

SharePoint

Madela Thabisile - ?



KZN HEALTH

KZN Health Intranet

Search this site


[HOME](#) [CORPORATE INFORMATION](#) [COMPONENTS](#) [DIRECTORY](#) [DISTRICT OFFICES](#) [HEALTH FACILITIES](#)
[KZN Health > Components > Supply Chain Management](#)
[AdvertQuote](#)


Quotation Advert

Opening Date: 2021-09-09

Closing Date: 2021-09-16

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Zululand district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Zululand Health District Office

Date Submitted: 2021-09-07

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
ZUL-46/21/22

Item Category: Goods

Item Description: DRUG SENSITIVE TB CASE IDENTIFICATION REGISTER X 800
DRUG RESISTANT TB PATIENT REGISTRATION REGISTER X 100
DRUG RESISTANT PATIENT RECORD (YELLOW CARD) X 1 400
DRUG SENSITIVE PATIENT CARRIED CARD (GREEN CARD) X 21 000
DRUG SENSITIVE PATIENT RECORD (BLUE CARD) X 21 000
DRUG SENSITIVE TRANSFER BOOK X 400

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DEPARTMENTAL WEBSITE /ZULULAND HEALTH DISTRICT OFFICE SCM

QUOTES SHOULD BE DELIVERED TO: ZULULAND DISTRICT OFFICE TENDER/thabisile.madela@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: S.T.MHLUNGU

Email: thabisile.madela@kznhealth.gov.za

Contact Number: 0358740681

Finance Manager Name: SIBIYA B.L

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: **ZULULAND HEALTH DISTRICT OFFICE**

DATE ADVERTISED: 09/09/2021 CLOSING DATE: 16/09/2021 CLOSING TIME: 11:00

FACSIMILE NUMBER: 086 533 9906 E-MAIL ADDRESS: thabisile.madela@kznhealth.gov.za

PHYSICAL ADDRESS: KING DINUZULU HIGHWAY ,LA ADMIN BLOCK GROUND FLOOR ZONE 6 ULUNDI

ZNQ NUMBER: 46/21/22

DESCRIPTION: PRINTING OF DRUG RESISTANT TB REGISTERS, GREEN CARD, TB REGISTRATION REGISTER, YELLOW CARD AND BLUE CARD

CONTRACT PERIOD: _____ (if applicable) VALIDITY PERIOD 60 Days SARS PIN: _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

KING DINUZULU HIGHWAY, LA ADMIN BLOCK GROUND FLOOR ZONE 6 ULUNDI

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 CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER

E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES		NO	
-----	--	----	--

[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]

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: 46/21/22

DESCRIPTION: PRINTING OF DRUG RESISTANT TB REGISTERS, GREEN CARD, TB REGISTRATION REGISTER, YELLOW CARD AND BLUE CARD

SIGNATURE OF BIDDER DATE.....
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

[illegible]

Does This Offer Comply With The Specification?		Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?		State Delivery Period E.G. <i>E.G. 1day, 1week</i>	

Enquiries regarding the quote may be directed to:

Contact Person: **S.T.MHLUNGU** Tel: **0358740681**
E-Mail Address: **thabisile.madela@kznhealth.gov.za**

Enquiries regarding technical information may be directed to:

Contact Person: **S.B.NZUNGANA** Tel: **0358740727**

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

TICK APPLICABLE]

YES		NO	
-----	--	----	--

Position occupied in the state institution: Any other particulars:

YES		NO	
-----	--	----	--

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES	NO
-----	----

YES		NO	
-----	--	----	--

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote?

YES	NO
-----	----

YES		NO	
-----	--	----	--

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote?

YES	NO
-----	----

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 or not they are bidding for this contract?

YES	NO
-----	----

YES		NO	
-----	--	----	--

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION
FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE

Name of bidder Signature Position Date

- c) provincial legislature;
- d) national Assembly or the national Council of provinces; or
- e) Parliament.

²⁷"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

- 1.1. 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.

2. CHANGE OF ADDRESS

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

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
 - (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. 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.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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.

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

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. 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.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. 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.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. 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.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 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.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 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.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- ## 6. SAMPLES

- ## 7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- (ii) Date ____ / ____ / ____ Time ____ : ____ Place _____

8. STATEMENT OF SUPPLIES AND SERVICES

- ## 9. SUBMISSION AND COMPLETION OF SBD 6.1

- ## 10. TAX COMPLIANCE REQUIREMENTS

- ## 11. TAX INVOICE

- (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

5

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

- 1.5 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;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) 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:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 $P_{\min}$ = 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. BID DECLARATION

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.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

YES		NO	
-----	--	----	--

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

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration 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 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....

.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- ☐ Manufacturer
- ☐ Supplier
- ☐ Professional service provider
- ☐ Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred 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 make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES

1.

2.

.....
SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS.....
.....
.....

