

Quotation Advert

Opening Date

27/08/2024

Closing Date

02/09/2024

11:00

Closing Time

INSTITUTION DETAILS

Institution Name

Eshowe Hospital

Province

KwaZulu-Natal

Department of entity:

Department of Health

Division or section :

Central Supply Chain Management

Place where goods/ service is required:

ESHOWE DISTRICT HOSPITAL

Date Submitted

2024/08/27

ITEM CATEGORY AND DETAILS

Quotation number :

ESW/159/24-25

Item Category

Goods

Item Description

Major service to oxygen plant room

Quantity (if supplies):

PER QUOTE

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type

Date

Time

Click here to enter text.

Venue

QUOTES CAN BE COLLECTED FROM:

Eshowe District Hospital/KZN websites

QUOTES SHOULD BE DELIVERED TO:

Eshowe hospital tender box OR email to

Quotations.Eshowe@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name

Ntombela N/Zulu S

Email

Nomathemba, Ntombela 2@kznheaith.gov.za

Contact number

0354734597/4664

Finance Manager(Acting) Name:

Mrs PG Biyela

Finance Manager(Acting Signature



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YOU ARE HEREBY IN						HOSPITAL	
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QUOTE NUMBER:	ZNQ	ESW		159	124-25.		VALIDITY PERIOD: 90 DAYS
DATE ADVERTISED:	27/	08/2024			CLOSING DATE:	02/09/2024	CLOSING TIME: 15:00
DESCRIPTION:	MAJO	R SERVI	CE TO	OXYGE	N PLANT ROOM,	OXYGEN POINT,VA	CUUM &MEDICAL COMPRESSORS
CONTRACT PERIOD	(IF APPE	JCABLE):	ONC	E OFF			
DEPOSITED IN THE C					(ADRÉSS):	····	
ENQUIRIES REGARD	N NTO	OMBELA				TELEPHONE NUMBER:	035 473 4594
E-MAIL ADDRESS:	Noma	themba.N	itombei	az@xzn	health.gov.za		
ENQUIRIES REGARD			VEORMA	<u>TION</u> MAY	BE DIRECTED TO:	TELEPHONE NUMBER:	035 473 4664
E-MAIL ADDRÉSS:	Bonga	a.Zulu@k	znheall	h.gov.za			
Bidders should ensi	ure that	quotes are :	delivered	t timeoush	y to the correct addre	ss. If the quote is late, it :	will not be accepted for consideration.
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BIDDER'S DISCLOSURE

PURPOSE OF THE FORM

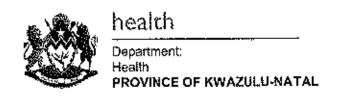
Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In the with the principles of transparancy, accountability, amount of the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person's are fisted in the Register for Tendor Defaulters and cor the Cast of Restricted Suppliers, that person will automatically be disqualified from the bid process.

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¹ the power, by one person of a group of presons building the mightly of the equity of an exterprese, channelively, the person's having the distribution waters proved to believe the course and decisions of the enterprese.

² Joint venture or Consortium means an association of persons to the purpose of condenting their expendice, property, capital, efforts, shift and snowledge in an ectivity for the execution of a content,



THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

		<u>ZNQ</u>				
PART ONE	:	QUOTATION DOCUMENT CONTENTS INVITATION TO QUOTE				
PART TWO	:	PARTICULAR SPECIFICATION				
PART THREE :		TECHNICAL SPECIFICATIONS				
PART FOUR	:	QUOTATION FORM				
PART FIVE	:	OFFICIAL ONSITE BRIEFING CERTIFICATE				
PART SIX	;	DECLARATION OF INTEREST				
PART SEVEN	:	EXECUTION PLAN				
NAME OF INSITUTION	;	ESHOWE DISTRICT HOSPITAL				
SERVICE	:	MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT , VACUUM POINTS AND MEDICAL COMPRESSORS				
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CLOSING DATE	:					
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UNIQUE REGISRATION REFEREI		ENCE ;				
CIDB CATEGORY		: 2ME AND ABOVE				

