

Quotation Advert

Opening Date: Closing Date:

14/05/2024 20/05/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

King Dinuzulu Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/

King Dinuzulu Hospital Complex

Date Submitted:

14/05/2024

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/KDH141/24-25

Item Category:

Services

Item Description:

Disposable of Medical Records Must provide disposable

certificate once disposed

Quantity (if supplies):

285 units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Compulsory Site Meeting

Date:

17/05/2024

Time:

11h00

Venue:

SCM

QUOTES CAN BE COLLECTED FROM:

King Dinuzulu Hospital Complex

QUOTES SHOULD BE DELIVERED TO: KING DINUZULU HOSPITAL COMPLEX TENDER BOX, SITUATED IN THE MAIN FOYER. OWING TO US NOT HAVING DEDICATED EMAIL ADDRESS FOR RECEIVING TENDER DOCUMENTS, NO QUOTATIONS WILL BE ACCEPTED VIA SCM STAFF EMAIL ADDRESS UNTIL FURTHER NOTICE.

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Sandile Cebekhulu

Email: sandile.cebekhulu@kznhealth.gov.za

Contact number: 031 271 1332

Finance Manager: DR S.G Mkhize







KWAZULU-NATAL PROVINCE KANADERIA PROVINCE										
PARTICULARS OF QUOTATION										
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: King Dinuzulu Hospital Complex										
FACSIMILE NUMBER: 031 271 1194/209 9586 E-MAIL ADDRESS:										
PHYSICAL ADDRESS: Dr RD Naidu Road & Nerina Road, Sydenham										
QUOTE NUMBER: ZNQ / KDH / 141 / 24 . 25 VALIDITY PERIOD: 60 DAYS										
DATE ADVERTISED: 14/05/2024 CLOSING DATE: 20/05/2024 CLOSING TIME: 11:00										
Disposable of Medical Records Must provide disposable certificate once disposed										
CONTRACT PERIOD (IF APPLICABLE): once off										
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): KDHC District Level 1 Hospital. Main Foyer										
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: S.Cebekhulu TELEPHONE NUMBER: 031 271 1159										
E-MAIL ADDRESS: sandile .cebekhulu@kznhealth.gov.za										
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: Prebashnee Pillay TELEPHONE NUMBER: 031 2711596										
E-MAIL ADDRESS: prebashnee.pillay@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:										



CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

	KWAZULI HEALTH HEPUBLIC OF	U-NATAL PROV	INCE	STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.						
						UOTATIONS OVER R	R2 000.01			
QUOTE	NUMBE	R: ZNQ	, KDH	, 141	,24 _2	5				
DESCR	PTION:	Dispo	sable of Me	edical Records Mu	st provide	disposable certifi	cate once	disposed		B
PREFER	ENCE PO	INTS WILL BE	ALLOCATED	ACCORDING TO THE IMP	LEMENTATIO	N OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINTS AL	LOCATED
Race – F	ull/partial	/ combination	of points may t	pe allocated to companies	at least 51% (Owned by Black People)		20	0
ICN NUI	MBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION			BRAND & MODEL	COUNTRY OF MANUFACTUR E	PRICE R C	
		285	units	disposable	of medica	al records				1
				AS PER SF	PEC/ SITE	MEETING				
				css	SD Compli	ant				
				20.080	2010 0000					
				Original BEE cert	ificate or c	urrently certified				
				сору						
									·	
VALUE	ADDED 1	ΓΑΧ @ 15% (Only if VAT \	/endor)						
TOTAL	QUOTAT	ION PRICE (VALIDITY PE	RIOD 60 Days)	1(->					
DOES THIS OFFER COMPLY WITH THE SPECIFICATION? IS THE PRICE FIRM? DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION?									Y	'ES / NO 'ES / NO 'ES / NO
			E.G. 3 DAYS,	•						
NAME C	F BIDDE	R:				SIGNATURE OF BIDI [By signing this docun		agree to all terms	and conditions	·]

DATE: __