SharePoint

Zondo Kholekani + 11



KZN Health Intranet

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KIM HEALTH

ME COMPORATE INFORMATION

COMPONENTS

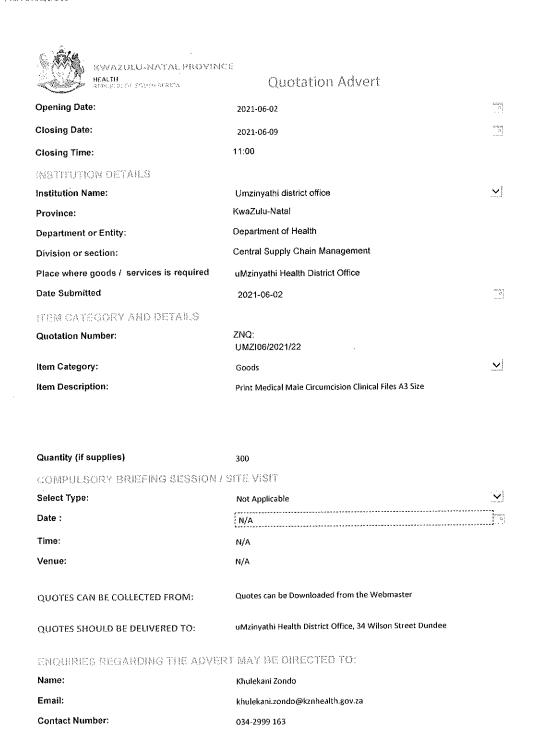
DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

NZN Health - Components - Supply Chain Management

AdverfQuote



Finance Manager Name:

Finance Manager Signature:

Me mur

ate gyotes will be considered

Print this page

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000,00
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UMZINYATHI HEALTH DISTRICT OFFICE
DATE ADVERTISED:
FACSIMILE NUMBER: 0342123139 E-MAIL ADDRESS: khulekani.zondo@kznhealth.gov.za
PHYSICAL ADDRESS: 34 WILSON STREET DUNDEE 3000
ZNQ NUMBER: UMZI06/2021/22
DESCRIPTION: PRINT MEDICAL MALE CIRCUMCISION CLINICAL FILES A3 SIZE
CONTRACT PERIOD ONCE-OFF VALIDITY PERIOD 60 Days SARS PIN
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 34 WILSON STREET
DUNDEE 3000
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.
ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED)
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)
NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODENUMBER FACSIMILE NUMBER CODENUMBER
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)
HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]
DEPARTMENT OF GEALTH
LEIMAZINIVATHI DISTRICT OFFICE

0 2 JUN 2021

PRIVATE BAG 2052 ב וונייהבר סחתום

		FOR QUOTATIONS			_R . UMZI06/202		
DESCRIPTION	ON: PRIN	T MEDICAL MALE CIF	RCUMCISION	ICLINIC	AL FILES A3 S	SIZE	
SIGNATURE By signing t	OF BIDDER	I hereby agree to all terms and condi	lions]	DATE			
CAPACITY (JNDER WHIC	CH THIS QUOTE IS SIGNED	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Item No	Quantity	Description		Brand & model	Country of manufacture	Price R	С
01.	300	PRINT MEDICAL MALE CIF	RCUMCISION	Moder	manaractere	T N	
		CLINICAL FILES A3	***************************************				
		- A3 SIZE	HOWAR				
		- PAPER THICKENESS	: 80G/M2				
		- COLOUR PRIN					
		- PRINTED BOTH S					
		- NB: SEE COPY OF SAMPL	F ATTACHED		· · · · · · · · · · · · · · · · · · ·		
		- NO. SELL SOCI STONE					
				·			
		- NB: TO BE DELIVERED AT UMZINYATHI H	EALTH DISTRICT OFFICE				
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							-
<u> </u>							
			A LA ACHINERMINA		Allique		
		15% (Only if VAT Vendor)					
TOTAL QU	JOTATION P	RICE (VALIDITY PERIOD 60 Days)					
					A.N.S. / S.A.B.S. Specifi	cation?	
Is The Price	Firm?		State Delivery Period I	±,G. E.G. 1day	, 1Week		