CLIENT

Department of Health

Project Leader: B.Mngomezulu

Telephone: 035 473 4548

Fax : 035 474 9414

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION

: ESHOWE DISTRICT HOSPITAL

SERVICE

: MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT

, VACUUM POINTS AND MEDICAL COMPRESSORS

PART ONE

INVITATION TO QUOTE

STANDARD BID SPECIFICATION

INVITATION

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF KING CETSHWAYO HEALTH DISTRICT OFFICE ON BEHALF OF ESHOWE DISTRICT HOSPITAL

BID NUMBER	:	ZNQ	
SITE INSPECTION DATE	;		
TIME	:		
CLOSING DATE	:		
TIME	:		
DESCRIPTION OF SERVICE	:	MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT, VACUUM POINTS AND MEDICAL COMPRESSORS	

CONTRACT PERIOD

ONCE OFF

VALIDITIY PERIOD

60 DAYS

BID DOCUMENTS TO BE PLACED IN A SEALED ENVELOPE, THE FRONT OF THE ENVELOPE BEING CLEARLY ENDORSED WITH THE BID NO. SERVICE TYPE AND DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)

ESHOWE DISTRICT HOSPITAL 40 KANGELA STREET ESHOWE 3815

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is available on the following days and times: Monday to Friday 08H00 - 15H00

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE - TYPED)

THIS BID IS SUBJECTED TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATION, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC), IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

ZNQ	

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NAME OF INSITUTION

; ESHOWE DISRICT HOSPITAL

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, VACUUM POINTS AND MEDICAL COMPRESSORS

PART TWO

PARTICULAR SPECIFICATION

- 1. General Requirements
- 2. Site and Mode of Procedure
- 3. Scope of Contract

1. GENERAL REQUIREMENTS

Tenderers are to make special note of the following:

The whole Service shall be in accordance with the Occupational Health and Safety Act 85/1993 and all regulations framed therein shall be carried out to the satisfaction of the Department of Health at **ESHOWE DISTRICT HOSPITAL**

Competent workmen skilled in their trade shall carry out all work. Quality shall be of the best standard practice and all workmanship will be subject to the approval of the Department of Health.

The work shall at all times, for the duration of the contract, be carried out under the supervision of a skilled and competent representative of the Contractor, who will be able and authorized to receive and carry out instructions on behalf of the Contractor. A sufficient number of workmen shall be employed at all times to ensure satisfactory progress of the work.

All apparatus, component parts, fittings and materials employed in the execution of the Contract shall be new and unused and shall be the latest type or pattern of the particular manufacture employed. S.A.N.S. mark bearing items shall be used wherever possible.

The minor repairs must be guaranteed against defective parts and workmanship for a period of twelve (12) months after the date of issue of the Completion Certificate. This period shall run concurrently with the maintenance period.

Rates are to include for commissioning and testing of the complete installation and handling over in working order ready for use.

Tenderers are advised to visit the site and acquaint themselves fully with the site conditions and nature and full extent of work involved prior to submitting their tender. Claims on the grounds of insufficient information in such respects or otherwise will not be entertained by the Administration.

The Administration reserves the right to make emergency repairs to keep the equipment in operation without voiding the Contractor's Guarantee, nor relieving the Contractor of his responsibility during the guarantee period when, after proper notice, the Contractor fails to attend to such emergency repairs. All costs incurred by the Administration under these circumstances will be for the account of the Contractor.

2. SITE AND MODE OF PROCEDURE

The work contained in this contract will be carried out on the site of the existing ESHOWE DISTRICT HOSPITAL.

The Bidder is advised that the existing premises will be occupied throughout the period of the contract, and that the minimum amount of disruption to services is of the utmost importance.

