

Quotation Advert

Opening Date:

24/01/2024

Closing Date:

31/01/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Emmaus Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/

service is required:

EMMAUS HOSPITAL

Date Submitted:

24/01/2024

ITEM CATEGORY AND DETAILS

Quotation number:

EMM 355/11/23

Item Category:

Goods

Item Description:

SUPPLY & DELIVER MEDICAL RESTRAIN WITH MAGNET

AND MOBILE MEDICAL SCREENS

Quantity (if supplies):

10 SCREENS AND 6 RESTRAIN

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Click here to enter text.

Venue:

QUOTES CAN BE COLLECTED FROM:

uploaded on website

QUOTES SHOULD BE DELIVERED TO:

MANAGEMENT BUILDING

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: B.E.MIYA

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name:

MR PP ZULU

Finance Manager Signature



			PARTICULARS	S OF QU	OTATION			
YOU ARE HEREBY IN	IVITED TO QUOTE	FOR REQUIREMEN	NTS AT: EMM	AUS H	OSPITAL			
FACSIMILE NUMBER	036-488173	9	E-MAIL ADO	DRESS:	EmmausQuotat	ion@kznhea	alth.gov.za	
PHYSICAL ADDRESS	EMMAUS H	OSPITAL CATH	HERDRAL PE	AK RO	OAD WINTERTON	N 3340		
QUOTE NUMBER:	ZNQ /EMM	▼ /355	/11 _:	23			VALIDITY PERIOD:	60 DAYS
DATE ADVERTISED:	24/01/2024		CLOSING D	ATE:	31/01/2024		CLOSING TIME	: 11:00
DESCRIPTION:	Supply and deliv	er medical rest	rain with mag	net and	d mobile screens			
CONTRACT PERIOD (IF APPLICABLE):	ONCE						
DEPOSITED IN THE Q				ON 33	40			
MAIN GATE								
CONTACT PERSON:	B.E.MIYA			TEL	EPHONE NUMBER:	036-48882	11	
S=	EmmausQuotatio							
CONTACT DEBOON:								
CONTACT PERSON: E-MAIL ADDRESS:				TEL	EPHONE NUMBER:			
-	that mint	D						
Bidders should ensure	that quotes are de	ilvered timeously t	o the correct add	dress. If	the quote is late, it w	ill not be acce	pted for consideration	on.
The quote box is open fr	om 08:00 to 15:30.							
QUOTATIONS MUST B	E SUBMITTED ON T	THE OFFICIAL FOR	RMS - (NOT TO E	BE RETY	PED)			
THIS QUOTE IS SUBJE REGULATIONS, 2022, 1	CT TO THE PREFEI THE GENERAL CON	RENTIAL PROCURE DITIONS OF CONT	EMENT POLICY (RACT (GCC) AN	FRAMEV D, IF AP	VORK ACT AND THE PLICABLE, ANY OTH	PREFERENTIA ER SPECIAL C	AL PROCUREMENT ONDITIONS OF COM	NTRACT.
	(EA)	THE FOLLOWING F	ARTICULARS C	F BIDDI	R MUST BE FURNIS	HED		
NAME OF BIDDER:	(FAI	LORE TO DO SO M	AT RESULT IN	YOUR Q	JOTE BEING DISQUA	ALIF(ED)		
E-MAIL ADDRESS:								
POSTAL ADDRESS:								
STREET ADDRESS:	X 							
TELEPHONE NUMBER:	·)	FACS	IMILE NUMBER:			
CELLPHONE NUMBER:				SARS	PIN:			
/AT REGISTRATION NU	MBER (If VAT vendo	or):						
CENTRAL SUPPLIER DA	TABASE REGISTRA	ATION (CSD) NO.		м	AAA			
INIQUE REGISTRATION	REFERENCE:							
				-				



QUOTE NUMBI	R: ZNQ	,EMM	official price page for quotations over √,355 ,11 _23	-				
DESCRIPTION.	Suppl	y and deliv	er medical restrain with magnet and mobile s	creens				
PREFERENCE PO	OINTS WILL BE	ALLOCATED	ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOAL	S IN TERMS O	F PPR 2022:	PO	NTS ALL	OCAT
Promotion of ente	rprises manufa	acturing in the l	Province of KwaZulu-Natal			-	20	
ICH MINISTER		UNIT OF		BRAND &	COUNTRY OF	1	PRIC	E
ICN NUMBER	QUANTITY	MEASURE	DESCRIPTION	MODEL	MANUFACTUR E	R		c
	6	UNIT	MEDICAL RESTRAINS WITH MAGNET					Ť
	10	UNIT	MOBILE MEDICAL SCREENS					
				h				
		NB	REQUIREMENTS					
			CSD REPORT UPDATED					
			SARS PIN UPDATED					
LUE ADDED TA	W 0 1221 12							
LUE ADDED TA								
TAL QUOTATIO	N PRICE (VA	LIDITY PERI	OD 60 Days)					
ES THIS OFFER		TH THE SPE	CIFICATION?				YES	/ NO
THE PRICE FIRM ES THE ARTICL		TO THE S.A.	N.S. / S.A.B.S. SPECIFICATION?				YES	/ NO
ATE DELIVERY I							YES	/ NO
ME OF BIDDER:			SIGNATURE OF BIDDE	D.				
			[By signing this document		ree to all torms an	l condit	ionel	_



NAME OF STATE INSTITUTION



BIDDER'S DISCLOSURE

SBD 4

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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.

