

KZN Health Intranet

Search this site

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·公司:"我们的"我们,我们就是有关的"。 "我们的有数是我们,我们的"我们",我们我们是自己的的"我们", 我的现在分别,我们就是一个人,我们就是一个人,我们

KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

	2022-11-28	
,	2022-12-05	0.000
	11:00	

INSTITUTION DETAILS

Closing Time:

Institution Name: Umzinyathi district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required uMzinyathi Health District Office

ZNQ:

Date Submitted 2022-11-28

ITEM CATEGORY AND DETAILS

Quotation Number:

Name:

UMZ 312/2022/23

Item Category:

Goods

Item Description:

TR Identification Register TR Blue Folders & MDR TR Rooklets

em Description:

TB Identification Register, TB Blue Folders & MDR TB Booklets
(DR Patient Record Yellow)

Quantity (if supplies) 7 000

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

N/A

Time:

N/A

Venue: N/A
Venue: N/A

Khulekani Zondo

QUOTES CAN BE COLLECTED FROM: Quotes can be Downloaded from the Webmaster

QUOTES SHOULD BE DELIVERED TO: uMzinyathi Health District Office

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Email: khulekani.zondo@kznhealth.gov.za

Contact Number: 034-2999 162

11/28/22, 8:34 AM

Supply Chain Management - AdvertQuote

Finance Manager Name:

Finance Manager Signature:

(Mulliple farming

to late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UMZINYATHI HEALTH DISTRICT OFFICE CLOSING DATE: 05/12/2022 DATE ADVERTISED: 28/11/2022 CLOSING TIME: 11:00 E-MAIL ADDRESS: khulekani.zondo@kznhealth.gov.za FACSIMILE NUMBER: 034-212 3139 PHYSICAL ADDRESS: 34 WILSON STREET, DUNDEE 3000 QUOTE NUMBER: ▼ / 312 /2022 - 23 ZNQ / UMZ DESCRIPTION: TB IDENTIFICATION REGISTER, TB BLUE FOLDERS, MDR TB BOOKLETS (DR PATIENT RECORD YELLOW) CONTRACT PERIOD ONCE-OFF VALIDITY PERIOD 60 Days SARS PIN (if applicable) М Α Α 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. QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RETYPED) 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 MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER **POSTAL ADDRESS** STREET ADDRESS

FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL	PRICE PAGE	FOR QUOTATIONS OVER R30 000	QUOTE NUMBER	: ZNQ/UMZ▼/312	/ 2022 _ 2	23
DESCRIPT	TON:	NTIFICATION REGISTER, TB BLUE FOLDERS, MDF	R TB BOOKLETS	DR PATIENT RECOR	D YELLOW))
SIGNATUF [By signing	RE OF BIDDE this documer	Rnt, I hereby agree to all terms and conditions]	DATE			
CAPACITY	UNDER WH	ICH THIS QUOTE IS SIGNED			*******************	********
Item No	Quantity	Description	Brand &	Country of manufacture	Price	
			model	manuracture	R	С
01	3000	Supply and Delever TB Identification Register				
02	3000	Supply and Deliver TB Blue Folders				
03	100	Supply and Deliver MDR TB Booklets				
		(Dr. Patient Record Yellow)				
		NB: See Detail Specification Attached				
		- NB: Quotation to be deliverd at uMzinyathi Health				
		District Office				
						-

VALUE ADDED TAX @ 15% (Only if VAT Vendor)

TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)

Does This Offer Comply With The Specification?

Is The Price Firm?

Enquiries regarding the <u>quote</u> may be directed to:	Enquiries regarding technical information may be directed to:
Contact Person: Khulekani Zondo Tel: 034-2999 162 E-Mail Address: khulekani.zondo@kznhealth.gov.za	Contact Person:Tel:

State Delivery Period, e.g., 1day, 1week

Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?



DIRECTORATE: UMZINYATHI HEALTH DISTRICT OFFICE

1. SPECIFICATION FOR TB IDENTIFICATION REGISTER

Email: anele maphumulo@kznhealth.gov.za.

