



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 04/09/2023
Closing Date: 08/09/2023

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Hlengisizwe CHC
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
**Place where goods/
service is required:** **HLENGISIZWE CHC**

Date Submitted: 04/09/2023

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ HLE 073/23/24
Item Category: Goods
Item Description: INSTRUMENTS
Quantity (if supplies): 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date:

Time:

Venue: HLENGISIZWE CHC

QUOTES CAN BE COLLECTED FROM: HLENGISIZWE CHC SCM

QUOTES SHOULD BE DELIVERED TO: HLENGISIZWE CHC TENDER BOX

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: MG MAKHAYE

Email: Hlengisizwe.SCM@kznhealth.gov.za

Contact number: 0731 774 1008

Finance Manager Name: MP KHUMALO

Finance Manager Signature: 

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / HLE / 73 / 23 / 24

DESCRIPTION: INSTRUMENTS

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

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	02 UNIT		MOSQUITO AERTERY - CURVED				
	23 UNIT		MOSQUITO FORCEPT STRAIGHT				
	02 UNIT		MOSQUITO FORCEPT - CURVED				
	02 BOX		CLIP RMOVERS				
	08 UNIT		CLIP RMOVERS				
	02 UNIT		SMALL STITCH / SURGICAL TRAY				
	02 UNIT		SMALL SURGICAL STITCH TRAY				
	05		PATELLA HAMMER				
	01		MAGILDS FORCEPTS - ADULT				
	01		MAGILD FORCEPT - PEADS				
	02		TUNNING FORK				
	01		STAINLESS STEEL SPATULLA WEIGHT				
			0.1 KG , DIMENSION 20X5X50CM				
	03 UNIT		VALSELLUM INSTRUMENT BLUNT ENDS				
	20		SWAB HOLDER				
	07 UNIT		FOREIGN BODY REMOVE SET				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO
 IS THE PRICE FIRM? YES / NO
 DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / 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 conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