Damage to the existing buildings - Bidders to note that any damages done or occurring to any of the buildings will be repaired at the expense of the contractor/ Bidder.

SATISFACTORY INSTALLATION

The whole of the Service shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Electrical Specification, ICASA, Telecommunications regulations, the South African Bureau of Standards Code of Practice for the Wiring of Premises SABS 0142 and the Occupational Health and Safety Act and Regulations 85/1993 as amended.

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General Electrical Specification are available at the office of the Secretary for Health – KwaZulu-Natal and can be obtained on request.

CERTIFICATE OF COMPLIANCE

On completion of the service, a copy of the "Structural Compliance Certificate" must be submitted to the office of the Secretary for Health: Kwa-Zulu Natal. (N/A)

GENERAL

The Bidders / Contractors will be responsible for all masonry/civil work associated with the minor repairs and making good of all work related to the installation. The patching and painting must be to the satisfaction of the KwaZuiu-Natal Department of Health

3. SCOPE OF CONTRACT

 CONTRACTOR TO PROVIDE REGULAR PREVENTATIVE MAINTENANCE SERVICING OF OXYGEN PLANTROOM, OXYGEN POINT AND VACUUM POINTS AND EMERGENCY REPAIRS ESHOWE DISTRICT HOSPITAL

CONDITIONS OF CONTRACT AND PRELIMINARIES

PERIOD OF CONTRACT

ONCE OFF as the Contract Period for the completion of the Work from date of Site handover. The awarded contract must resume work after **Seven (7)** working days, after receiving an official order from the Department

CONTRACT GUARANTEE:

The Successful Bidder will NOT be required to submit a contract guarantee.

GUARANTEE PÉRIOD

The guarantee period for the completion of the Structural / Mechanical / Electrical work and all materials must be a minimum of Twelve (12) Calendar Months from the date of first delivery.

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

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NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE

: MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT,

VACUUM POINTS AND MEDICAL COMPRESSORS

PART THREE

TECHNICAL SPECIFICATION

4. TECHNICAL SPECIFICATION

GENERAL

This TECHNICAL SPECIFICATION shall be read in conjunction with all other sections of the SPECIFICATION and cognisance shall be taken of the clauses relevant to this particular installation, whether any specific clauses are referred to or not.

The following item to be quoted on:

SCOPE OF WORK TO BE DONE

MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT, VACUUM POINTS AND MEDICAL COMPRESSORS

1. GENERAL

- 1.1 This is called ONCE OFF Major Service to the oxygen plant room, oxygen point and vacuum points equipment owned at King Cetshwayo District under Eshowe District Hospital for a period ONCE OFF
- 1.2 The Purpose of contract is to ensure that the oxygen plantroom, oxygen point and vacuum points are maintained timeously and kept in a safe Working order

2. SPECIFIED EQUIPMENT

The following Eshowe District Hospital equipment will be maintained

- 2.1.1 Oxygen Plant room X 1
- 2.1.2 LP Air Plant room X 2
- 2.1.3 Nitrous Oxide Points X 5
- 2.1.4 HP Gas X 2
- 2.1.5 Drug Compression Air X 1
- 2.1.6 Oxygen Points X 164
- 2.1.7 Suction Points X 129
- 2.1.8 Nitrous Plant room X 1
- 2.1.9 Medical compressors X04

3. COST OF MAINTENANCE

3.1 The equipment will be serviced every 6 months for major service as per manufactures equipment standard.

4. GUARANTEE

4.1 All materials supplied by Contractor are guaranteed for 6 months

5. BREACH

- 5.1 Should either party hereto breach or fail to comply with any term or condition of this agreement, then the non-defaulting party shall be entitled:-
- 5.1.1 To enforce specific performance of the provisions of this agreement
- 5.1.2 To cancel this agreement (either as an alternative to a claim for specific performance or upon the abandonment of such a claim)
- 5.2 Provided the non-defaulting party has first given the defaulting party written notice to rectify such breach or failure within 7 (seven) days after receipt of such notice, and the defaulting party has failed to comply therewith. Written notice of any such cancellation shall be given to the defaulting party and such cancellation shall take effect on the giving of such notice.
- 5.3 The exercising by any party hereto of any right conferred by the foregoing provisions of this clause shall be without prejudice to any claims of such party hereunder then accrued or to any other right or remedy of such party.