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: Khulekani. Zondo. Tel: 034, 2999162 E-Mail Address: khulekani.zondo@kznhealth.gov	Enquiries regarding technical information may be directed to: Contact Person:Tel:

health

Department: Health REPUBLIC OF SOUTH AFRICA

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	Surname
RVIGES (FITS)	
THE FORTH	
जिल्लामा दिल	t Name(s)

				-	•
Page 4		that HIV test results are kept	nsent that my information will be shared	oring and evaluation purposes.	
FF. INFORMED CONSENT FOR HIV TESTING SERVICES (FIRS).	Client First Name(s)	i, the above-mentioned, hereby declare that I was informed and freely offered HIV Testing Services. I understand that HIV lest results are kept	confidential and that only healthcare providers and the individual tested have access to the test results. I give consent that my information will be shared	with authorised healthcare providers in the best interest of my health and with the Department of Health for monitoring and evaluation purposes.	Be contacted telephonically on my mobile number supplied for follow-up.
	ਠ	•			•

	ok the relevant box below: It consent to be tested for HIV, to have my HIV status shared with me and my healthcare providers; and to be contacted for follow up It choose to decline HIV testing	ent ::: DD/MAM/YYYY	OUNGER THAN 12 YEARS).	ifan	nber of ardian		:
	me and my he	Date of consent	(ल(ल्यांन्य)	Surname of Parent/Guardian	identity Number of Parent/Guardian		Sumame
Be contacted telephonically on my mobile number supplied for follow-up.	below: esled for HIV, to have my HIV status shared with ine HIV testing		ISO BARBANDEGAL GUARDIAN GONSBINT FOR HIV TESTING (GUANT YOUNGBRINKIN IZ YEARS)		DDAMMYYYY	CENTINEORMED CONSENT FOR MEDICAL MANEGIRCUMCISION (MMC)	
 Be contacted telephonics 	Please check the relevant box below:	Signature of Client	STRAFTININEBAR GU	First Name(s) of Parent/Guardian	Date of consent DE	GALINFORMED GONSE	First Name(s)

- I, the above-mentioned, hereby declare that I was informed and voluntarily accepts to undergo medical male circumcision. I understand that VMMC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me.

 I was informed that I might be contacted telephonically on my mobile number supplied for follow-up. Please check the relevant box below:

☐ I consent for medical male circumcision ☐ I choose to decline medical male circumcision

Signature of Client	Date of consent DE	DD/MM/YYYY
G2. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)	MALE CIRCUMCISION (CLIENT 10-17 YEARS)
First Name(s) of Parent/Guardian	Surname of Parent/Guardian	
Date of consent DD/MM/YYYY	Parent/Guardian Identity Number	
GR. GOURSELOFFEROVIDING GUITATAMINATIS AND VAMOUNTORMATION	(CHANE OF MANIFORM	
First Name(s) of Counselor	Sumame of Counselor	
I am the counselor who has provided the abovementioned client and/or his parent/legal guardian with information related to HTS and VMMC. I have given the client and/or his parent/legal guardian an opportunity to ask me questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counseling and testing, and voluntary medical male circumcision procedure.	arent/legal guardian with informa d have ensured that they unders consent and have sufficient infor sision procedure.	ation related to HTS and VMMC. I have given the stand the information provided. To the best of my mation to make a decision about whether to

□ Yes

If you have been diagnosed with TB, have you completed your TB treatment?

