

Quote Number: _____

Item Description: Diagnostic Set-Hand held

Department/Section: Nursing Purpose of Item: Examination of the ear and eyes

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. BATTERY OPERATED, HAND HELD, TO CONTAIN AN AUROSCOPE AND OPTHAMOSCOPE WITH DISPOSABLE EAR PIECES ALL SIZES, portable	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

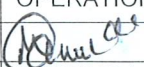
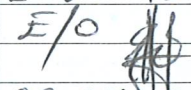
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?	
2. Administrative	Does the offer comply to stipulated administrative requirements?	
3. Conformance:	Was the product made or service performed to specifications?	
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?	
5. Features:	What characteristics does the product or service have?	
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)	
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?	
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)	
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract	
10. Preference points	Preferential Procurement System (80/20) if applicable	

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	08.07.2024

Quote Number: _____

Item Description: **Infant Length Monitor/ Stadiometer**

Department/Section: **Nursing** Purpose of Item: **TO MEASURE HEIGHT**

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ___/___/___ Time ___:___ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable length monitor with measurements in centimetres. It must be wipeable with non-corrosive disinfectant	
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ___/___/___ Time ___:___ Place _____

or

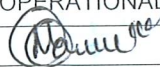
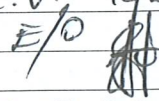
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. 1080
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Tape measure (tailor)

Department/Section: Nursing Purpose of Item: to measure abdominal girth and SFH

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
 Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
 if Yes, specify: _____

1.5. Liability Cover insurance? NO
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Durable, soft tape measure. Flexible and portable made of soft plastic material, double sided accurately printed on both sides in inches and centimetres. Clear markings. Length must be 2 metres	nil
2.		
3.		
4.		
5.		

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

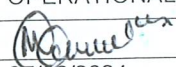

or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: **DIGITAL ROOM THERMOMETERS**

Department/Section: **Nursing** Purpose of Item: **To monitor room temperature.**

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
 Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
 if Yes, specify: _____

1.5. Liability Cover insurance? NO
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable, battery operated, wall mounted. Temperature reading measurements must be in degrees Celsius.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

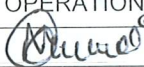

or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold-up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Semi Rigid Neck Collar- Adult

Department/Section: Nursing Purpose of Item: To be used in emergency and trauma unit

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
 Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
 if Yes, specify: _____

1.5. Liability Cover insurance? NO
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Must be semi-hard making wearable to patients with neck/cervical injuries	nil
2.		
3.		
4.		
5.		

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____
 or

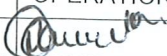

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: disposable urinals

Department/Section: Nursing Purpose of Item: to be used for the purpose of elimination in weak and ill pts.

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Single use, disposable, biodegradable. Hold up to 800ml. leakproof	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

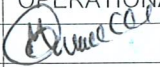

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: Headlight Torch

Department/Section: Nursing Purpose of Item: To aid in visibility during procedures.

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____ / ____ / ____ Time ____; ____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable, led light, battery operated, with adjustable straps	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____ / ____ / ____ Time ____; ____ Place _____

or

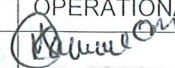
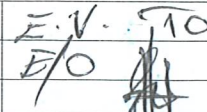
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TORO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: Infrared Forehead Thermometer

Department/Section: Nursing Purpose of Item: To measure patient's temperature in different clinical section

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable, non-contact, battery operated Temperature reading measurements must be in degrees Celsius.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

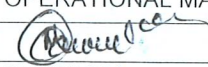
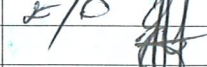
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: Portable bed screens

Department/Section: Nursing Purpose of Item: To provide privacy to clients during the triaging process

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable. 4 fold. Rust proof metal structure. PVC Curtain must be waterproof, and wipeable. Must have wheels. Easy to clean.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No(select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

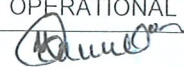
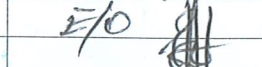
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: Desk top battery operated blood pressure machine

Department/Section: Nursing Purpose of Item: To be utilized during power failure to measure clients blood pressure.

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. BATTERY OPERATED, PORTABLE. To come with standard adult cuff, extra-large cuff and paediatric cuff. Cuff connectors to be included to attach cuffs to the BP Machine	
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

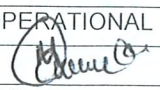
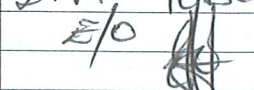
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024