6. INDEMNITY

Eshowe District Hospital is against any claims made against Eshowe District Hospital or any of its directors, officers, employees, agents, subcontractors or any other of its personnel, by any third party, arising out of or in connection with this agreement or the services.

7. REQUIREMENT

- 1. CONTRACTOR MUST HAVE PROOF OF EXPERIENCE FOR THIS NATURE OF WORK (PROOF MUST BE SUBMITTED)
- 2. CONTRACTOR MUST HAVE OEM (ORIGINAL EQUIPMENT MANUFACTURER) FOR (PROOF OF REGISTRATION MUST BE SUBMITTED)OXYGEN PLANTROOM,OXYGEN POINT,VACUUM POINTS AND MEDICAL COMPRESSORS FALLS UNDER SPECIALISED EQUIPMENTS THEREFORE ONLY OEM TO SERVICE AND MAINTAIN OXYGEN PLANTROOM,OXYGEN POINT,VACUUM POINTS AND MEDICAL COMPRESSORS EQUIPMENT
- 3. PROOF OF 5 (FIVE) YEARS EXPIRIENCE AND QUALIFICATIONS MUST BE SUBMITTED TOGETHER WITH THIS DOCUMENT

8. PREVENTATIVE MAINTENANCE EVERY THREE MONTHS

CHECK ALL EQUIPMENT AS PER MANUFACTURES REQUIMENENT SERVICE STANDARDS AND SUBMITTE REPORT TO MAINTENANCE MANAGER FOR ANY REPAIRS

The Contractor shall notify the Facility seven (7) days prior to carrying out any service work.

As the facility is to remain in full operations for the duration of work. The are to be planned and executed so as to cause minimum disturbance

A program WILL BE submitted prior to the commencement of any work for approval by the Project Leader No work will commence without the program of works having been approved by the Project leader

1 DOCUMENTS THAT WILL BE REQUIRED FROM AWARDED SERVICE PROVIDER

DOCUMENTS	RECEIVED (YES/ NO)
Program of Work	
Health and Safety Plan	
Contractor Organogram	
<u> </u>	

2. Evaluation Criteria

The bidder is to submit the following for Evaluation purpose

DOCUMENTS	RECEVEIVED (YES / NO)
Proof of CIDB Grading specified	Mandatory
Qualified personnel registration with South African Qualification and Certification Committee, minimum category A.	Mandatory
Certificates of qualified personnel (Mechanical technician-trade tested).	Mandatory

3 ELECTRICAL

While maintaining electrical works, the Contractor shall take the following into account

- a) The Code of Practice for the Wiring of Premises as issued by the South African Bureau of Standards (SANS 10142-1)
- b) The KwaZulu-Natal Department of Health General Electrical Policy.
- c) The Machinery and Occupational Safety Act 6/ 1983.
- d) The Municipal By –laws and any special requirements of the Supply Authorities of the area or District Concerned.
- e) Local Fire Regulations.

Note to Contractors:

- 4.1. Servicing on all equipment to be completed within 7 days from receiving an official order.
- 4.2. Original service schedules to be signed on a daily basis, by technician and Completed schedules must be left with the maintenance manager onsite.
- 4.3. Please take note that during the servicing of equipment, these service schedules replaces the normal Job cards.
- 4.4. This office to be notified in advance to arrange for an onsite inspection after completion of the Servicing so as to finalize the payment. No payment will be done should incomplete service Schedules are handed in on completion.
- 4.5 No additional work to be done on servicing order, a detailed quotation for after service repairs must be Submitted whereby if approved a separate order will be issued to cover the repairs
- 4.6 Contractors to attach proof of experience for the similar nature of work.

