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DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2021-06-01	40
Closing Date:	2021-06-08	
Closing Time:	11:00	ttir
INSTITUTION DETAILS		
Institution Name:	Grey's hospital	•
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Grey's Hospital	
Date Submitted	2021-06-01	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: GRS 105/04/21	
Item Category:	Goods	•
,		
Item Description:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour.	s) with
	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour.	
Item Description: Quantity (if supplies)	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large =	
Item Description:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT	
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION A	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large =	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION &	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT	
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION of Select Type: Date:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION of Select Type: Date: Time:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION of Select Type: Date: Time: Venue:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT Not Applicable	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION of Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT Not Applicable Departmental Website Grey's Tender Box	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT Not Applicable Departmental Website Grey's Tender Box	5 units
Quantity (if supplies) COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVE	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT Not Applicable Departmental Website Grey's Tender Box RT MAY BE DIRECTED TO:	5 units
Item Description: Quantity (if supplies) COMPULSORY BRIEFING SESSION A Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVE Name:	20-30 mmHg Compression Gauntlet (Glove), fingerless (No Finger Thumb, beige type colour. small= 3 units, medium= 10 units, large= 10 units & extra large = // SITE VISIT Not Applicable Departmental Website Grey's Tender Box RT MAY BE DIRECTED TO: Pearl Msomi	5 units

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

	BER:		CI O	SING DATE:				CL	OSING T	IME: 11:	00				
									JUNG	IIVIL. II.	50				
				URNISHED (FAILUR					UR OFF	ER BEIN	G DIS	QUAL	IFIED)		
				NAME & ADDRES	S OF BII	DDER (F	IRM)				_	_		_	
NAME C	F BIDDER:				DAT									_	
PHYSIC	AL ADDRESS:				EM	AIL ADD	RESS:								
	CT NUMBER:				FACSIMILE NUMBER: SARS PIN: CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:										
	URE OF BIDDER:														
			Il terms and condition	s]											
UNIQUE	REGISTRATION	REFERENCE: [1 1 1 1	-	1, 1	_, _,	Ļ		1.	ļ.,				1
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	offer comply with t	he specification?					od e.g. <i>E.</i> g								
the price	e firm?				All delive	ry costs i	must be inc	luded i	n the quo	te price					
Item Quantity Description			Brand & model			el	Country of manufacture			Price					
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/ALUE /	ADDED TAX @ 15	% (Only if VAT Ve	endor)												

- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) fable for the due fulfilment of this contract. This quotation will be evaluated specification & correctness of information.

 Only offers that comply with or greater than specification will be considered.

- Late quotes will not be considered
- 1.10
- Late quotes will not be considered.

 All products supplied must be valid for a minimum period of six months.

 A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.

 All delivery costs must be included in the quote price, for delivery at the prescribed destination.

 Only firm prices will be accepted. Such prices must remain firm for the contract period, Non-firm prices (including rates of exchange variations) will not be considered.

 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery noint.
- 1.13 in cases where a principle of the supplier will be informed in due
 1.14 If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due

- to reach detivery point.

 1.14 If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.

 1.15 The supplier shall furnish any information, when requested.

 1.16 In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.

 1.17 The supplier shall indemnify the KZN Department of Health (alsa the purchaser) against all third-party claims of infingement of patent, trademark, or industrial design rights arising from use of the goods or any part hereof by the purchaser shall, without prejudice to its other remedies under the contract, deduct from 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. The purchaser may also consider termination of the contract.

 1.19 The purchaser may lead to the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

 1.20 The purchaser may proure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

- SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS
- 2.1
- 22

- 2.4 2.5 2.6 2.7

- QUOTATION.

 Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the mascutine gender shall include the feminine and the neuter. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. Quotation submitted must be complete in all respects.

 Any alteration made by the bidder must be initialled. Use of correcting fluid is prohibited. Quotation will be opened in public as soon as practicable after the closing time of quotation. Where practice, prices are made public at the time of opening quotations.

 If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

 Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.

 Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be doped in a separate seaded envelope, with the name and address of the bidder, the quotation number and closing didte indicated on the envelope. The envelope shall not contain documents retaining to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as beginn invalid.
- other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

 All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kepl unopened in sale outsofd with the dosing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number assertationed, the envelope sealed and the quotation number written on the envelope. A specific box is provided for the receipt of quotations, and no quotation bound in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

 No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

- 3,6 as being invalid.

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. [n order to give effect to the above, the following questionnaire must be	е со	mpleted and submitted with the quote.		
2.2.	Full Name of bidder/representative	2.5.	Tax Reference Number:		
2.3.	Position occupied in the Company (director, trustee, shareholder ²):2	.6.	VAT Registration Number:		
2.7.	The names of all directors / trustees / shareholders / members, thei employee / persal numbers must be indicated in paragraph 3 below.	ir ind	dividual identity numbers, tax reference	numbers and, if applicabl	
2.8.	Are you or any person connected with the bidder presently employe	ed by	y the state?	YES NO	_
2.8.	1. If so, furnish the following particulars:				_
	Name of person / director / trustee / shareholder/ member:	 hid	Ider is employed:		٠.
	Position occupied in the state institution:	; DIU	Any other particulars:	***************************************	•••
2.8.	If you are presently employed by the state, did you obtain the app	orop	riate authority to undertake remunerativ	e work outside employme	n
	in the public sector?			YES NO	-
2.8.	2.1. If yes, did you attach proof of such authority to the quote docum	ent	?		_
2.8	Failure to submit proof of such authority, where applicable, may result 2.2. If no, furnish reasons for non-submission of such proof:	in t	he disqualification of the quote.)		
2.9.	Did you or your spouse, or any of the company's directors / trustees		hareholders / members or their enques	a conduct hydings with th	
	state in the previous twelve months?	313	materioliders / members of their spouses	YES NO	16
2.9.	1. If so, furnish particulars:				-
2.10	. Do you, or any person connected with the bidder, have any relations	ship	(family, friend, other) with a person emp	ployed by the state and wh	10
2.40	may be involved with the evaluation and or adjudication of this quote	э?		YES NO	_
2.10	.1. If so, furnish particulars:	tions	ship (family friend other) between any	other hidder and any	_
2.,,	employed by the state who may be involved with the evaluation and	ora	strip (rathiny, mend, other) between any t adjudication of this quote?)r
2.11	.1. If so, furnish particulars:			YES NO	_
2,12	. Do you or any of the directors / trustees / shareholders / members of	the	company have any interest in any other	related companies whether	ei
2 42	or not they are bidding for this contract?			YES NO	
	.1. If so, furnish particulars:	••••			
3. NB:	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trustee to ensure that their details are up-to-date and verified on CSD. If the not be considered and passed over as non-compliant according to N	ie D	epartment cannot validate the informat	tion on CSD, the quote w	ty ill
4	DECLARATION				
I, T	HE UNDERSIGNED (NAME)		CERTIFY THAT	T THE INFORMATION	Ŋ
I AO PRO	CCEPT THAT THE STATE MAY REJECT THE QUOTE OR OVE TO BE FALSE.	AC	T AGAINST ME SHOULD THIS	DECLARATION	
	e of bidder Signature		Position	Date	
1"Stal	e" means —				
a) b)	any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management	ď)	provincial legislature; national Assembly or the national Council of prov Parliament.	rinces; or	

[&]quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.