BIDDER'S DECLARATION

FULL NAME

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest 1 in the enterprise, employed by the state?

YES / NO

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

IDENTITY NUMBER

2.2.	Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?	YES / N
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, the following statements that I certify to be true and complete in every respect:	do hereby make

- 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 consortium² 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
- 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 len (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

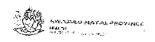
I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

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

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 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,



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
- 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 42 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

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 <u>tenderer</u> must indicate <u>how</u> they claim points for each preference point system

	points po	mber of oints aimed 80/20
Pron	shorphase manufacturing in the Province of KwaZulu-Natal	stem)
	DECLARATION WITH REGARD TO COMPANY/FIRM	
.3.	Name of company/firm:	
4.	Company registration number:	-
5.	TYPE OF COMPANY/ FIRM [tick applicable box] Partnership/Joint Venture / Consortium One-person business/sale propriety	

- ☐ One-person business/sole propriety
- ப Close corporation
- 11 Public Company
- Personal Liability Company
- □ (Pty) Limited
- 11 Non-Profit Company
- □ State Owned Company
- I, the undersigned, who is duly suthorised 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: 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;
 - ii) 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 salisfaction of the organ of state that the daims 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
 - (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
 - (d) recommend that the lenderer 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 (e) forward the matter for criminal prosecution, if deemed necessary.

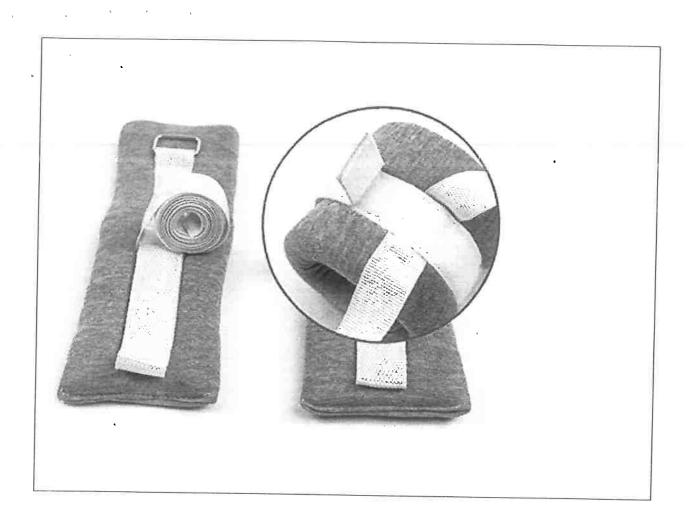
	SIGNATURE(S) OF TENDERER(S)	
SURNAME AND NAME:		
DATE:		
ADDRESS:		-



END-USER SPECIFICATION FORM

•	Quote Number:						
i	tem Description:	MEDICAL RESTRAINS	MITH MAGNE	27			
ſ	Department/Section:	CAS JOPD	Purpose of	ltem:	USED	70	PESTE
1	. Pre-qualification crit	teria if any:			PATIEN	T'G	
	1.1. Is the item requi	ired to have a regulatory body co	ertification (e.g. SABS	SANS SAI	NAS ISO O	IDB etc	12 Voc / I
	Regulatory Body / cert	ification required if Yes:SA	D.G. 1 1.C.D				j: 103/1
	1.2. Is a compulsory if Yes, specify: Date _	site inspection / briefing sessio	n required? Yes / No _ Place		essal C Springings		
	1.3. Is local producti	on and content part of the quote	? Yes / No				
		ction 4(1)(a) of the PPPFA Regul		ile? Yes / N	o		
	1.5. Liability Cover in if Yes, specify:	isurance? Yes / No					
2.		tion of the required item?					
	st specifications to be adv		dia .	Comme	nt		
1.		AL RESTRANTS, FOR	- HANDS OF FEET	-			
2.	I SIZE ATS	ALL					
3.							
4. 5.							
3. or	3.1. Deadline for subm	to be submitted? Yes / No(select ission if Yes: Date///	Time: Pl				Villerini ganta
	3.2. Specify that sample	es must be made available when re	equested in writing. Yes	or N	10		
1 .	Penalties to be noted b	by the suppliers:					
	4.1. If the supplier fails	s to deliver any or all of the good	ds or to perform the se	rvices with	n the perio	d(s) spe	cified in
	contract, the purch	aser shall, without prejudice to its o	other remedies under the	e contract, d	leduct from	the cor	itract pri
	as a penalty, a su	m calculated on the delivered pric calculated for each day of the dela	e of the delayed goods	or unperfo	rmed servic	es using	the curr
	What is the evaluation	criteria / special terms and cond	itions to be advertised	?			
is	evaluation criteria / speci	al terms and conditions to be adve	rtised (if applicable)		ep compléteus. La la recen-	~000-001W~D19	
	Pre-qualification criteria	Does the offer meet the pre-quali	ification criteria?				
	Administrative	Does the offer comply to stipulate	ed administrative require	ments?			
	Conformance:	Was the product made or service	performed to specificati	ions?	3141		
	Performance:	Will/does the product/service fulfi from all liabilities under the contra	its performance obligat	ion, in a ma	nner that rel	eases th	e supplie
_11	Features:	What characteristics does the pro					
	Dalia Gillaria	How long can a product go between		for mainter	nance? (gua	rantee)	
	Reliability:						
	Durability:	What is the useful life for the prod			INC. CYTCHO		
	Durability: Serviceability:	How easy is it to repair, maintain	or support the product o	r service? (d			24
	Durability:		or support the product on ador to execute the cont.	r service? (d			*

