



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 26/08/2024
Closing Date: 28/08/2024
Closing Time: 11:00

INSTITUTION DETAILS

Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Supply Chain Management
**Place where goods/
service is required:** Ladysmith Regional Hospital
SCM
Date Submitted: 26/08/2024

ITEM CATEGORY AND DETAILS

Quotation number: LSH215/24/25
Item Category: Goods
Item Description: Stationery
Quantity: Various

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable
Time: Not applicable
Venue: Not applicable

QUOTES CAN BE COLLECTED FROM: Download from KZN Health Website

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX NEXT TO MAIN SECURITY GATE
OR EMAIL: Ladysmith.quotation@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: N.S.A Khumalo
Email: Ladysmith.quotation@kznhealth.gov.za

Contact number: 036-638 0242

Acting Finance Manager Name: Mr T.A Sokhela

Finance Manage signature: 



OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / LSH / 215 / 24 / 25

DESCRIPTION: STATIONERY ITEMS

| | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------|
| THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP): | POINTS ALLOCATED |
| RDP Goal: Full points allocated to promote enterprises owned by Youth | 20 |

| ICN NUMBER | QUANTITY | UNIT OF MEASURE | DESCRIPTION | BRAND & MODEL | COUNTRY OF MANUFACTURE | PRICE | |
|-------------------------------------------------|----------|-----------------|-------------------------------------|---------------|------------------------|-------|---|
| | | | | | | R | C |
| | 01 | UNIT | IUCD TRAY STAMP | | | | |
| | | | SEE SPECIFICATION ATTACHED | | | | |
| | 254 | UNIT | FILE DIVERS | | | | |
| | 05 | UNIT | ONE HOLE PINCH HEAVY DUTY | | | | |
| | 01 | UNIT | TWO HOLE PUNCH HEAVY DUTY | | | | |
| | 1500 | UNIT | POSIFLEX TERMAL DOT LINE PRINTER | | | | |
| | | | ROLLS DESCRIPTION : | | | | |
| | | | PRINT WIDTH: 72cm PAPER WIDTH | | | | |
| | | | 80+0/-1MM PAPER THICKNESS 60-80MM | | | | |
| | 20 | BOXES | RING ENFOCERS PAPER ROOL : | | | | |
| | | | SELF ADHESIVE | | | | |
| | 03 | UNIT | CALCULATOR 12 DIGITS DESKTOP TYE | | | | |
| | 02 | UNIT | PREP TOWEL STAMP | | | | |
| | | | SEE SAMPLE ATTACHED | | | | |
| | | | Returnable to claim Specific goals: | | | | |
| | | | PROOF OF IDENTITY/ FULL SUMMARY | | | | |
| | | | CSSD | | | | |
| VALUE ADDED TAX @ 15% (Only if VAT Vendor) | | | | | | | |
| TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 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: _____

BIDDER'S DISCLOSURE

1 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 interest¹ 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 institution²? 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: _____

3 DECLARATION

I, the undersigned, (name) _____ in submitting the accompanying bid, do hereby make 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;
- 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 consortium³ 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 "Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

³ 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.

4. POINTS AWARDED FOR SPECIFIC GOALS

- 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:
- 4.2. 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—
- (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.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

| The specific goal/s allocated points in terms of this tender | Number of points allocated (80/20 system) | Number of points claimed (80/20 system) |
|-----------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| RDP Goal: Full points allocated to promote enterprises owned by Youth | 20 | |

DECLARATION WITH REGARD TO COMPANY/FIRM

- 4.3. Name of company/firm: _____
- 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. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
 - ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
 - iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
 - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have --
 - (a) disqualify the person from the tendering process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution, if deemed necessary.

| | |
|---------------------------------------------|-------|
| _____ SIGNATURE(S) OF TENDERER(S) | |
| SURNAME AND NAME: | _____ |
| DATE: | _____ |
| ADDRESS: | _____ |
| | _____ |
| | _____ |



EVALUATION CRITERIA

EVALUATION CRITERIA

| | |
|------------------------------|--------------------------|
| Quotation No. | ZNQ/LSH 215/24/25 |
| Quotation Description | Stationery |

EVALUATION CRITERIA

This institution intends to evaluate valid quotations using **TWO (2) evaluation stages**. These are peremptory requirements, should the bidder/tenderer fail to comply with any of the stages as stated below, the quotation will be regarded as non-responsive, and will not progress to the final stage of evaluation:

Stage 1: Administrative Compliance, Compulsory and Mandatory Requirements & Specification

Stage 2: Price and Preference Points System (Specific Goals)

