Quotation Advert

Opening Date:

19/07/2024

Closing Date:

26/07/2024

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:

19/07/2024

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/UNT/80/2024/2025

Item Category:

Goods

Item Description:

DENTAL MATERIALS

Quantity (if supplies):

1 UNIT

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: TENDER BOX/EMAIL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: S.L MTHEMBU

Email: makhosazane.shezi@kznhealth.gov.za

Contact number: 033 444 0818

Finance Manager Name: M.C Jange

Finance Manager Signature



YOU ARE HEREBY INV	ITED TO QUOTE FOR REQUIREME	NTS AT: UNTUNJ	AMBILI HOSPITAL						
FACSIMILE NUMBER:	033 444 0987	_ E-MAIL ADDRE	ss: makhosazane.s	hezi @kznhealth.gov.za					
PHYSICAL ADDRESS:	UNTUNJAMBILI HOSPITA	AL KRANSKOP M	AIN ROAD MISSION	AREA PRIVATE BAG X216 KRANSK					
QUOTE NUMBER:	ZNQ , UNT , 80	, 2024 - 20	+	VALIDITY PERIOD: 90 DAYS					
DATE ADVERTISED:	19 JULY 2024	_ CLOSING DATE	26 JULY 2024	CLOSING TIME: 11:00					
DESCRIPTION: DENTAL MATERIALS									
CONTRACT PERIOD (IF APPLICABLE): ONCE-OFF									
THE RESERVE AND DESCRIPTION OF THE PROPERTY OF THE PERSON	JOTE BOX SITUATED AT (STREET A OSPITAL, TENDER BOX NE		ORT OFFICE						
		e 'n							
CONTACT PERSON: S	NG THE <u>QUOTE</u> MAY BE DIRECTED S.L MTHEMBU	то: ′	TELEPHONE NUMBER:	033 444 0818					
E-MAIL ADDRESS: n	nakhosazane.shezi @kznhea	lth.gov.za		(las					
ENQUIRIES REGARDIN	NG <u>TECHNICAL INFORMATION</u> MAY OR TSV MBHELE	/ BE DIRECTED TO:	TELEPHONE NUMBER:	033 444 0818					
	nakhosazane.shezi @kznhea	lth.gov.za	W.						
Bidders should ensure	that quotes are delivered timeous	v to the correct addre	ess. If the quote is late, it	will not be accepted for consideration.					
The quote box is open fr			*						
QUOTATIONS MUST B	E SUBMITTED ON THE OFFICIAL F	ORMS - (NOT TO BE	RETYPED)						
				E PREFERENTIAL PROCUREMENT HER SPECIAL CONDITIONS OF CONTRACT.					
			BIDDER MUST BE FURN DUR QUOTE BEING DISQ						
NAME OF BIDDER:									
E-MAIL ADDRESS:	* -	A							
POSTAL ADDRESS:		- Marine Mr.	,	d.					
STREET ADDRESS:									
TELEPHONE NUMBER:			FACSIMILE NUMBER:						
CELLPHONE NUMBER:	·		SARS PIN:						
VAT REGISTRATION N	UMBER (If VAT vendor):		,						
	ATABASE REGISTRATION (CSD) N	O.	M A A A						
UNIQUE REGISTRATIO	N REFERENCE:								
	1 1 1 - 1 1 1 1 1 -								