SERVICE SCHEDULES

4.6 SERVICE SCHEDULES FOR MAJOR SERVICE OF OXYGEN PLANTROOM, OXYGEN POINT, VACUUM POINTS AND MEDICAL COMPRESSORS MUST BE COMPLETE ONSITE DURING THE ACTAUL SERVICING OF OXYGEN PLANTROOM, OXYGEN POINT, VACUUM POINTS AND MEDICAL COMPRESSORS AS PER MANUFACTURERS RECOMMODATIONS. AND MUST BE HANDED OVER TO CHIEF ARTISAN AFTER COMPLETION OF SERVICES

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

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NAME OF INSITUTION

: ESHOWE DISTRICT HOSPITAL

SERVICE

: MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT, VACUUM

POINTS AND MEDICAL COMPRESSORS

PART FOUR

QUOTATION FORM: (LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT TO BE ALLOWED FOR IN THE FINAL PRICE OFFER)

- 1. Preamble to Schedule of Prices
- Official Quotation Documents
- 3. Schedule of Prices Materials, Components/Ancillary Parts and Sub Contract work

SCHEDULE OF PRICES: PREAMBLE TO THE SCHEDULE OF PRICES

- All prices shall be quoted in the currency of the Republic of South Africa and will be fixed. Only where
 exchange rates have been stated in the quotation document, as at two weeks (14 days) prior to closing
 date of this quotation, will such exchange rate fluctuation be taken into account in the variation of the
 cost of the imported items/equipment.
- The Tenderer shall enter a price against each item in the schedule of prices. If the Tenderer fails to enter a price against any item in the schedule of prices the relevant cost of such item shall be regarded as being covered by other prices in the schedule of prices.
- The prices quoted against each item of these schedules shall cover the full inclusive cost of everything required for the execution of the work under the item plus an apportionment of any cost involved in meeting the obligations and liabilities imposed by the conditions of contract and in complying with the specifications.
- 4. The prices quoted for the supply of plant and equipment shall include for all handling, loading, transporting and off-loading required for the delivery of the plant and equipment to the site, including in the case of off-site storage for double handling at the store.
- 5. The prices quoted for erection and installation shall include for all handling, loading, transporting and off-loading, to take plant and equipment to place on site where required, erection, installation, painting, commissioning, operating, testing, adjusting, handing over in proper working order and guarantee for a period of 12 months, all as specified.
- The tendered rates and amounts must exclude Value Added Tax (VAT) but must include all levies, other taxes and duties on items to which they apply. Separate provision has been made in the Summary of Schedule of Prices for the purpose of VAT.
- 7. Amounts allowed for contingencies will be spent in part or as a whole at the sole discretion of the Department of Health's "Representative".
- 8. The Schedule of Prices shall be completed and signed in **black ink**. Corrections must be done by deleting, re-writing and initialing next to the amendment.
- Electrical and Mechanical work is not measured according to the Standard Procedures of Building Work.
- 10. Itemized list of Materials/ Spares Parts/Equipment showing unit cost, contractors mark up and subtotal.
- 11. Vat and Grand Total.
- 12. The Contractor's attention is drawn to the following, which under no circumstances will be acceptable and will result in the automatic disqualification of the quotation.
 - · Use of correcting fluid i.e. Tippex on the quotation documents.
 - Faxed guotations
 - · Photocopies of quotations

SCHEDULE OF PRICES: WORK TO BE DONE AND SCHEDULE OF PRICES:

ITEM	DESCRIPTION	UNIT	QTY	RATE/ UNIT	AMOUNT
	NOTE: All rates for items contained in this Schedule of Prices must be computed excluding the applicable Sales Tax.				
	All rates quoted shall be inclusive of transport, Labor. Profit and the cost to obtain Material or Equipment and necessary Certificates.				
	The Administration reserves the right to Negotiate prices in the Bill of Quantities				000000000000000000000000000000000000000
	Bidders are advised that the buildings will be occupied during the duration of this contract.				
	PLEASE NOTE: Sizes given are for quotation purposes only, Contractor responsible for final measurements.				
	PROPRIETARY ARTICLES: All equipment and material used in this contract shall be that which is specified or other approved.				
	CONTRACT GUARANTEE: The Bidders must allow for all charges in connection with acquiring the Contract guarantee, which is to be furnished.				
	INSTITUTION: ESHOWE DISRICT HOSPITAL				
	SERVICE : MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POINT, VACUUM POINTS AND MEDICAL COMPRESSORS				
1	MAJOR SERVICE TO ALL OXYGEN POINTS AND VACUUM POINTS ,OXYGEN PLANTROOM AND MEDICAL COMPRESSORS	ITEM	01	R	R
2	Issue service certificate	ITEM	01	R	R
				VAT@15%	R
				TOTAL	R

6.3.1	LABOUR	TOTAL HOUR\$	RATE/HR	AMOUNT
a)	Artisans		R	R
0)	Apprentice 1st Year		R	Ř
	2 nd Year 3 nd Year 4 th Year		R R R	R
c)	Semi-skilled		R	R
ď)	Unskilled		R	R
6.3.2	SUBSISTENCE	TOTAL DAYS	RATE / 24HR DAY	
a)	Artisans		R	
b)	Apprentice		R	
c)	Semi-skilled		R	
d)	skilled		R	
6.3.3	TRAVEL	TOTAL Km	RATE/Km	
6.3.3.1 a) b)	From contractor's premises to site		Petrol Diesel Delete as applicable R R	R
6.3.3.2 a) b)	From accommodation to sitetrips (skilled) @km per triptrips (semi-skilled) @km per trip		R R	R
6.3.4	TRANSPORT	TOTAL Km	RATE	
b)	Cranage to and on site @ sub contract rate	R	x 1.10	R

Semi-skilled		Ŕ	R
Jnskilled		R	R
SUBSISTENCE	TOTAL DAYS	RATE / 24HR DAY	
\rtisans		R	
Apprentice		R	
Semi-skilled		R	
skilled		R	
rav e L	TOTAL Km	RATE/Km	
From contractor's premises to site		Petrot Diesel Delete as applicable	
trips (skilled) km per triptrips (Semi-skilled)		R R	R
@km per trip		R Ř	R
From accommodation to sitetrips (skilled)km per trip		R R	R
trips (semi-skilled) ②km per trip		R R	R
FRANSPORT	TOTAL Km	RATE	
Cranage to and on site இ sub contract rate	R	x 1.10	Ř
	SUB-TOTAL (E	3) R	·

SUB-TOTAL (B)	R
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PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

ZNQ		

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PART FIVE

OFFICIAL ONSITE BRIEFING ATTENDANCE CERTIFICATE

CERTIFICATE OF TENDERER'S ATTENDANCE AT COMPULSORY PRE-TENDER BRIEFING MEETING

NAME OF INSITUTION

: ESHOWE DISTRICT HOSPITAL

SERVICE	: MAJOR SERVICE TO OXYGEN PLANTROOM, OXYGEN POIN VACUUM POINTS AND MEDICAL COMPRESSORS
CLOSING DATE	:
TENDER NUMBER	; <u>ZNQ</u>
This is to certify that I	
A representative of (Tendere	er)
of Address:	· · · · · · · · · · · · · · · · · · ·
Telefax No.:	,
Attended the Pre-Tender Bri	iefing Meeting on (date)
And at the following venue (mark in appropriate block):
ESHOWE DISTRICT HOSPITAL	
TENDERER'S REPRESENT	TATIVE
EMPLOYER'S REPRESEN	TATIVE
DEPARTMENTAL	

PART SIX

DECLARATION OF INTEREST (Bidder to complete)

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favoritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority where--the bidder is employed by the state; and/or

-the legal person on whose behalf the bidding document is signed, has a relationship with persons/all person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2 In order to give effect to the above, the following questionnaire must be completed and submitted With the bid.