A Yes to any of these questions may indicate possible active TB. If cilent screens positive for possible TB infection, refer them to TB clinic for further evaluation. Patient may continue to receive

DD/MM/YYYY

Date

Signature of Counselor

RALS— To be completed by quise counselor

Other, specify:

C General health facility

□ TB evaluation

STI treatment

☐ ART/wellness

Referred for:

MMC CLIENT INTAKE FORM

MMC CLIENT INTAKE FORM



Department: Health REPUBLIC OF SOUTH AFRICA

Client File Number:

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Www.Wikessanilke-inchendengiakadiaydapidat	1111/16-1	100000	1010	diapole	Tolet?					
Province						District				
						Sub-district				
Facility Name						Facility Type	Static	☐ Mobile		
							□ Outreach	Other, specify:		
Date of Visit		DD/MM/YYYY	W.Y.	_		Name of Data Clerk			Data Clerk signature:	re:
AS. Guiðvir i NFORHATIÍ ON – Visuas asmpletadagvadatarist	NEGET/KATI	<i>⊡</i> !=N⊝	in the	nibleki)	eraeleng	lente				
First Name(s)				Sumame				Age (Years)		
ID Number								Date of Birth	DD/MW/YYYY	>-
Mobile Telephone Number		-		Physical Address	Address			Employment Status	☐ Fulltime ☐ Contract ☐ ☐ Unemployed	□ Part-time
Relationship Status	☐ Married, 1 Spouse	d, 1 Spous	se ted		☐ Married, Polygamous ☐ Widowed, Other, spec	☐ Married, Polygamous ☐ Widowed, Other, specify,	Sing	Single, No Regular Partner	Single, Regular Partner	Partner
Can next of kin be contacted?		-		Names of	Names of next of kin			Telephone of next of kin		
AS LIPTURES	THE WINDS	ANVARION.	1	United sectings.	Marcal April	ASH HIVATI ESHINENIN SORWANION = Total xoompletering in mereleningseler				
	□ Yes	If yes, wt HIV test?	hen wa	If yes, when was the most recent HIV test?	recent	□ ≤1 month	□ ≤3 months	☐ ≤6 months	□ ≤1 year □ >	□ >1 year
Have you ever tested for HIV?		If yes, wh test resul	hat wa:	If yes, what was the most recent test result?	recent	□ Negative (NR)	(R) Desitive (R)		Never collected result	
	!	If HIV po	sitive	If HIV positive, have you attended	tended	☐ Yes, name of facility:	clifty:		ő	□ Yes
		an HIV c	are fac it in the	an HIV care facility for care and treatment in the past 3 months?	e and nths?	☐ No, referred to facility: Name of staff referring to ART	acility: ring to ART:		ART?	% □
AKARIN'TERNINERSEN	IIVERSEN	(GENATE)		Teel strategy	- रिक्शांड हरनामा विद्यालया	(कार्ग)ह्नियोक्कामहायाम्				
Declined testing?	S ← S	Consented?	ćģ.	S & S	Result 1: Result 2:	☐ Negative (NR)		☐ Discordant ☐ Discordant ☐	ELISA test Results given?	S C Yes
Final Result	☐ Negative (Neg)	(Neg)	Risk	Risk Reduction	□ Cond	□ Condom usage □ Pa	rtner reduction	\Box Partner reduction \Box Follow-up counseling (negative and high-risk factors)	(negative and high-	isk factors)
INVESTIGATION	EVATED S			HOMOT		$x_0 = x_0 + x_0 $	in it in in it in	रहारा <i>वक्षाम</i> हाताले.		
Have you ever been tested for STIs?	been tested	% ∪ ∪ Ne R	8 .	Have you	had genital	Have you had genital sores or ulcers?	Say 🗆 No	Do you have burning when passing urine?	hen passing urine?	Yes
Do you always use condoms when having sex?	use condom	s \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8 0	Have you	had dischar	Have you had discharge from your penis?	Pes ONO	How many sexual partners have you had in the last 6 months?	ers have you had in	<u> </u>
१४५ तथान्त्र	Misigófilo	3) 13(4)		دَاد آزامارات	e permeter	A6 TÜBERGÜLGSIS (NB) BGREENING – Tobergamplered bynnus elebunsela	डाडा <u>)</u>			
Have you had a cough for 22 weeks OR any duration if HIV positive?	cough for iny duration	ov □ Yes	× 0	Have you than 2 wer	had a persk eks?	Have you had a persistent fever for more than 2 weeks?	N N	Have you had unexplained weight loss >1,5kg per month?	ned weight loss	O Yes
Do you have night sweats?	ght sweats?	Yes S	S .	Have you with TB?	ever had co	Have you ever had contact with a person with TB?	□ Yes	Have you ever been previously diagnosed with TB?	eviously diagnosed	□ Yes

