



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 24/007/2024
Closing Date: 26/07/2024

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Mbongolwane Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Supply Chain Management

**Place where goods/
service is required:** MBONGOLWANE DISTRICT OFFICE

Date Submitted: 23/07/2024

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ/MBH 092/2024/25

Item Category: Goods

Item Description: PATIENT RECORD/FILE HOLDER PVC

Quantity: Once off

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Time: Not applicable

Venue: Not applicable

QUOTES CAN BE COLLECTED FROM: KZN Health Website Only

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX: AT MBONGOLWANE HOSPITAL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: B.M NDWANDWE

Email: Mzikayise.ntuli@kznhealth.gov.za

Contact number: 035-4766008

Finance Manager Name: MR E.S MGOBHOZI

Finance Manager signature:

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.



GENERAL QUOTATIONS

EVALUATION CRITERIA FOR QUOTATIONS ABOVE R2000.00

ZNQ MBH092-24/25.....:

ITEM DESCRIPTION : ...PATIENT RECORD / FILE HOLDER PVC PLASIC.....

All offers received shall be evaluated using the following criteria:

1. Specifications:

- a) Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document shall be considered.
- b) Offers better or higher than our specification are considered to be compliant with the specification.
- c) The attached specification form must be properly completed and stamped.

2. Correctness of information and other imperative areas to be considered:

- a) All information required in the bid document must be accurate and duly completed including all the appropriate signatures.
- b) None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.
- c) The institution is under no obligation to accept the lowest or any quotation.
- d) The price quoted must include VAT and remain firm for the contract period.
- e) The bidder must ensure the correctness and validity of quote.
- f) Registration on Central Suppliers Database.
- g) Previous service rendered (Quality, Duration and record of offers declined)
- h) Database of tender defaulters
- i) Availability of Directors on PERSAL system.
- j) Late quotations will not be considered.
- k) All pages of the tender document must be initialed or signed.

3. Compulsory administrative compliance requirements that must be submitted with the bid

Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months.

Failure to comply with this requirement shall invalidate the bid submitted.

4. Bidder's Disclosure on SBD 4 Form

- a) Bidders must properly complete and sign the bidder's disclosure form SBD 4.
- b) Bidders must disclose all companies where they have a controlling interest or directorship whether or not used to bid for this tender.

5. Preferential Point System:

The 80/20 Preference Point System will be applicable to this quotation and the points will be allocated as follows:

PRICE	80
SPECIFIC GOALS IN TERMS OF PPR 2022	20
TOTAL POINTS FOR PRICE AND SPECIFIC GOALS	100

6. Contract duration or Delivery period

The required goods and services are anticipated to be delivered within a period of **07 days** unless unforeseen circumstances may arise and reported timeously.

It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

Note: For purposes of fair comparison and in order to ensure a meaningful evaluation, bidders must submit detailed information in substantiation of compliance to the evaluation criteria mentioned. Should the space provided not be adequate, bidders are kindly requested to add extra pages.



Postal Address: Private Bag 126 KWA-PETT 3820
Physical Address: Road D1542, Mbongolwane Reserve, 3820
Tel: 0354766280 ext 1002 Fax: 0354766380
Email address: Mzikayise.ntuli@kznh.gov.za

DESCRIPTION	Mandatory requirements to be Completed by bidder
Patient record/file holder pvc plastic	COMPLY / DO NOT COMPLY
PVC 360MM (W)X280MM(H)X37MM (Pocket dept))	
Blue or Black	

Bidder's Comment:

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1. The bidder is requested to put a company stamp on this specification document.
2. The bidder is requested to complete "Mandatory requirements to be completed by bidder" segment

NB: FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER TO BE DISQUALIFIED.

Bidder's Official Stamp

Bidder Signature:



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE: SCM

Name of Directorate : M.N Ntuli

Postal Address

Physical Address

Tel: 035-4766008 Fax: 035-4766106/380

Email address

NAME OF MEETING : EVALUATION REPORT

Date :

Time : H00

Venue : SCM OFFICE NO:2

ZNQ/MBH 092-2024/25.....

DESCRIPTION : Patient record / File holder.....

BROAD SPECIFICATION

Patients record / file holder		
PVC 360mm (w) x 280mm (h)		
Holder should be hanged in the Patient foot and of the bed		
Colour blue		
Signed by SCM Official:		
Date :		
End user :		
Date :		

CSD RPORT

Tax compliance		
Declared correctly		
Csd active		
Printed by government official		

EVALUATION CRITERIA

No late quotation		
all pages initialled		
SBD 4 disclosed correctly		
Proof of similar job		
Clear CSD number		



KWAZULU-NATAL PROVINCE

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Qoutation validity		
Expiry date		