- Paper size: Cover and back page: 200-250g/m²
- Paper size for inner pages: 80g/m²
- Size: 430X200mm
- No. of pages: 27 incl. cover page
- Printed on both sides
- Colour yellow for cover and back pages, white for inner pages
- Soft copy available for printing
- Sample Available

Quantity= 3000

2. SPECIFICATION FOR TB BLUE FOLDERS

- Paper size: Cover and back page: 200-250g/m²
- Paper size for inner pages: 80g/m²
- Size: A3 (Folded to A4 size = 04 double sided pages of A4 incl. cover pages)
- Printed on both sides
- Colour blue for cover and back pages, white for inner pages
- Soft copy available for printing
- Sample available

Quantity= 3000		
Salis.	1.11	
Mr. SE MbathaSCM	Mr. P Madela_/600000	Endu-user

National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER

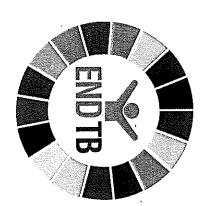
2020 Version GW20/13



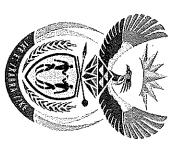
health

Department: Health

REPUBLIC OF SOUTH AFRICA



DISTRICT: F.		START DATE:
ACILITY:	ړ	
FACILITY: YEAR:		END DATE:



Department: Health REPUBLIC OF SOUTH AFRICA

>

The main aim of this Register is to collect all the necessary information on people with TB symptoms, to assist with the following:

- Follow-up of patients with positive results who do not come back for their results.
- 2. Monitoring whether all the results of specimens sent to the laboratory are returned to the facility.
- Monitoring of the Turn-Around-Time (TAT) for results.
- Estimating the laboratory supplies needed by the facility.
- Follow-up of symptomatic patients referred to hospital for further investigations and final diagnosis.

COMPLETION OF THE TUBERCULOSIS IDENTIFICATION REGISTER:

- 1. All patients a who have one or more of the TB symptoms indicated in the TB screening tool must be recorded in this register.
- ALL Household Contacts MUST be recorded in this register, irrespective of TB symptoms.
- ALL HIV Positive pregnant woman enrolled in ANC for the first time MUST be recorded in this register irrespective of the TB screening outcome.
- The 'Specimen Barcode number' is on the small barcode label on the laboratory request form. The label can be peeled off the form and affixed in the appropriate row in the register.
- If the person is a household contact of a DS-TB or DR-TB patient, write "Y" in the upper row under the "Contact" column. In the bottom row of the same column indicate whether the index patient had drug susceptible TB (DS-TB) or drug resistant TB.
- If not a household contact, write "No".
- 5. Write "Yes" at the top if the client was identified with TB symptom. Use the following codes for TB symptom to record at the bottom row. (1 = Cough for more than 2 weeks or any duration if HIV positive; 2 = Fever of more than 2 weeks; 3 = Unexplained loss of Weight/ Failure to thrive for children; 4 = Drenching night sweats; 5 = Fatigues or less playful for children.) If a client present with more than one symptom use comma (;) to separate. Write No if no TB symptom was identified but client meet criteria to be investigated.
- Write "Yes" if patient is a known diabetic on treatment, "No" if a patient has tested before and told they are not diabetic, "unknown" if patient does not know or never tested before for diabetes.
- 7. Write "Pos" if patient is a known HIV positive person, "Neg" if patient tested negative in the past year, "Unk" if HIV status is unknown or patient has never tested before.
- Write "Yes" if patient has been confirmed as pregnant, "No" if patient says she is not pregnant.
- 9. Write "Pos" if a patient has had a positive COVID -19 test in the past 2 weeks, "No" if the patient has tested negative for COVD-19 in the past 2 weeks or "unk" if the patient has not tested in the past 2 weeks.
- 10. Use the Column "Xpert" to record the results of the Xpert test. Use the top row to record the First test taken. Where a second Xpert specimen is collected following an unsuccessful first Xpert test (leaked, indeterminate, contaminated specimen) this must be recorded in the second row in the Xpert test.
- 11. Where a pretreatment sputum specimen for baseline smear microscopy is collected following an Xpert positive result, this must be

- entered in the column marked as "Smear Microscopy". Record the results of the test in top row (Pos, Neg, Scanty, not done/ no result), and record grading of smear positive results in the bottom row (i.e. +/++/+++).
- Note: All positive results must be recorded with a RED pen, and all other results recorded with a black pen in the register.
- 12. The date the specimen was collected must be entered in the "Date specimen collected" column and the date the results were received at the facility entered in the "Date Results received" column.
- Note: The TAT is calculated from the time the sputum was collected to the time the results were received in the facility NOT the date on the laboratory result report.
- 13. Indicate Rifampicin sensitivity based on the Xpert lab results. Record "R" if Rifampicin resistance and "S" if Rifampicin Sensitive
- 14. For non Bacteriological investigations, record the date in which investigation was conducted at the top and results at the bottom. If "Other tests" write the test used to make a diagnosis under "Remarks" column.
- 15. The treatment start date must be entered in the column "TB confirmed clients" in the correct format. The TB Registration number must be recorded in the "Remarks Column".
- be recorded in the Hernarks Column.