2.1	Full Name of bidder or his or her representative:
2.2	Identity Number:
2.3	Position occupied in the Company (director, trustee, shareholder², member):
2.4	Registration number of company, enterprise, close corporation, partnership agreement or trust:
2.5	Tax Reference Number:
2.6	VAT registration Number:
2,6.1	The names of all directors/trustees/shareholders/members, their individual identity numbers, tax reference numbers and, if applicable, employee/PERSAL numbers must be indicated in paragraph 3 below.
1*State" me	

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

- 2.7 Are you or any person connected with the bidder presently employed by the State? YES/NO
- 2.7.1 If so, furnish the following particulars:

	Name of	person / sector/trustee/shareholder/member:
		state institution at which you or the person connected to the bidder is employed:
	Position	occupied in the state institution:
	Any other	er particulars:
.2		If you are presently employed by the State, did you obtain the appropriate authority to undertake Remunerative work outside employment in the public sector? YES/NO
.2.1		If yes, did you attach proof of such authority to the bid document? YES/NO
	(Note: F	allure to submit proof of such authority, where applicable, may result in the disqualification of the bid.
.2.2		If no, furnish reasons for non-submission of such proof:
3 3,1	conduct	or your spouse, or any of the company's directors / trustees/shareholders / members or their spouses business with the state in the previous twelve months? YES/NO rnish particulars:
•••	Do you	, or any person connected with the bidder, have any relationship (family, friend, other) with a person ed by the state and who may be involved with the evaluation and or adjudication of this bid? YES/NO
	2.9.1	If so, furnish particulars.
	2.10	Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) Between any other bidder and any person employed by the state who may be involved with the Valuation and or adjudication of this bid? YES/NO
	2.10.1	If so, furnish particulars.
	2.11	Do you or any of the directors/trustees/shareholders/members of the company have any interest in any Other related companies whether or not they are bidding for this contract? YES/NO
	2.11.1	If so, furnish particulars:

3 Full details of directors/trustees/members/shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	State Employee Number/Persal Number
	,		
		001000000000000000000000000000000000000	
-			
			V/A -
<u></u>			<u></u>

DECLARATION	
I, THE UNDERSIGNED (NAME)	
	URNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT. JECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION
Signature	Date
Position	Name of bidder

PART SEVEN

EXECUTION PLAN

- 1.1 The bidder will be required to provide an efficient and effective service. Therefore, The bidder is required to submit proof that he/she has required capacity to execute The contract tendered for successfully. The bidder must references or states his/her Experience as a company to undertake the contract. References of past experience Of owners /employees of new entities must accompany the bid document. Alternatively, the bid must submit a projects execution plan that the company will Utilise to successfully execute the contract in term of Manpower, machinery, process control, infrastructure, etc. (refer to attach as Annexure B)
- 1.2 It is a bid condition that prior to an award of the bid being made and/ or during the Evaluation process, the Department of Health reserves the right to conduct Inspections of the premises of the most acceptable bidder. Therefore premises of The bidder shall be open, at reasonable hours, for inspection by a representative of The Department of Health or organization acting on its behalf.

ANNEXURE B

EXECUTION PLAN

The bidder must provide an execution plan on how the contract is going to be effected successfully; (Please refer to clause 23).

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PREVIOUSLY AWARDED AND COMPLETED PROJECTS ON THE SAME NATURE OF WORK

Employer & contact details	Description of contract	Value of work inclusive of VAT(Rand)	Date started & date of completion	Project numbers
Contact dotails				
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