Quotation Advert

Opening Date: Closing Date:

15/01/2024 19/01/2024

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:

12/01/2024

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/UNT/197/2023/2024

Item Category:

Goods

Item Description:

PADS SANITARY MATERNITY

Quantity (if supplies):

32 BALES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

UPLOADED ON WEBSITE

QUOTES SHOULD BE DELIVERED TO: TENDER BOX

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

MISS S.L MTHEMBU

Email: makhosazane.shezi@kznhealth.gov.za

Contact number: 033 444 0818

Finance Manager Name:

Ms. M.C. JANGE

Finance Manager Signature



PARTICULARS OF QUOTATION				
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UNTUNJAMBILI HOSPITAL				
FACSIMILE NUMBER: 033 444 0987 E-MAIL ADDRESS: makhosazane.shezi@kznhealth.gov.za				
PHYSICAL ADDRESS: UNTUNJAMBILI HOSPITAL,KRANSKOP MAIN ROAD,MISSION AREA PRIVATE BAG X216 KRANSK				
QUOTE NUMBER: ZNQ / UNT / 197 / 2023 _ 2024 VALIDITY PERIOD: 90 DAYS				
DATE ADVERTISED: 15 JANUARY 2024 CLOSING DATE: 19 JANUARY 2024 CLOSING TIME: 11:00				
DESCRIPTION: PADS SANITARY MATERNITY				
CONTRACT PERIOD (IF APPLICABLE): ONCE-OFF				
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): UNTUNJAMBILI HOSPITAL KRANSKOP MAIN ROAD MISSION AREA, MAIN SECURITY GATE NEXT TO TRANSPORT				
OFFICE				
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: S,L MTHEMBU TELEPHONE NUMBER: 033 444 0818 E-MAII ADDRESS: makhosazane.shezi@kznhealth.gov.za				
E-MAIL ADDRESS: Maknosazane.snezi@kznneaitn.gov.za				
CONTACT PERSON: Z.X NDAWONDE TELEPHONE NUMBER: 033 444 0818				
E-MAIL ADDRESS: makhosazane.shezi@kznhealth.gov.za				
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.				
The quote box is open from 08:00 to 15:30.				
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)				
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.				
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)				
NAME OF BIDDER:				
E-MAIL ADDRESS:				
POSTAL ADDRESS:				
STREET ADDRESS:				
TELEPHONE NUMBER: FACSIMILE NUMBER:				
CELLPHONE NUMBER: SARS PIN:				
VAT REGISTRATION NUMBER (If VAT vendor):				
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.				
UNIQUE REGISTRATION REFERENCE:				



in Politica	F SOUTH APRICA		OFFICIAL PRICE PACE FOR QUOTATIONS OVER D	22 400 04			
QUOTE NUMBE	R: ZNQ	, UNT	official price page for quotations over s	2 000,01			
QUOTE NOMBE							
DESCRIPTION:	PADS	SANITAR	Y MATERNITY				
PREFERENCE PO	DINTS WILL BE	ALLOCATED	ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINTS ALLO	CATED
Promotion of Sou	ith African Owr	ed Enterprises	3			20	
	1	UNIT OF		BRAND &	COUNTRY OF	PRICE	
ICN NUMBER	QUANTITY	MEASURE	DESCRIPTION	MODEL	MANUFACTUR E	R	С
	32	BALE	SUPPLY AND DELIVER PADS SANITARY				
			MATERNITY SELF ADHESIVE (BALE OF				
			36 PACKETS) Packets OF 12 unit	Ŝ			
			NOTES:				
			PLEASE ENSURE THAT THE SPECIFIC				
	1	 	GOAL IN PAGE 2 AND PAGE 13 ARE THE				
			SAME. FAILURE TO DO WILL RESULT IN				
			YOUR APPLICATION BEING				
			DISQUALIFIED.				
			PLEASE PROVIDE A SAMPLE WITH				
		-	QUOTATION.				
		<u> </u>					
VALUE ADDED	TAX @ 15% (Only if VAT \	Vendor)	l			
TOTAL QUOTA							
		WITH THE S	PECIFICATION?				/ NO
IS THE PRICE F		RM TO THE S	S.A.N.S. / S.A.B.S. SPECIFICATION?				/ NO / NO
STATE DELIVE							
NAME OF BIDD			SIGNATURE OF BIDE	DER:			
			[By signing this docum	nent, I hereby	agree to all terms	and conditions]	
CAPACITY UND	ER WHICH T	HIS QUOTE I	S SIGNED:		DATE:	VI-10-10-10-10-10-10-10-10-10-10-10-10-10-	

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01



POINTS AWARDED FOR SPECIFIC GOALS

- 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 tenderare: The tenderar must indicate how they claim points for each preference point eyetem

	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)
Promo	tion of South African Owned Enterprises	20	
	DECLARATION WITH REGARD TO COMPANY/FIRM		
4.3.	Name of company/firm:		
4.4.	Company registration number:		
1.5	TYPE OF COMPANY/ FIRM (tick applicable boy)		

- 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
- 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: 4.6.
 - 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:	