 16. If the patient died before treatment was started, tick in the column "Died before treatment start" and if the date of death is known it must
- be entered.

 17. If the patient is lost to follow-up, tick in the column "Lost to follow up" and explain under "Remarks" column the outcomes of the tracing
- The definition of loss to follow up in this case is a patient who missed an appointment for the results, traced but not found in two weeks.

 18. When other tests such as Culture, LPA and DST are conducted, the specimen collection date should be recorded under column "Date specimen collected". The results should be entered under the column "Results" and "Resistance" columns. If tests other than bacteriological tests are conducted, these must be recorded under the column "Non-Bacteriological Test". The Date of the test should
- be recorded in the bottom row, the test result should be recorded in the top row.

 19. If patient is diagnosed with DR-TB, the treatment start date must be entered in the "Patient diagnosed with TB/ DR-TB" column. The
- MDR-TB treatment site where the patient was referred must be documented under the "Remarks" column.

 20. If patient with DR-TB "died" or "lost to follow up" before treatment is started capture in the register as outlined in 16 and 17 above.
- 21. For all contacts (trespective of HIV status) and PLHIV found not to have TB (negative test results) and started on TPT, the TPT start date must be entered in the column "TPT start date".
- 22. At the end of each page the totals must calculated and entered in the last row labelled "totals".
- 23. The person completing the register must write his/her name and sign at the bottom of each page.
- 26. The person who checks the data for correctness and completeness must write his/her name and sign at the bottom of each page.

COMPLETION OF THE DATA SUMMARY SHEET:

- . At the end of each register is a copy of the data summary sheet that needs to be completed at the end of each month.
- The data elements from the summary sheet must be entered in the Monthly Data Input Form.
- At the end of each quarter the data must be collated and submitted to the District as part of the quarterly reports.
- The data summary sheets remain in the facility for audit/ data verification purposes.

TUBERCULOSIS IDENTIFICATION REGISTER

District: ..

TOTALS:											Barcode Numberi	Speci	(
	***************************************										Folder Number	Patient	
		***************************************	1000	- Andrews	a de la constantina della cons						First name(s) (Bottom row)	Surname (Top row)	
											Age (Bottom row)	Date of birth (Top row) DD / MIM / YYYY	
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			- Addition	The state of the s							Celiphone	Telephone /	
									444		If Yes (Code) ³	ldentified Yes / No	TB symptoms
		100000			- 1000000		- N.O				DS/ DR- TB / unk (Bottom row)	Contact (Y / N) (Top row)	
enumber positivo:											HIV Stat (Pos / Neg	tus / Unk)	Risk Groups
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Diabetic:				-							Diabetes M (Y/N/L	letlitus Jnk)	
boanhas Imagei											COVID- (Pos / Neg	- 19 / Unk)	
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	2 -	N	- 2	2			. ~ -	2 2		2 4	Date test Result receiveds DD / MM / YYYY	investigation ETESTS	igations

Full detailed address of where the patient lives or can be reached during the day.

Place Barcode sticker from the laboratory form / write Barcode number eg. AAGX8459

3. Use the coding on the instruction cover for TB symptoms (i.e. 1= Cough)

Write down a date the patient produced test results were specimen received by facility

The continue of the continue		Date:		Signature:	,	· (c)	Signatur			Verified by: .		Date:		Signature:	Ω,		Complied by:	Complied by:
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FRONT COVER



TB TREATMENT RECORD

	Facility Name:	District:
	Patient Folder Number:	
Number:	N Newly Registered in this facility M Moved in from facility in this district T Transferred in from another district	Facility Name: TB Reg No:
TB Registration Number:	ID Number/Date of birth: y y m m d d	Age Gender M F
	PHYSICA	AL ADDRESS
	Home Address:	Name of Company/ Employer: Work address:
	Tel No./Cellphone:	Tel No:
	PATIENT CATEGORY	CLASSIFICATION OF DISEASE
Name:	New Relapse Re-treatment after Loss to follow up Re-treatment after Failure	Pulmonary TB Extra Pulmonary TB Site of disease
	Other Previously Treated Rifampicin susceptible TB	Isoniazid resistant TB
	TREATM :	MENT REGIMEN
	Regimen 1 Regimen 3 Oth	ner Specify:
	Treatment Start Date ddmmyyyy	у
	NEXT OF KIN	or FRIEND DETAILS
	Surname First Name(s) Address:	Phone Number
ne:	NOTIFICATION IN	ication date: d d m m v v v v