MMC CLIENT INTAKE FORM

Client File Number:

Diathermy Used? 🗀 Yes Date (VMMK)
Anest (give accord weigh) Page 2 Community Event C3. TETANUS VACCINATION- To be completed by nurse/courselor □ Yes □ № □ Yes □ No □ Yes □ No 2 DDMMM/YYYY DD/MM/YYYY S 2 2 2 □ Yes □ No □ Yes □ No □ Yes □ № □ Yes □ No □ Yes C Appearance 2 Sa, □ Genital Ulcers/Warts Telanus (TTCV) given? Social Media (e.g. Facebook) Other, specify: Date of 2nd dose □ Community Mobilizer Social/Religious Date of (al dose □ Yes Other, specify: S 2 S & If yes, are you currently receiving treatment? Concerns about erection/sexual function Discharge or thick liquid under foreskin Provide details (e.g. lodine -> rash): Swellingfredness of foreskin/penis Hypospadias □ Yes Urethral discharge Difficulty retracting foreskin Signature: ☐ Health Worker Allergies to Medications? ☐ Medical Other, specify **Nате:** ☐ I was ready today ☐ I just decided to come □ TV/Radio Pain on erection Haemoglobin Temperature Other, specify BG. GURRENT MEDICATIONS AND ALLERGIES - To be completed by nurse ☐ Hygiene % □ Kes □ Yes 8 □ ☐ Other Client □ Phone/SMS B1. REFERRAL MECHANISMS—To be completed by nurse/courselor If no, specify: ☐ Billboard ☐ Yes ☐ № □ Yes □ No Have you ever had a dental or surgical operation?

□ Yes □ No ☐ Yes ☐ No □ Yes □ No □ Yes □ № □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No S ≥ □ ☐ Yes ☐ No Epispadias Adhesions 02. WELLNESS ASSESSMENT – To be completed by durs STI Protection on apprecial examination - To be completed by hirse BR. PAST MEDIGAL HISTORY - To be completed by nurse Wasting **%**□ ☐ Friends/Family ☐ Partner/Spouse et, Vijjir EsteiBitjiv – Ta se camplered ay niist □ Branded Taxis Pulse □ Yes \$ **₹** G, PHYSIGAL EXAMINATION AND TRIAGE 20 disorders in yourself or family ☐ Poster/Newspaper/Leaflet □Yes Nose bleeds that last long time? S √es Health REPUBLIC OF SOUTH AFRICA □ Partial HIV Protection Swelling of the scrotum Genital scre/ulcer/warts Difficulty passing unne Haemophilia/bleeding □ Sexual Pleasure Frequent unination Urethral discharge Pain on unnation ☐ Church Event B. SOCIO-MEDICAL HISTORY Torsion Blood bessure Is client eligible for VMMC? THE PREMISIONS SUITS If yes, specify nature, date Taking Any Medications? S % S ₹ □ □ 5 and any complications: Yes Do you have any of the following conditions? Do you have any of the following complaints? How did you learn of VMMC? What are your primary reasons for VMMC? Phymosis Balanitis Weight Specify. Pallor



Department: Health REPUBLIC OF SOUTH AFRICA

Client File Number:

Page 3

D, VMMC PF	C PROCEDURE								Page 3	
DI VIVING OF	OPERATION - To be	ya beselamos	surgeon/clinical associate d	alassonale d	esmu					
Date of VMMC	DD/MM/WYYY	Start, Time	HHMM	End Time	HHIMM	Consent for MMC Verified?		□ Yes	% □	
Anesthelic	☐ Macaine 0.5%	Ē	mi Skin Prep	☐ Povidone lodine	dine	MMC	Name:			
give	☐ Lignocaine 1%	E		□ Other, specify:	ify:	Provider	Designation:			
according to welght of	☐ Lignocaine 2%	E	Anesthesia	□ DPNB			Signature:			
client)	☐ EMLA cream	E		☐ DPNB + Ring Block	ng Block	1st Assistant	Name:			
Method	☐ Forceps Guided		Suture	☐ Plain Gut			Designation:			
	☐ Dorsal Slit (all clients <15	ents < 15		☐ Vicryl Rapyide	ide		Signature:			
	1									

Designation: Signature:

Diathermy Setting | 18-25 | 26-30

☐ Device/ Surgical aid, specify (type/size):

Sleeve Resection

20

Name:

☐ Chromic

RED VARIETIES VEREINA	ERVATION (IMMISDIANSE)	YAFITER PRODE	DZ, POST-SURGERY OBSERVATION (MINEDIATELY AFTER PROCEDURE) - To be completed by surgeonialineal associate & m	urgeon/c/Inical associate & nurse
/ /	Temp.	∘C Pulse	Kes	Respiration rate
BR POST SURGERY GESERVATION (45 MI	REVIAMION (#5) MINUMES	APITAR PROFESSIO	IRE). To be completed by sur	NUMES AFTER PROCEDURE - To be completed by surgeoniclinical associate & nurse
BP /	Temp.	∘C Pulse	Res	Respiration rate
Complications/Intra-Operative	Complications/Intra-Operative AEs? Tyes INo If "Yes" Mark all AE codes that apply below:	s" Mark all AE codes	that apply below:	
☐ Anesthetic Reaction (AR)	☐ Anesthetic Reaction (AR) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)		🗀 insufficient Skin Removal (IS)	☐ Insufficient Skin Removal (IS) ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
☐ Bleeding (BL)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)	☐ Severe (3)	☐ Occupational Exposure (OT)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
☐ Damage to Penis (DP)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)	☐ Severe (3)	☐ Pain (PA)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
☐ Excess Skin Removal (ES)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)		☐ Other, Specify:	
CLINICAL NOTES				

Service of Se	Fr (1992) Post Special distribution (St.)	Er ig bevor boardholanarhiolairst Weif	1 E2, 7 Days Posk-Operative/Second Visit	gerafive/Seco	nelVisit
Sinal of 19	Carle de la company		47777	VVVVVV	DOWNSTOWN Devices By
Date of Visit	Date of Visit DD/MM/YYYY	Reviewed By	Date of VISIC	CHWINETTE	
AE Present?	☐ Yes ☐ No	Notes	AE Present?	□ Yes □ №	Notes
AE Code	Severity Code	Diagnosis Date at this Severity	AE Code S	Severity Code	Diagnosis Date at this Severity
		DD/MIM/YYYY			DD/MM//YYY
		DD/MIMPYYY			DD/MM/YYYY
Signature:			Signature:		
Post-Operative	AEs? Yes □ No	Post-Operative AES? Yes □ No □ If "Yes Mark all AE codes that apply below."	apply below:		
☐ Bleeding (BL)	(☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)) 🗀 Insufficient Skin Removal (IS)		☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
☐ Damage to Penis (DP)		☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)	I) 🗆 Pain (PA)		☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
☐ Excess Skin Removal (ES)	ES)	☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)) 📋 Wound Disruption (WD)		☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)
(INI)		☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)	() Cher, Specify:		

s nurse	Specify:		102800000000000000000000000000000000000
e de la la	□ Yes	2	
urgeon olinisal as-	Follow-Up at	Another Site	
ekecility s	□Yes	2 0	
P. To be comp	Attempted	to Call?	
HE GITTON WITH	□ Yes	2	
ON TRAINING	lost-to-	Follow-Up?	