EVALUATION CRITERIA

Initial here _____



EVALUATION CRITERIA

STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS

| NO. | REQUIREMENTS | INCLUDED IN THE PUBLISHED DOCUMENT? | TO BE RETURNED BY BIDDER/ TENDERER? |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| Administrative Compliance | | | |
| 1. | PARTICULARS OF QUOTATION | YES | YES |
| 2. | OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01 | YES | YES |
| 3. | BIDDER'S DISCLOSURE (SBD4) | YES | YES |
| 4. | GENERAL CONDITIONS OF CONTRACT (GCC) | YES | YES |
| 5. | SPECIAL CONDITIONS OF CONTRACT (SCC) | YES | YES |
| 6. | PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 (SBD 6.1) | YES | YES |
| Compulsory Compliance | | | |
| 7. | SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS | NO | YES |
| 8. | A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs& QSEs) | NO | YES |
| 9. | CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD) | YES | NO |
| Mandatory Requirements | | | |
| 10. | Valid copy of Licence issued by South African Health Products Regulatory Authority (SAHPRA), authorizing your company to manufacture, import or export, or act as a wholesaler to wholesale and or distribute medical devices | NO | NO |

Note: This relates to administrative, compulsory and mandatory returnable documents which must be fully completed, and submitted, should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation. The department reserve a right to verify validity of the documents submitted, should it be discovered that the information submitted is misrepresented the quotation will be disqualified.

Initial here _____



EVALUATION CRITERIA

EVALUATION

CRITERIA

STAGE 1: COMPLIANCE WITH SPECIFICATION

| Requirement | Complies With Specification Yes /No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| The bidder / Tenderer to confirm that the product supplied complies with attached specification document, should you fail to indicate compliance your quotation will not progress to the next stage of evaluation | |

STAGE 2: PRICE AND PREFERENCE POINTS

The value of this quotation is estimated not to exceed R 50 000 000 (inclusive of all applicable taxes), therefore the 80/20 preference point system shall be applicable. Points for this quotation will be awarded for:

| CATEGORY | POINTS |
|---------------------------------------------------|------------|
| PRICE | 80 |
| SPECIFIC GOALS | 20 |
| Total points for Price and must not exceed | 100 |

The Department has identified the following specific goal:

| Specific Goal | Number of Points allocated | Proof To Claim Specific Goal (Returnable Documents) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------|
| RDP GOAL : FULL POINTS ALLOCATED TO PROMOTE ENTERPRISES OWNED BY YOUTH | 20 | A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT |
| NOTE: Should a bidder fail to submit proof to claim points, as stated above this will not result in disqualification; however, the bidder will not be awarded points for specific goals. | | |

| EVALUATION CRITERIA AND SPECIFICATION APPROVED BY | | | | | |
|---------------------------------------------------|------------------------------|---------|----------|------|-----------|
| Official | Title (Ms/ Miss/ Mrs/ Mr/Dr) | Surname | Initials | Date | Signature |
| End User | | | | | |
| SCM Official | | | | | |

Initial here _____



KWAZULU-NATAL PROVINCE

**HEALTH
REPUBLIC OF SOUTH AFRICA**

EVALUATION CRITERIA

Initial here _____

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PREP. TOWEL

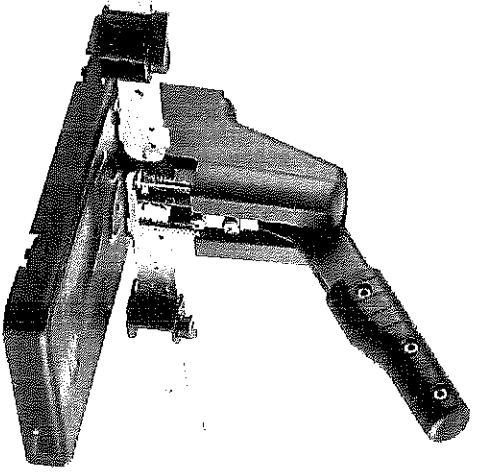
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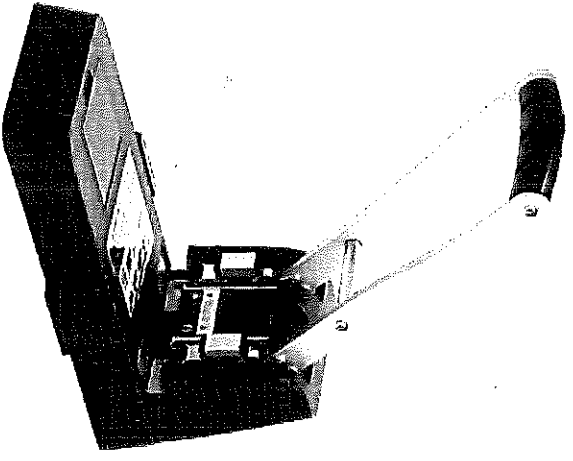
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