

| YOU ARE HEREBY IN  | NVITED T       | O QUO    | OTE FOI     | R RE      | QUIRE        | MEN        |                                     |             |      | RS OF (<br>SVOL |                       | articles (Carriers |                  | 41       |         |            |        |        |        |       |       |             |       |       |      |             |
|--|----------------|----------|-------------|-----------|--------------|------------|-------------------------------------|-------------|------|-----------------|-----------------------|--------------------|------------------|----------|---------|------------|--------|--------|--------|-------|-------|-------------|-------|-------|------|-------------|
| FACSIMILE NUMBER: 035 5910148  |                |          |             |           |              |            | E-MAIL ADDRESS: mosvold.quotations@ |             |      |                 |                       | kzn                | cznheaith.gov.za |          |         |            |        |        |        |       |       |             |       |       |      |             |
| PHYSICAL ADDRESS: MAIN ROAD, INGWAVUMA, 3968   |                |          |             |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| QUOTE NUMBER:  | ZNQ            | _/ M\    | /H          |           | <u>/</u> 280 |            |                                     | 12          | :3   | <b>-</b> 24     | -                     |                    |                  |          |         |            |        |        |        | VALIC | OITY  | PEF         | RIOD: | _ {   | 90 D | AYS         |
| DATE ADVERTISED: 29 SEPTEMBER 2023   |                |          |             |           |              |            |                                     | CLO         | SINC | DATE:           | DATE: 10 OCTOBER 2023 |                    |                  |          |         |            | _      | C      | LOS    | ING   | TIME  | ;           | _1    | 1:00_ |      |             |
| DESCRIPTION:   | MINO           | R SEF    | RVICE       | OF        | MED          | ICA        | LP                                  | LAN         | A TI | ND AI           | LL F                  | 41O                | ITS              | LIS      | ST A    | TTA        | \C⊦    | IED    |        |       |       |             |       |       |      |             |
| CONTRACT PERIOD  | (IF APPL       | .ICABL   | E): (       | ЭИС       | CE OF        | F          | ·····                               | <del></del> |      |                 | •                     |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): MOSVOLD HOSPITAL MAIN GATE OR SEND BY USING EMAIL |                |          |             |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| ENQUIRIES REGARI<br>CONTACT PERSON:  |                | G. KI    | HANYI       | LE        |              |            |                                     |             |      |                 | TEL                   | EPH                | ONE              | NUI      | MBER    | : <u>(</u> | 035    | 591    | 101    | 45    |       |             |       |       |      |             |
| E-MAIL ADDRESS:<br>ENQUIRIES REGARD  |                |          | <del></del> |           |              |            |                                     |             | CTE  | O TO:           |                       |                    | •                |          |         |            |        |        |        | ····  |       | <del></del> |       |       | • •  | <del></del> |
| CONTACT PERSON:  | MR. C          |          |             | · · · · · | lkzp.be      | olth       |                                     |             |      |                 | TEL.                  | EPH.               | ONE              | NUI      | MBER    | R: _(      | 035    | 591    | 012    | 22    |       |             |       |       |      |             |
| E-MAIL ADDRESS: Bidders should ensu  |                |          |             |           |              |            |                                     |             |      | t addra         | no 16                 | tha                |                  | o to     | lete i  | 4          | ll nat | · ho c |        | ntod  | for a |             | dora  | tion  |      |             |
| The quote box is oper  |                |          |             | VC16      | a amec       | лиоту      | to ti                               | 16 00       | лю   | t audie         | oo. 11                | uic i              | 4000             |          | iate, i | c wii      | 11 110 | LDCC   | 1000   | pica  | 101 0 | ,0110       | iucia |       |      |             |
| QUOTATIONS MUST  |                |          |             | HF (      | DEFICIA      | J FO       | SRM9                                | S – (1      | NOT  | TO BE I         | RFT\                  | /PFC               | n                |          |         |            |        |        |        |       |       |             |       |       |      |             |
| THIS QUOTE IS SUB<br>REGULATIONS, 2022   | JECT TO        | THE P    | REFER       | ENT       | IAL PR       | ocui       | REM                                 | ENT         | POL  | ICY FR          | AME'                  | WOR                | K A              |          |         |            |        |        |        |       |       |             |       |       | RAC  | т.          |
|  |                |          |             |           |              |            |                                     |             |      | RS OF I         |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| NAME OF BIDDER:  |                |          |             | w         |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| E-MAIL ADDRESS:  | Bo-d-Monte and |          |             | ~~~~      |              |            | <del></del>                         |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| POSTAL ADDRESS:  |                |          |             |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| STREET ADDRESS:  | ·              |          |             |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        | ······ |       |       |             |       |       |      |             |
| TELEPHONE NUMBE  | ER:            | ,        |             |           |              | <b></b>    |                                     |             |      |                 | FAC                   | SIM                | ILE I            | MUN      | BER:    | _          |        |        |        |       |       |             |       |       |      |             |
| CELLPHONE NUMBER: SARS PIN:  |                |          |             |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        |       |       |             |       |       |      |             |
| VAT REGISTRATION   | NUMBE          | R (lf VA | AT vende    | or):      | _            |            |                                     |             |      | _               |                       |                    |                  |          | •       |            |        |        |        |       |       |             |       |       |      |             |
| CENTRAL SUPPLIER   | R DATAB        | ASE RE   | EGISTR      | ATIC      | ON (CS       | ) NC       | ),                                  |             |      |                 | М                     | А                  | Α                | Α        |         |            |        |        |        | T     |       |             |       |       |      |             |
| UNIQUE REGISTRAT   | TION REF       | EREN     | CE:         |           |              |            |                                     |             |      |                 |                       |                    |                  |          |         |            |        |        |        | T     |       | $\top$      |       | Τ     | Τ    |             |
|  |                |          |             |           |              | <u>L</u> . | L                                   |             |      |                 | <u></u>               |                    | L                | <u> </u> |         |            |        |        |        |       |       | $\perp$     |       |       |      |             |