			OFFICIAL PRIC	CE PAGE FOR QUOTATIONS OVER R	2 000.01			
QUOTE NUME	ER: ZNQ	, UNT	, 80	, 2024 _ 2025				
DESCRIPTION	. RESIN	N RESTOR	ATIVE DENTAI	L				
		DOINTS WILL	DE ALLOCATED I	N COMPLIANCE WITH THE DEPARTI	MENTAL BRI	EEDENCE	POINTS ALLOC	ATED
	NT POLICY (KN			N COMPLIANCE WITH THE DEPART	WENTAL PRI		POINTS ALLOC	AIED
RDP Goal: Full point	s allocated to promote	South African owne	d enterprises				20	
		1			SOANDO	COUNTRY OF	PRICE	
ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION		BRAND & MODEL	MANUFACTUR E	R	С
	02	UNIT	SUPPLY AND	DELIVER RESIN				
			RESTORATIV	E, BONDING AGENT DUAL				
			CURED, DEN	TINE AND ENAMEL				
			ADHESIVE ,C	OMPONENT SYSTEM FOR				
			COMPOSITE	BONDING NANO				
			TECHNOLOG	Y DUAL CURE 1X3,5ML				
			BOTTLE.					
5.42	02	UNIT	RESIN RESTO	DRATIVE, DENTAL ACID				
			ETCH GEL 35	% ORTHO PHOSPORIL				
			ACID 1 BOTT	LE 6ML				
	02	UNIT	RESIN RESTO	DRATIVE DENTAL ACID				
			ETCH GEL 35	5% PHOSPORIC ACID				
			SYRINGE SY	STEM.				
	02	UNIT	RESIN REST	ORATIVE DENTAL ADHESIVE				
			SYSTEM REF	FILL ADHESIVE 1 BOTTLE				
			ADHESIVE 8N	ML 3M SCOTCHBOND				
		-	MULTIPURPO	OSE PLUS				
	02	UNIT		ORATIVE DENTAL HYBRID				
		1		ANTIPOST, RESTORATIVE				
		-		D,COMPLETE KIT NANO				
		+		TICLE WITHOUT ZIRCONIUM				
		-	-	YBRID COMPOSITE				
				TIPS 0.25G EACH,BOND				
				SENT 1 SYRINGE TOOTH				
				R 50 APPLICATOR TIPS				
VALUE ADD	ED TAX @ 15%	(Only if VAT		DTO	1			
			ERIOD 90 Days)	11/			1	
							YES	s / NC
IS THE PRIC	P. 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r wiid ide (SPECIFICATION?				YES	S / NC
DOES THE A	RTICLE CONFO	ORM TO THE	S.A.N.S. / S.A.B.S.	SPECIFICATION?			YES	S / NO
STATE DELI	VERY PERIOD (E.G. 3 DAYS	1 WEEK)					
NAME OF BI	DDER:			SIGNATURE OF BID [By signing this docu	ment, I hereb	y agree to all term	s and conditions]	
CAPACITY U	NDER WHICH	THIS QUOTE	IS SIGNED:					



		i in i		ICE PAGE FOR QUO		R2 000,01			
QUOTE NUMBE	R: ZNQ	, UNT	, 80	, 2024 _ 203					
DESCRIPTION:	RESIN	N RESTOR	ATIVE DENTA	AL .					
THE BELOW PR				IN COMPLIANCE V	VITH THE DEPART	TMENTAL PRI	EFERENCE	POINTS ALL	OCATED
RDP Goal: Full points a	located to promote	South African owner	ed enterprises					20	
		<u> </u>	T			<u> </u>	COUNTRY OF	PRICI	=
CN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION			BRAND & MODEL	MANUFACTUR E	R	С
			COMPOSITE	GUN,SHADE G	SUIDE ,25				
			APPLICATOR	R NEEDLE	44 Novako 4				
		1						<u> </u>	
		-		AND THE PROPERTY OF THE PROPER		 			
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VALUE ADDED	TAX @ 15%	(Only if VAT	Vendor)	P.T.O					
TOTAL QUOTA	TION PRICE	(VALIDITY P	ERIOD 90 Days)						
DOES THIS OF	EER COMPLY	Y WITH THE	SPECIFICATION?					YI	ES / N
IS THE PRICE I	132 6 350 5								ES / N
DOES THE ART	ICLE CONFO	ORM TO THE	S.A.N.S. / S.A.B.S	. SPECIFICATION?				YI	ES / N
STATE DELIVE	RY PERIOD (E.G. 3 DAYS	1 WEEK)					-	
NAME OF BIDD	ER:			§	SIGNATURE OF BI By signing this doc	DDER:ument, I hereb	y agree to all terms	s and conditions]	
CAPACITY UNI	ER WHICH	THIS QUOTE	IS SIGNED:	·			DATE:		



