

**KZN Health Intranet** KZN HEALTH

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CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES HOME

KZN Health > Components > Supply Chain Management

AdvertQuote

REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2022-02-07	iiia iii
Closing Date:	2022-02-14	1
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Dr Pixley ka Isaka Seme Memorial Hospital	~
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL	· · · · · · · · ·
Date Submitted	2022-02-04	1
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: DPM 227/21-22	
Item Category:	Goods	~
Item Description:	BSTAINLESS STEET MATZENBAUM STRAIGHT SCISSORS 14CM	
Quantity (if supplies)	40 UNITS	
COMPULSORY BRIEFING SESSION	/ SITE VISIT	
Select Type:	Not Applicable	
Date :		1
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	KZN HEALTH WEBSITE	
QUOTES SHOULD BE DELIVERED TO:	310 JABU NDLOVU STREET OLD BOY MODEL PMB SCM TENDER BOX C EMAIL TO : quotations.scmho@kznhealth.gov.za	OR .
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	ZAMA DLADLA	
Email:	zamampembe.dladla@kznhealth.gov.za	
Contact Number:	087 131 1807	
Finance Manager Name:	BM NTOMBELY	
	A Man Sul	

## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl vat

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- 1.6.
- The bidder must ensure the correctness & validity of the quotation:

  (i) I hat the price(s), rate(s) & preference quoted cover all for the workfitem (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk

  (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof. The bidder must accept full responsibility for the proper execution & fuffment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fullment of this contract. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and
- 1.8. Offers must comply strictly with the specification.
  1.9. Only offers that meet or are greater than line specification will be considered.
  1.10. Late offers will not be considered.
- 1.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six
- 1.12. Used/ second-hand products will not be accepted.

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

  1.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.

  1.15. 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.

  1.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.

  1.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- nassidezed 1.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this
- 1.19. In such instances, the Department reserves the right to immediately disqualify such hiddens as cover-quoting is an offence that represents both corruption and acquisition freud.
- SPECIAL INSTRUCTIONS AND NOTICES TO BIODERS REGARDING THE COMPLETION OF THIS

- Information.

  2.5 Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.

  3.6 Use of correction fluid is prohibited and may render the response invalid.

  3.7 Quotations will be opened in public as soon as practicable after the closing time of quotation.

  3.8 Where practical, prices are made public at the time of opening quotations.

  3.9 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.

  3.10 The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer tiffil their obligation.
- fulfil their obligation

- SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
  Quotations shall be lodged at the address indicated no 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 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 compiled with, such quotations this may be rejected as being invalid.

  All quotations provised in sealed envelopes with the relevant ountain numbers on the envelopes are
- 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 until the advants 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, like 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 date and time of quotation will be considered.

  No quotation bid sent through the past will be considered if it is received after the dosing 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.

- rejected as being invalid.

## **DECLARATION OF INTEREST**

1. - -	blood relationship, may ma limited quote or proposal). employed by the state, or declare his/her position in re- the bidder is employed b the legal person on who evaluation and or adjudi- whose behalf the declara	ose behalf the bidding docume cation of the quote(s), or where ant acts and persons who are in	of this invitation to of favouritism, so related to them, sating authority went is signed, have it is known that avolved with the of the other than the favolved with the of the other than the other tha	o quote (includes should the resulti it is required that there- s a relationship to such a relationship evaluation and or	s a price quotation ing quote, or part that the bidder or his with persons/a per ip exists between adjudication of the	, advertised of hereof, be aw s/her authoris son who are/ the person or e quote.	competitive quarded to per ed represent	uote, sons tative n the
2.	-	above, the following questionn						
2	<ol> <li>Identity Number:</li> <li>Position occupied in shareholder<sup>2</sup>):</li> </ol>	esentative n the Company (director	2.4. , trustee,2.5. 2.6.	Company Regis Tax Reference N VAT Registration	tration Number: lumber: n Number:			
2	<ol> <li>The names of all director employee / persal numb APPLICABLE]</li> </ol>	ors / trustees / shareholders / m ers must be indicated in paragr	embers, their incaph 3 below.	dividual identity n	umbers, tax refere	nce numbers [Tl	and, if applic CK	cable,
	2.8. Are you or any person o	onnected with the bidder presen				[		10
	Name of state		you or		n connected	to the		is
	Position occupied	d in the s	state insti	itution:	***************************************		.Any	other
	2.8.2. If you are presently er in the public sector?	mployed by the state, did you ol			undertake remunei	rative work ou 	itside employ	/ment
/N/	2.8.2.1. If yes, did you attach	n proof of such authority to the o such authority, where applicable	e, mav result in t	he disaualificatio	n of the quote.)	•		
	<ol> <li>Did you or your spouse, state in the previous twee</li> </ol>	is for non-submission of such p , or any of the company's direct elve months?	tors / trustees / s	shareholders / me	mbers or their spo	uses conduct	business w	th the
	<ol><li>2.10. Do you, or any person who may be involved wi</li></ol>	rs: connected with the bidder, hav ith the evaluation and or adjudio	ve any relationsh cation of this quo	nip (family, friend te?	, other) with a pen	son employed	d by the stat	e and
	2.11. Are you, or any person person employed by the	rs: n connected with the bidder, a e state who may be involved wit	ware of any rela th the evaluation	ationship (family, and or adjudicati	friend, other) betv on of this quote?	veen any oth	er bidder an YES     }	d any
	2.12. Do you or any of the o	rs: directors / trustees / sharehold bidding for this contract? rs:	ers / members o	of the company	have any interest i	in any other	related comp	oanies NO
	3. Full details of directors NB: The Department Of H	s / trustees / members / share lealth will validate details of that their details are up-to-date insidered and passed over as no	holders. directors / tru e and verified on	stees / membe	rs / shareholders partment cannot va	lidate the inf	ormation on	opliers' CSD,
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	I ACCEPT THAT THE ST PROVE TO BE FALSE.	TATE MAY REJECT THE	QUOTE OR A	CT AGAINST	ME SHOULD T	HIS DECLA	ARATION	
	Name of bidder	Signature		Position		Date		*******
	1 HOL-Lall access							

- "State" means—
   any national or provincial department, national or provincial public entity or constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
   any municipality or municipal entity;
- provincial legislature; national Assembly or the national Council of provinces; or c) d) e)

- 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.

## health Department: Health

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End-User Specification Form

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Pre-qualification	criteria if any:	<i>a</i> }	TANKS INC. OIDD -1-12 Was INC.
Regulatory Body /	certification required if Yes:	<u> </u>	, SANAS, ISO, CIDB, etc.)? Yeş / No:
1.2. Is a compul if Yes, specify: Da	sory site inspection / briefing sessicate	on required? Yes / N&	
if Yes, specify:	duction and content part of the quo		
1.4. Provisions if Yes, specify:	of section 4(1)(a) of the PPPFA Reg	ulations,2017 if applicable? Y	es / Nő
1.5. Liability Co	ver insurance? Yes / ho		
What is the spe	cification of the required item?	. 10	Comment
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r 3.2. Specify that	r submission if Yes: Date  t samples must be made available who  noted by the suppliers:	en requested in writing. Yes	or No or No hin the period(s) specified in the contract,
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