GENEXPERT Rifampicin Susceptibility Results Result Date Unsuccessful Unsuccessful Resistant Susceptible Negative Positive Unsuccessful Unsuccessful Resistant Susceptible Positive Negative Unsuccessful Susceptible stulد دیاں۔ ۳۳ Resistant Positive Negative LINE PROBE ASSAY (LPA) **Drug SusceptibilityResults** Result Date Isoniazid Rifampicin Susceptible Resistant Susceptible Resistant Negative Contaminated Positive# Susceptible Resistant Susceptible Contaminated Resistant Negative Positive CULTURE Drug Susceptibility Test (DST) Results Date Culture Rifampicin Isoniazid Result Susceptible Resistant Susceptible Resistant Contaminated Positive Negative Susceptible Resistant Susceptible Resistant Contaminated Positive Negative SMEAR MICROSCOPY RESULTS End of treatment End of continuation phase Baseline Date 23 weeks 7 weeks 11 weeks Result Result Result Result Positive Negative Negative Positive Negative Positive Negative Positive Positive Negative Negative Positive Negative Positive Negative Positive Positive Positive Negative Negative Positive Negative Negative Positive Negative Positive Negative Positive Positive Negative Negative Positive OTHER DIAGNOSTIC TESTS CONDUCTED Other tests conducted/ performed: X-rays: Test results: Findings: MEDICAL HISTORY **CURRENT MEDICATION** KNOWN MEDICAL CONDITIONS No Yes Hypertension Yes No Diabetes No Yes Epilepsy Yes No Mental illness Yes Νo Liver disease No Renal insufficiency Yes Allergies (specify) Other (specify) Contraceptive method: Last Menstrual period: HIV INFORMATION No If yes, result: Yes **HIV Test conducted: HIV Status** Pos Neg Unk (Circle where applicable) Yes No N/A On Cotrimoxazole If on ART, Regimen: οM N/A On ART Yes RISK FACTOR Neg Pos Tabacco use No Alcohol use Yes Substance use No Yes Assess for severity Has the patient ever: No Worked in a mine Yes Spent time in prison Yes Νo Been admitted in hospital Yes No (Refer to occupational health clinic/MBOD if ex mineworker)

XPERT, LINE PROBE ASSAY, CULTURE, DST RESULTS

CLINIC NOTES

Date	Weight	Progress	Return Date	Signature
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- Ö = patient took medication.
 × = patient did not take medication
 = medication collected for self administration or supervision elsewhere

BACK COVER

HOUSEHOLD CONTACTS

		Sym	ptom		Treatmer	nt started	
Name of contact	Age	Scre	ened	IF	Υ	T	В
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
Ø,		Yes	No	Yes	No	Yes	No
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AND THE RESERVE OF THE PROPERTY OF THE PROPERT		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No

	TRE/	ATMENT OUT	OMES							
	Treatment stop date:		d	d	m	m	у	У	у	у
Cured										
Treatment Completed										
Lost to follow up										
Failed treatment			MDR-	-TB			RifR	esistaı	nt TB	
Died _,										
	RE	FERRALS								
Moved out	Transfe	erred out			Date:	d	d m	m y	/ y	у
Name of receiving clinic:		, at -			***					
Town/ District:	, Alexander (1997)	at was out or			-					
Province/ Country:										
Discharged by (Print name):		- 20								

3. SPECIFICATION FOR SUPPLY AND DELIVER MDR TB BOOKLETS (DR PATIENT RECORD YELLOW)

COVER:

- Printed black both sides
- 160 GSM tokai board yellow

TEXT:

- 80 GSM bond white
- Printed black throughout
- 46 pages including cover page
- Saddle stitched

NB: SAMPLE AVAILABLE (HARD COPY)

