

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 107/2024/25

Item Category:

Goods

Item Description: SIGNAGE AND HANDY GAS

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 Manage signature:



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DATE ADVERTISED:	24/	/07/2	2024				_ C	LOSI	NG E	DATE:	:	26/	07/2	202	4						CLO	SIN	a TIM	ME:	_	11:0	0_
DESCRIPTION:	Hardw	are		·····																							_
CONTRACT PERIOD	(IF APPL	LICAE	BLE):	10	ICE C	FF					-																
Please Email: ma					-				f yo	ur q	uota	tion	s at	the	Ten	der	Во	хs	itua	ated	ne	xt to	HF	R 01	ffice	;	
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CONTACT PERSON:	N/A	CITIII.									IEL	.EPH	ONE	: NUI	MBER	: _											
	E-MAIL ADDRESS: N/A 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 oper	from 08	:00 to	15:30	,																							
QUOTATIONS MUST	BE SUB	MITT	ED O	₹ THE	OFFIC	IAL F	ORMS -	- (NO	OT TO) BE	RET	/PEC))														
THIS QUOTE IS SUB REGULATIONS, 2022	JECT TO 2, THE G	THE ENER	PREF	EREN	ITIAL P	ROCL OF CO	JREMEI NTRAC	VT P	OLIC	Y FR AND,	AME IF AI	WOR	K A	CT A LE, A	ND TH	THE	REF R SI	FER	ENT	TAL I	PRO IDIT	CUR	EME S OF	CO	VTR/	ACT.	
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NAME OF BIDDER:	_																										_
E-MAIL ADDRESS:																											
POSTAL ADDRESS:								w																			
STREET ADDRESS:																											
TELEPHONE NUMBE	R:										FAG	CSIM	ILE I	NUM	BER:	_											
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QUOTE NUMBE	R: ZNQ	_/ MBH	, 107	124					
DESCRIPTION:	Hardv	vare							
THE BELOW PR				IN COMPLIA	ANCE WITH THE DEPART	MENTAL PRI	EFERENCE	POINTS AL	LOCATED
RDP Goal: Full points a								20)
ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION			BRAND & MODEL	COUNTRY OF MANUFACTUR E	PRIC	CE
			Supply and d	leliver					
	06	Each	Signage for c	entral Hea	lth Care Risk Waste				
·			Storage Area	size:45cn	n x 45 cm				
			Specification	attached					
.1	07	Each	Handy gas 48	8 kg					
	10	Each	Spiral elemer	nt 3 kw spi	ral WP				
	10	Each	Thermostat 2	20A					
	01	Each	Supply,delive	er & Install	double door buglar				
			guards size 2	2,16m x 1,7	7m.				
			See attached	l evaluatio	n criteria and broad				
			specification	for require	d returnable				
			documents.						
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VALUE ADDED	TAX @ 15%	Only if VAT	vendor)			1	£		
TOTAL QUOTA	TION PRICE (VALIDITY PE	:RIOD 90 Days)						
DOES THIS OF	FER COMPLY	WITH THE S	PECIFICATION?					Y	res / No
IS THE PRICE F		RM TO THE S	S.A.N,S, / S,A,B,S,	SPECIFICAT	FION?				YES / NO
STATE DELIVER				J. LORIOA				'	/ 14U
NAME OF BIDD			,		_ SIGNATURE OF BID				
٠					(By signing this docum	nent, I hereby	agree to all terms	and conditions	1

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: DATE:

NAME OF STATE INSTITUTION



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	DECL	ARAT	ION
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FULL NAME

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

IDENTITY NUMBER

- 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.

**		
2,2,	Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution ² ? YES /	NC
2.2.1.	lf 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?	NC
2.3.1.	lf so, furnish particulars:	
3	DECLARATION	
	I, the undersigned,(name) in submitting the accompanying bid, do hereby mathe following statements that I certify to be true and complete in every respect:	ake

- 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			· · · · · · · · · · · · · · · · · · ·
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 &}quot;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.



Late quotations will not be considered.

k) All pages of the tender document must be initialed or signed.

j)

GENERAL QUOTATIONS

EVALUATION CRITERIA FOR QUOTATIONS BELOW R2000

ZNQ):	.MBH 107/2024/25:							
ITEN	ITEM DESCRIPTION: HARDWARE								
All o	ffers	s 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 quotation document must be accurate and duly completed including all the required 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 quotation.							
	f)	Registration on Central Suppliers Database is mandatory.							
	g)	Previous service rendered (Quality, Duration and record of offers declined)							
	h)	Database of tender defaulters							
	i)	Availability of Directors on PERSAL system.							

3. Bidder's Disclosure SBD4

- 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.

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 quotation submitted.

4. 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.



DIRECTORATE:

Postal Address: Private Bag 126 KWA PETT 3820 Physical Address: Road D1542, Mbongolwane Reserve, 3820 Tel: 0354766280 ext 1002 Fax: 0354766380 Fmall address: Mzikavisc.ntuli@kznhealth.gov.za

Mr MN Ntuli

DESCRIPTION	Mandatory requirements to be Completed by bidder
Hardware	COMPLY / DO NOT COMPLY
Signage central health care risk waste storage area	
size:45cmx45cm	
Handy gas 48kg	
Spiral element 3kw spiral wp	
Thermostat 20A	
Supply ,deliver &Install double door burglar guards size:2.16m x	
1.7m	
Bidder's Comment:	
The bidder is requested to put a company stamp on this specification document. The bidder is requested to complete "Mandatory requirements to be completed by bidd NB: FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER TO BE DISQUA	
Bidder's Official Stamp	
	· .
	Bidder Signature:
	Diddor Orgination



DIRECTORATE: SCM

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	0.000	(170%)				

Physical Address

Tel: 1035-4766008 Fax: 035-4766106/380

Email address

Name of Directorate : M.N Ntuli

	NAME OF MEET	TING: EVALUATION REPORT	
ate:	Time: H00	Venue : SCM OFFICE NO:2	
ZNQ/MBH 107/20	024/25		
2113/11/21/101/25	Can 11 an C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DESCRIPTION:	Hardware		
BROAD SPECIF	ICATION		
Signage central h	nealth care risk		
waste storage are	ea 45cmx45cm		
Handy gas 48kg			
Spiral element 3k	(w spiral wp		
Thermostat 20A			_
Signed by SCM (Official:		
Date :			
End user:			
Date :			
CSD RPORT			
OOD THE OTHER			
Tax compliance			
Declared correct	у		
Csd active			
Printed by govern	nment official		
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EVALUATION C	RITERIA		
No late quotation			
all pages initialled			
SBD 4 disclosed			
Proof of similar jo	ac		

GROWING KWAZULU-NATAL TOGETHER

Clear CSD number	
Qoutation validity	
Expiry date	