

Quotation Advert

Opening Date:

24/11/2023

Closing Date:

01/12/2023

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:

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/UNT/181/2023/2024

Item Category:

Goods

Item Description:

COLOSTOMY BAGS

Quantity (if supplies):

31 BOXES

24/11/20<mark>2</mark>3

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:

UPLOADED ON WEBSITE

QUOTES SHOULD BE DELIVERED TO: TENDER BOX/EMAIL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:S.L MTHEMBU

Email: makhosazane.shezi@kznhealth.gov.za

Contact number: 033 444 0818

Finance Manager Name:

M.C JANGE

Finance Manager Signature



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WAZULU-NATAL PROVINCE MEALTH REPORTED OF SOUTH APPECA PAR	RTIC <mark>U</mark> LARS OF	QUOTATION
ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS A		makhosazane.shezi@kznhealth.gov.za
033 444 0987	E-MAIL ADDRE	SS: ANGSION AREA PRIVATE BAG X 216 KRANSK
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UNTUNJAMBILI HOSPITAL	2002 21	VALIDITY PERIOD
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24 NOVEMBER 2023	CFOSIMO	
ATE ADVERTISEU.		
DESCRIPTION: COLOSTOMY BAGS		
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	· ·	TELEPHONE NUMBER: 033 444 0818
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED S.I. MTHEMBU		TELEPHONE NO.
CONTACT PERSON:shezi@kznhea	alth.gov.za	
E-MAIL ADDRESS: maknosazanio.sus	IAY BE DIRECT	ED TO: 033 444 0818
TECHNICAL INFORMATION		TELEPHONE NUMBER: 033 41.11
ENQUIRIES REGARDING TECHNICAE TO THE CONTACT PERSON: Makhosazane.shezi@kznhe	ealt <mark>h</mark> .gov.za	rect address. If the quote is late, it will not be accepted for consideration.
E-MAIL ADDRESS: makhosazarie.sitoz.g	ously to the cor	rect address. If the quote is late, it will be
and are should ensure that quotes are delivered times	ously	
Bidders 3110314		
The quote box is open from 08:00 to 15:30.	IAL FORMS - (N	NOT TO BE RETYPED)
The quote box is open from 08:00 to 15:30. QUOTATIONS MUST BE SUBMITTED ON THE OFFIC	-DOCUBEMENT	POLICY FRAMEWORK ACT AND THE FIRST
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NAME OF BIDDER:		
E-MAIL ADDRESS:		
POSTAL ADDRESS:		
ADDRESS:		FACSIMILE NUMBER:
STREET ADDRESS:		FACSIMILE
TELEPHONE NUMBER:		SARS PIN:
CELLPHONE NUMBER:	.	
VAT REGISTRATION NUMBER (If VAT vendor):		MAAA
CENTRAL SUPPLIER DATABASE REGISTRAT	TION <mark>(</mark> CSD) NO.	
CENTRAL SUPPLIER DATION REFERENCE:		
UNIQUE REGISTRATION REFERENCE:		
		Page 1 of



	710	, UNT	OFFICIAL PRICE PAG	023 ₋ 20					
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romotion of Sou	th African owne	ed enterprises						20	
							COUNTRY OF	PRICE	
ON NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION			BRAND & MODEL	MANUFACTUR E	R	С
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TOTAL QUO	TATION PRIC	E (VALIDITY	PERIOD 90 Days)						VEC /
IS THE PRIC	F FIRM?		E SPECIFICATION? HE S.A.N.S. / S.A.B.S. SPE	CIFICATIO	N ?				YES / YES / YES /
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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.

BIDDER'S DECLARATION

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?

If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees /

Shareholders / members/ partners of any person have	iy a t		
FULL NAME	IDE	NTITY NUMBER	NAME OF STATE INSTITUTION

22	Do you or any person connected with the hidder have a r	elationshin w	ith any person who is employed by the procuring institution?	YES	/ NO
L.L.	Do you, or any person connected with the bidder, have a r	Clations inp wi	tall ally person who is employed by the procuring moditation.		

2.2.1. If so, furnish particulars:

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? 2.3.

YES / NO

in submitting the accompanying bid, do hereby make I, the undersigned,(name) 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
- I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect; 3.2.
- 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 consortium will not be construed as collusive bidding.
- 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.
- 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. 3.5.
- 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 3.6. institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 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 3.7. 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.

m 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.



POINTS AWARDED FOR SPECIFIC GOALS

- **4. 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:
- 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— 4.2.
 - (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.

	The specific goal <i>l</i> s allocate	d points in	terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Promo	ion of South African owned enterprises			20	
	DECLARATION WITH REGARD TO COMPANY/FIRM				
4.3.	Name of company/firm:				ii ii
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.	 iii) In the event of a contract being awarded as a result documentary proof to the satisfaction of the organ of the specific goals have been claimed or obtained state may, in addition to any other remedy it may he (a) disqualify the person from the tendering proces (b) recover costs, losses or damages it has incurred (c) cancel the contract and claim any damages where cancellation; (d) recommend that the tenderer or contractor, its 	nce(s) show of points cl of state that on a fraudu ove – ss; d or suffere ich it has su shareholder m any organ	and I acknowledge that: all Conditions as indicated in paragraph 1 of this form; almed as shown in paragraphs 1.4 and 4.2, the contract the claims are correct; lent basis or any of the conditions of contract have not be ad as a result of that person's conduct; affered as a result of having to make less favourable arra and directors, or only the shareholders and directors we not state for a period not exceeding 10 years, after the a	or may be requi een fulfilled, the ngements due	red to furnish organ of to such fraudulent
	SURNAME AND NAME: DATE: ADDRESS:	SIGNATUI	RE(S) OF TENDERER(S)		