Quantity= 100

Mr. SE Mhatha -----SCM

Mr. P Madela

AuborT

Endu-user



SOUTH AFRICA NATIONAL TUBERCULOSIS CONTROL PROGRAMME DRUG-RESISTANT TB TREATMENT RECORD FOR ADULTS

DR-TB Registration Number District	Province	Tel Numbe	
Referring Facility Name		TYPE OF DR-TB	
District Province	Mono	RR-TB	Pre- XDR- XDR-TE
N Newly registered in this facility M Moved in from another facility within the same district T Transferred in from another facility outside this district	resistant or Poly resistant TB (M or P)	Resistant (RR) MDR-TB Confirmed MDR-TB	FLQ-Res Not confirmed Confirmed
Type of regimen Short Regimen Long Regimen	Type of regimen at end of treatment	Short Regimen Long Regimen	
PATIENT DETAILS ID Number 9 9 05 04 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Age		Gender M
PHYSICAL ADDRESS (Traceable i.e. where s/he lives)	WORK ADDRESS		
Residential address	Name of company/emp	oloyer	
	Work address		
Tel/Cell phone			
NEXT OF KIN or FRIEND DETAILS	PHYSICAL ADDRES	SS (Traceable i.e. when	re s/he lives)
Surname Full name(s) Tel/Cell phone	Residential address of	next of kin	
PREVIOUS DRUG HISTORY	PATIENT CATEGOR	Υ	
New Previously treated with 1st line drugs for > 1 month (PT 1)	New Relapse		
Previously treated with 2nd line drugs for > 1 month (PT 2)	Treatment after loss to		
Unknown (UNK)	Treatment after failure Treatment after failure		
CLASSIFICATION OF DISEASE	Other		
ICD10 Code	Extra Pulmonary TB (E	PTB)	
Pulmonary TB (PTB)	Pulmonary TB (PTB) +	Extra Pulmonary TB (EP	TB)
NOTIFICATION INFORMATION			
Has the DR-TB register been completed?	Notific	ation date	1 8 7 7 F
NIMDR DOCTOR	CLINIC	CAL TRIAL	

BACK COVER

Reference disc	CHARGE		es (al Porto de China de Cara		<u> 1860a - y</u> oku balo iliyyasiy
Name of receiving clinic	D:				
Town / District:					
Province / Country:					
Patient continuing treat	ment: Yes No				•
Confirmation received (Attach acknowledgme					
TREATMENT OUT					
		Moved out			
Cured Transment completed		Moved dut	Name of facility		
Treatment completed Loss to follow up					
Failed treatment		Transferred out			
Died			Name of facility		
Died					
Comments					
Ommonto				•	
				·	
,					
Treatment outcome da	te i i i i i i i i i i i i i i i i i i i	7 7 7	9		, ,
Discharged by:					
Signature:					

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required bereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state?

 YES/NO
- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution
		,
1		

- 2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?

 YES/NO
- 2.2.1. If so, furnish particulars:
- 2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO
- 2.3.1. If so, furnish particulars:

3. DECLARATION

- I, the undersigned (name)....... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:
- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

***************************************	*************************	************************	
Name of Bidder	Signature	Position	Date

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

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 Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. ALL DECÍSIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 - (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
 - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.7. 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.
- 3.8. 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 submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud,

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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.

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

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.
- 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. (i) (ii)	Bidders who fail to attend the compulsory meeting will be disqua The institution has determined that a compulsory site meeting Date/ Time: Place None	lified from the evaluation process. No take place
Institut	tion 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 (hereafter 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. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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:
 - 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;
 - 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	DID	DECL	ΛĐ	ATION

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.

	product of D DDDD states so to the ballot.			
7.	SUB-CONTRACTING applicable box)	(Tick	NO	
7.1	Will any portion of the contract be sub-contracted?	120	110	
7.1.1	If yes, indicate:			
	i) What percentage of the contract will be subcontracted	6		
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:

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
Black people	<u> </u>	V
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 BO	XJ		
	0 0 0 0	Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited			
9.5	DESC	RIBE PRINCIPAL BUSINESS ACTIVITIES			

9.6	COMP	ANY CLASSIFICATION [TICK APPLICABLE B	OX]		
	0 0 0	Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.			
9.7	Total n	number of years the company/firm has been in b	usiness:		
9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claim the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the com the preference(s) shown and I / we acknowledge that:					
	i) T	he information furnished is true and correct;			
	ii) T	he preference points claimed are in accordance	with the General Conditions as indicated in paragraph 1 of this form;		
	iii) fn be	the event of a contract being awarded as a rese required to furnish documentary proof to the s	sult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may atisfaction of the purchaser that the claims are correct;		
	iv) If	the B-BBEE status level of contributor has bontract have not been fulfilled, the purchaser ma	een claimed or obtained on a fraudulent basis or any of the conditions of ay, in addition to any other remedy it may have –		
	(a)	disqualify the person from the bidding process	s;		
	(b)	recover costs, losses or damages it has incur	red or suffered as a result of that person's conduct;		
	(c)		which it has suffered as a result of having to make less favourable		
	(d)	who acted on a fraudulent basis, be restricted	shareholders and directors, or only the shareholders and directors d 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.			
		The state of the s			
	WITN	ESSES	SIGNATURE(S) OF BIDDERS(S)		
	1				
			DATE:		
	2		ADDRESS		