END-USER SPECIFICATION FORM

Quote Number:

Item Description: Drug sensitive TB case identification register

Department/Section: TB Programmes

Purpose of Item: TB testing and diagnosis

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: ☐

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: ☐ 100%

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

if Yes, specify: ☐

1.5. Liability Cover insurance? Yes / No

if Yes, specify: ☐

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Printing of Drug Sensitive TB Case Identification Register x 800 copies	
2. Hard Copy is available for viewing	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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

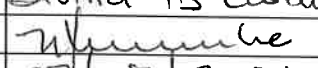
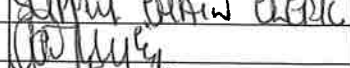
3.2. Specify that samples must be made available when requested in writing. Yes ☐ or No ☐

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
2. Preference points

Name of End-user (in full)	Nomkhulu I. Mncube	Name of SCM Rep (in full)	Ron Mkhize
Designation / Rank (in full)	District TB Coordinator	Designation/ Rank (in full)	Supply Chain Clerk
Signature		Signature	
Date	07/07/2021	Date	07/07/2021

END-USER SPECIFICATION FORM

Quote Number:

Item Description: Drug Sensitive Transfer Book

Department/Section: TB Programme

Purpose of Item: Record transfer information

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: ☐

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: ☐ 100%

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

if Yes, specify: ☐

1.5. Liability Cover insurance? Yes / No

if Yes, specify: ☐

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Printing of Drug Sensitive Transfer Book x 450 copies	
2. Hard Copy is available for viewing	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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

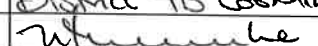
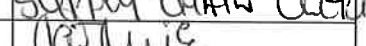
3.2. Specify that samples must be made available when requested in writing. Yes ☐ or No ☐

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
2. Preference points

Name of End-user (in full)	Nonhlanhla I Mhahle	Name of SCM Rep (in full)	K.W. Mkhize
Designation / Rank (in full)	District TB Coordinator	Designation/ Rank (in full)	Supply Chain Clerk
Signature		Signature	
Date	07/07/2021	Date	07/07/2021



Quote Number:

Item Description: Drug Resistant patient record (blue card)

Department/Section: TB Programmes

Purpose of Item: Record patient clinical information

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: ☐

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: ☐ 100%

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

if Yes, specify: ☐

1.5. Liability Cover insurance? Yes / No

if Yes, specify: ☐

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Printing of Drug sensitive patient record (blue card) x 21 000 copies	
2. Hard Copy is available for viewing	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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
2. Preference points

Name of End-user (in full)	Nobhlanhla I. Mncube	Name of SCM Rep (in full)	K. N. Mkhizwe
Designation / Rank (in full)	District TB Coordinator	Designation / Rank (in full)	Supply Chain Manager
Signature		Signature	
Date	07/07/2021	Date	07/07/2021

END-USER SPECIFICATION FORM

Quote Number:

Item Description: Drug sensitive patient carrier card (Green Card)

Department/Section: TB Programme

Purpose of Item: Record doses taken at home

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: _

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: 100%

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

if Yes, specify: _

1.5. Liability Cover insurance? Yes / No

if Yes, specify: _

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Printing of Drug Sensitive Patient Carrier Card (Green Card) x 21 000 copies	
2. Hard Copy is available for viewing	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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

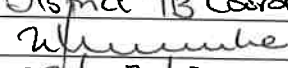
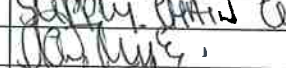
3.2. Specify that samples must be made available when requested in writing. Yes ☐ or No ☐

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
2. Preference points

Name of End-user (in full)	Nonhlankhulu I. Mncube	Name of SCM Rep (in full)	R.N. Mkhize
Designation / Rank (in full)	District TB Coordinator	Designation / Rank (in full)	Supply Chain Clerk
Signature		Signature	
Date	07/07/2021	Date	07/07/2021

END-USER SPECIFICATION FORM

Quote Number:

Item Description: Drug Resistant patient record (yellow card)

Department/Section: TB Programmes

Purpose of Item: Record clinical information

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: ☐

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: ☐ 100%

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

if Yes, specify: ☐

1.5. Liability Cover insurance? Yes / No

if Yes, specify: ☐

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Printing of Drug Resistant patient record (yellow card) x 1400 copies	
2.	Hard Copy is available for viewing	
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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

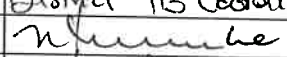
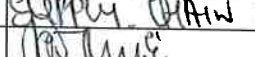
3.2. Specify that samples must be made available when requested in writing. Yes ☐ or No ☐

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
2.	Preference points

Name of End-user (in full)	Nonhlanhla I. Mncube	Name of SCM Rep (in full)	K.N. Mkhize
Designation / Rank (in full)	District TB Coordinator	Designation / Rank (in full)	Supply Chain Clerk
Signature		Signature	
Date	07/07/2021	Date	07/07/2021



END-USER SPECIFICATION FORM

Quote Number:

Item Description: Drug Resistant TB patient registration register

Department/Section: TB Programmes

Purpose of Item: Drug register MDR TB patients

1. Pre-qualification criteria if any:

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

Regulatory Body / certification required if Yes: ☐

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

if Yes, specify: Date Place

1.3. Is local production and content part of the quote? Yes

if Yes, specify: ☐ 100%

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

if Yes, specify: ☐

1.5. Liability Cover insurance? Yes / No

if Yes, specify: ☐

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Printing of Drug Resistant TB patient registration register x 100 copies	
2. Hard Copy is available for viewing	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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
2. Preference points

Name of End-user (in full)	Nonhlanhla I. Nkomo	Name of SCM Rep (in full)	K. N. Mkhize
Designation / Rank (in full)	District TB Coordinator	Designation / Rank (in full)	Supply Chain Officer
Signature	<i>Nkomo</i>	Signature	<i>Mkhize</i>
Date	07/07/2021	Date	07/07/2021