 CLOSING DATE: 31/05/2023 CLOSING TIME: 11:00								
DESCRIPTION: STANDARD TREATMENT GIDELINES AND ESSENT	FIAL MEDICINES LIST GUIDLINES							
CONTRACT PERIOD (IF APPLICABLE):								
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): HLENGISIZWE CHC, UNIT 6 SIBISI ROAD, MPUMALNGA T/SHIP, 369	9							
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: MG MAKHAYE E-MAIL ADDRESS: Hlengisizwe.SCM@kznhealth.gov.za	PHONE NUMBER: 031 774 0080							
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:								
	PHONE NUMBER: 031 774 0080							
E-MAIL ADDRESS:								
Bidders should ensure that quotes are delivered timeously to the correct address. If th	e 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 RETYPI	ED)							
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWOREGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPL								
THE FOLLOWING PARTICULARS OF BIDDER (FAILURE TO DO SO MAY RESULT IN YOUR QUI								
NAME OF BIDDER:								
E-MAIL ADDRESS:								
POSTAL ADDRESS:								
STREET ADDRESS:								
TELEPHONE NUMBER: FACSIMILE NUMBER:								
CELLPHONE NUMBER: SARS PIN:								
VAT REGISTRATION NUMBER (If VAT vendor):								
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.								
UNIQUE REGISTRATION REFERENCE:								



CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

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			OFFICIAL PRI	***************************************		TIONS OVER I	R2 000.01			stativas).
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DATE: ___





BIDDER'S DISCLOSURE

SBD 4

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 interest 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:

I, the undersigned (name)

3 DECLARATION

the following statements that I certify to be true and complete in every respect:

in submitting the accompanying bid, do hereby make

- 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, capital, efforts, skill and knowledge in an activity for the execution of a contract,