| QUOTE NUMBE                                    | R: ZNQ                                | <sub>/</sub> MVH     | , 280 , 23 , 24  |                   |                               |             |       |  |
|--|---------------------------------------|----------------------|--|-------------------|-------------------------------|-------------|-------|--|
| DESCRIPTION:                                   | MINO                                  | R SERVIC             | E OF MEDICAL PLANT AND ALL POINTS I                                      | LIST ATTAC        | HED                           |             |       |  |
| PREFERENCE PO                                  | INTS WILL BE                          | ALLOCATED.           | ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOA                          | LS IN TERMS OF    | PPR 2022:                     | POINTS ALLO | CATED |  |
| Promotion of Ente                              | erprises located                      | f in a specific N    | Junicipality for work to be done or services to be rendered in           | that Municipality | ,                             | 20          |       |  |
| ICN NUMBER QUANTITY MEAS                       |                                       |                      | DESCRIPTION  | BRAND & MODEL     | COUNTRY OF<br>MANUFACTUR<br>E | PRICE       | E C   |  |
| 001  | 234                                   | unit                 | MINOR SERVICE OF MEDICAL PLANT<br>AND ALL POINTS AS PER LIST<br>ATTACHED |                   |                               |             |       |  |
|  |                                       |                      |  |                   |                               |             | ***** |  |
|  |                                       |                      |  |                   |                               |             |       |  |
|  |                                       |                      |  |                   |                               |             |       |  |
|  |                                       |                      |  |                   |                               |             |       |  |
|  |                                       |                      |  |                   |                               |             |       |  |
|  |                                       |                      |  |                   |                               |             |       |  |
|  | A A A A A A A A A A A A A A A A A A A |                      |  |                   |                               |             |       |  |
| VALUE ADDED                                    | TAX @ 15% (                           | Only if VAT          | Vendor)  |                   |                               |             |       |  |
| ·····  |                                       |                      | ERIOD 90 Days)   |                   |                               |             |       |  |
| DOES THIS OF<br>IS THE PRICE F<br>DOES THE ART | YES                                   | / N:<br>/ N:<br>/ N: |  |                   |                               |             |       |  |

| VALUE ADDED TAX @ 15% (Only if VAT Vendor)                       |                        |               |                    |                 |      |    |
|--|------------------------|---------------|--------------------|-----------------|------|----|
| TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)                  |                        |               |                    |                 |      |    |
| DOES THIS OFFER COMPLY WITH THE SPECIFICATION?                   |                        |               |                    | YES             | 1    | NO |
| IS THE PRICE FIRM?   | YES                    | 1             | NO                 |                 |      |    |
| DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATIO | N?                     |               |                    | YES             | 1    | NO |
| STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)                      |                        |               |                    |                 |      |    |
| NAME OF BIDDER:  | SIGNATURE OF BIDE      |               |                    |                 |      |    |
|  | [By signing this docum | ent, I hereby | agree to all terms | and conditions] |      |    |
| CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:                       |                        |               | DATE:              |                 |      |    |
|  |                        |               |                    | Page 2 o        | f 13 | 3  |