Name of End-user (in full)	MELLIGA GOVENDER	Name of SCM Rep (in full)	Marriero con con con controllemente. — e e de se segone e que de qu
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	aline
Signature	elassie	Signature	
Date	11/04/23	Date	
Standard End Hear Specific	olion Carre		27 WW. Longer, Mr. 1985 London Street, m. 1995





	VINCE OF KWAZULU-NAT		<u></u>			
Item C	escription:	Medical mobile screens				
	tment/Section:	Hast/Arv _clinic	Purp	ose of Item: Provide p	rivacy for	clients.
	_	ritoria if anv:				
1. F	re-qualification c	riteria if any: quired to have a regulatory bo	dy certificat	ion (e.g. SABS, SANS,	SANAS,	ISO, CIDB, etc.)? Yes / No:
R	legulatory Body / c	ertification required it Yes.				
	o le e compuler	ory site inspection / briefing s	ession requi	red? Yes / No		
i i	f Yes, specify: Date	ory site inspection / briefing s	:Place			
1	.3. Is local produ	uction and content part of the	quote? Yes	/ No 		
if	Yes, specily:				/ No	
1	4 Provisions of	section 4(1)(a) of the PPPFA	Regulations	,2017 if applicable? Y	es / NO	
i i	f Yes, specify:		2.4702			
				±		
1	1.5. Liability Cov	er insurance? Yes / No				
i	f Yes, specify:	er insurance? Yes / No				
2.	What is the spec	ification of the required item?			Comment	
List	specifications to be	een with wifeo	Ide me	iterial		
1.	4 fold sc	reen with when	Colle 14cc			
2.	Scole 2, 4M	XIBM				
3.						
4.						
5.						
_	Doos a sample r	need to be submitted? Yes / No submission if Yes: Date	o(select option	n 3.1 or 3.2)		****** 34 PK 09
3.	2.1 Deadline for	submission if Yes: Date/_		ime:Place		
or	J. I. Deading for			Was You	or No	
or	3.2 Specify that	samples must be made availabl	e when reque	ested in writing. Yes	01 140	
4.	Penalties to be n	oted by the suppliers: er fails to deliver any or all of		r to perform the servi	ces within	the period(s) specified in th
••	4.1. If the suppli	er fails to deliver any or all of purchaser shall, without prejud	the goods of	r remedies under the C	ontract, de	duct from the contract price
	contract, the	purchaser shall, without project	vared price o	f the delayed goods or	unperforn	ned services using the curren
	as a penalty	$\gamma_{ m c}$ a sum calculated on the deli- st rate calculated for each day o	the delay u	ntil actual delivery or pe	rformance.	
		uation criteria / special terms	and condition	ns to be advertised?		
5.	What is the eval	I appoint forms and conditions t	O De auverna	ed (ii application		
-	Pre-qualification				0	
1.	Administrative	D the offer comply	to stipulated	administrative requirem	ents?	
2.	Conformance:	Was the product made	or service pe	erformed to specification	ns?	oner that releases the supplier
3.	Performance:	Will/does the product/s	service fulfil it	s performance obligation	n, m a mai	nner that releases the supplier
4.	r enormanos.	from all liabilities unde	r the contract	t an equipo bayo?		
5.	Features:	What characteristics d	oes trie produ	failures and the need	for mainter	nance? (guarantee)
6.	Reliability:	How long can a produ	for the produ	ct? How will the product or	hold up u	nder extended use?
7.	Durability:	tit mile it to rongi	r maintain Ol	SUDDOIL THE Product of	,	customer support)
8.	Serviceability:		ty of the veno	or to execute the contra	act	
9.	Ability & Capacit		ent System (30/20) if applicable		
10	. Preference point	s Preferential Procurem	one oyotom (
		tull) TM Nkabro	۲.	Name of SCM Rep (in	full)	
Na	ame of End-user (ir	n full) TM N/kalonce	L	Designation/ Rank (in		

Name of End-user (in full)		Name of SCM Rep (in full) Designation/ Rank (in full)	
Designation / Rank (in full)	- CICINPELL	Signature	
Signature Date	14/04/2013	Date	Page 1 of 1

Standard End-User Specification Form

Bed Screen 4 Fold - Clinihealth

Open Size: 2.4M x 1.8M.