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

-	the bidder is emplo the legal person or evaluation and or a	on in relation to the evaluating/adjudic oyed by the state; and/or n whose behalf the bidding documer adjudication of the quote(s), or where he declarant acts and persons who are	nt is signed, it is known	has a relationship that such a relatio	nship exists between t	ne person or persons for or
2.	In order to give effect	to the above, the following questionn	aire must be	completed and su	bmitted with the quote	
2.1. 2.2. 2.3.	Identity Number: Position occupied in	representativethe Company (director, trustee, share	2.5. holder²):2.6.	Tax Reference	tration Number: Number: n Number:	****************
2.8.	employee / persal nu	ectors / trustees / shareholders / menumbers must be indicated in paragrapon connected with the bidder presently	h 3 below.	·		numbers and, if applicable, [TICK APPLICABLE] YES NO
	Name of person / dire Name of state instituti Position occupied in t	ctor / trustee / shareholder/ member: ion at which you or the person connect he state institution:y y employed by the state, did you obta	cted to the bi	dder is employed: Any other pai	ticulars:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.8.2 Note: I	in the public sector 2.1. If yes, did you at Failure to submit proof	? tach proof of such authority to the quo of such authority, where applicable, i	ote documen may result in	t? the disqualification	of the quote.)	YES NO
2.9.1	Did you or your spou state in the previous I. If so, furnish partic	ulars:	s / trustees /	shareholders / me	mbers or their spouse	s conduct business with the YES NO
2.10	may be involved with 1. If so, furnish partic	on connected with the bidder, have an the evaluation and or adjudication of utars:on on connected with the bidder, aware o	f this quote?		1816111111	YES NO
2.11	employed by the stat	te who may be involved with the evalu	ation and or	adjudication of thi	s quote?	YES NO
	or not they are biddir	directors / trustees / shareholders / m ng for this contract? ulars:				related companies whether YES NO
3. NB:	The Department Of he to ensure that their of	ors / trustees / members / sharehol Health will validate details of director details are up-to-date and verified on nd passed over as non-compliant acc	rs / trustees CSD, If the	Department canno	t validate the i nforma	tion on CSD, the quote will
4	DECLARATION					
	HE UNDERSIGNEI RNISHED IN PARA	D (NAME) AGRAPHS 2.			CERTIFY THA	T THE INFORMATION
	CCEPT THAT THE OVE TO BE FALSE	STATE MAY REJECT THE QU 	OTE OR A	CT AGAINST I	ME SHOULD THIS	DECLARATION
	ne of bidder	Signature		osition	Date)
"Stat a) b)				provincial legislature national Assembly o Parliament.	; r the national Council of pro	vinces; or

2" 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.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties. 1.1.

CHANGE OF ADDRESS

Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et 2.1. executandi) details change from the time of bidding to the expiry of the contract.

GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- The institution is under no obligation to accept the lowest or any quote. 3.1.
- The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all 3.2. quotations excluding VAT as some bidders may not be VAT vendors.
- The bidder must ensure the correctness & validity of quote: 3.3.
 - that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & (i) calculations will be at the bidder's risk
- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this 3.4. agreement, as the Principal (s) liable for the due fulfilment of this contract.
- This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required 3.5. documentation must be completed in full and submitted.
- Offers must comply strictly with the specification. 3.6.
- Only offers that meet or are greater than the specification will be considered. 3.7.
- Late quotes will not be considered. 3.8.
- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3.9.
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered. 3.10.
- 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 3.12. variations) will not be considered.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point. 3.13.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. words importing the masculine 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 4.2. 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. 4.3.
- Quotation submitted must be complete in all respects. 4.4.
- Any alteration made by the bidder must be initialled. 4.5.
- Use of correcting fluid is prohibited 4.6.
- Quotation will be opened in public as soon as practicable after the closing time of quotation. 4.7.
- Where practical, prices are made public at the time of opening quotations. 4.8.
- 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 4.9. question. Clear indication thereof must be stated on the schedules attached.

SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS 5.

- Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the 5.1. directives in the quotation documents.
- Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 5.2. sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation 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 kept unopened in safe custody 5.3. until the closing 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 ascertained, the envelope sealed and the quotation number written on the envelope.
- A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 5.4. date and time of quotation will be considered.

- 5.5. 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.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.

6.2. Samples must be made available when requested in writing or if stipulated on the document.

(i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.			
(i) (ii)	The institution has determined that a compulsory site meeting N			
Instit	ution Stamp:	Institution Site Inspection / briefing session Official		
		Full Name:		
		Signature:		
		Date:		

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. 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.
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities

delivered at a later stage at the service provider's expense.

13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,

(ii) if the supplier fails to perform any other obligation(s) under the contract; or

- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, 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.

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
 - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
 - (a) Price; and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes:

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P \min}{P \min} \right)$$
 Where

Ps

= Points scored for price of bid under consideration

Pt

Price of bid under consideration

Pmin

Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5	RID	DECL	ARAT	ION

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1
- 6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7.	SUB-CONTRACTING	(Tick applicable box)
7.1	Will any portion of the contract be sub-contracted?	YES NO
7.1.1	If yes, indicate:	
	i) What percentage of the contract will be subcontracted	
	iii) The B-BBEE status level of the sub-contractor	
Я	Whether the sub-contractor is an EME or OSE	(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of

Preferential Procurement Regulations, 2017:

Designated Group: An EME or QSE which is at last 51% owned by:

Black people
Black people who are youth
Black people who are women
Black people with disabilities
Black people living in rural or underdeveloped areas or townships
Cooperative owned by black people
Black people who are military veterans

OR

Any EME
Any QSE

NO

9.	DECLAR	DECLARATION WITH REGARD TO COMPANY/FIRM			
9.1	Name	of company/firm:			
9,2	VAT re	egistration number:			
9.3	Company registration number:				
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BOX			
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited			
9.5		RIBE PRINCIPAL BUSINESS ACTIVITIES			
	** ** * * * * * * * * * * * * * * * *				
9.6	COMP	ANY CLASSIFICATION (TICK APPLICABLE BO Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	XJ		
9.7	Total n	number of years the company/firm has been in bu	siness:		
9.8	the B-l	ne undersigned, who is / are duly authorised to d BBE status level of contributor indicated in parag eference(s) shown and I / we acknowledge that:	o so on behalf of the company/firm, certify that the points claimed, based on raphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for		
	i) The information furnished is true and correct;				
	ii) Ti	he preference points claimed are in accordance v	with the General Conditions as indicated in paragraph 1 of this form;		
			ult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may tisfaction of the purchaser that the claims are correct;		
		the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in addit	claimed or obtained on a fraudulent basis or any of the conditions of contract lion to any other remedy it may have –		
	(a)	disqualify the person from the bidding process;			
	(b)	recover costs, losses or damages it has incurre	ed or suffered as a result of that person's conduct;		
	 (c) cancel the contract and claim any damages which it has suffered as a result of having to arrangements due to such cancellation; 		hich it has suffered as a result of having to make less favourable		
	(d)	who acted on a fraudulent basis, be restricted	hareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the audi alteram partem (hear the other side) rule has been		
	(e)	forward the matter for criminal prosecution.			
	WITN	ESSES			
			SIGNATURE(S) OF BIDDERS(S)		
	1		DATE:		
	2		ADDRESS		