KWAZ HEALTH REPUBLIC	PLU-MATAL PROV	INCE	STANDA	ARD QUOTATION DOC	UMENT FOR QUO	TATIONS A	ABOVE R2 000
			OFFICIAL PRICE PAGE FOR QUOTATION	IS OVER R2 000.01			
QUOTE NUMB	ER: ZNQ	, UNT	,80 ,2024 _202€				
DESCRIPTION:	DENT	AL MATER	RIALS				
THE BELOW P			BE ALLOCATED IN COMPLIANCE WITH THE	DEPARTMENTAL PR	EFERENCE	POINTS	ALLOCATED
RDP Goal: Full points							20
	1			DD4ND 8	COUNTRY OF	PRICE	
ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	MANUFACTUR E	R	С
	02	UNIT	SUPPLY AND DELIVER RESIN				
			RESTORATIVE DENTAL PROTECT	IIVE			
			SEALANT DESENSITISER AND				
			FLOURIDE RESEALER STANDARI				
			PACKAGE, BOTTLE APPLICATOR	TIPS			
			AND DISHES				
	01	UNIT	RESIN RESTORATIVE DENTAL				
			CONDITIONER, REFILL TO USE W	TH			
			COMPOMERS FILLINGS AND SEA	LANTS			
			1 BOTTLE 4,5ML				
	02	UNITS	LUBRICATION OIL				
	02	UNITS	RESIN RESTORATIVE DENTAL				
			ADHESIVE SYSTEM REFILL PRIM	ER ER			
			1 BOTTLE PRIMER 8ML				
			3M SCOTCHBOND MULTIPURPOS	SE SE			
			PLUS				
	02	вох	TIP APPLICATOR BRUSH DENTAL				
		30%	MICRO -TIPS CONTAINER 20 PIEC				
				,20			
	+						
VALUE ADDE							
TOTAL QUOT	TION PRICE (VALIDITY PE	RIOD 90 Days)				
DOES THIS OF		WITH THE S	PECIFICATION?				YES / NO

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	N?	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:		

NAME OF STATE INSTITUTION

in submitting the accompanying bid, do hereby make



BIDDER'S DISCLOSURE

SBD 4

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 tidder 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 2

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

	11 OLL INCIME			
2.2.	Do you or any person connected with the bidder, h	ave a relationship with any person who is employed	by the procuring institution ² ?	YES / NO
2.2.1.	If so, fu mish particulars:			
2.3.	Does the bidder or any of its directors / trustees / sl enterprise have any interest in any other related en	nareholders / members / partners or any person havi terprise whether or not they are bidding for this contr	ng a controlling interest in the act?	YES / NO
2.3.1.	If so, furnish particulars:			
3	DECLARATION			

I have lead and I understand the contents of this disclosure; 3.1.

the following statements that I certify to be true and complete in every respect:

I, the undersigned (name)

- I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.2. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any 3.3. competitor. However, communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
- In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, 3.4. 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
- 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 3.5. time of the official bid opening or of the awarding of the contract.
- 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.
- 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 3.7. 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.

NAM	OF BIDDER	SIGNATURE	POSITION	DATE
10.00				

- 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.



- POINTS WARDED 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:
- 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 4.2. point sys em 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 prgan 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.

		The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	points claimed (80/20 system)
RDI	o Goa	I: Full points allocated to promote South African owned enterprises	30	
	DECLA	RATION WITH REGARD TO COMPANY/FIRM		
4.3.	Name o	f company/firm:		
4.4.	Compa	ny registration number:		
4.5.	Pa Or Clo	of COMPANY/ FIRM [tick applicable box] Intership/Joint Venture / Consortium e-person business/sole propriety use corporation biblic Company resonal Liability Company y) Limited n-Profit Company ate Owned Company the Owned Company and Company and Company the Owned	specific goa	ls as advised
4.6.	in the filter in	ndersigned, who is duly authorised to as on the variety of the preference(s) shown and I acknowledge that: ender, qualifies the company/ firm for the preference(s) shown and I acknowledge that: endering the company firm for the preference(s) shown and I acknowledge that: endering the company firm for the preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form; the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor commentary proof to the satisfaction of the organ of state that the claims are correct; the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not bee ate may, in addition to any other remedy it may have — 1) disqualify the person from the tendering process; 2) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct; 3) recover costs, losses or damages it has incurred or suffered as a result of having to make less favourable arran cancellation; 4) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audother side) rule has been applied; and 2) forward the matter for criminal prosecution, if deemed necessary.	may be requent fulfilled, the gements due	e organ of to such
		SIGNATURE(S) OF TENDERER(S) SURNAME AND NAME: DATE: ADDRESS:		