

Quotation Advert

Opening Date:

15/02/2023

Closing Date:

22/02/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Ceza / Thulasizwe Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required:

Ceza-Thulasizwe Hospital

Date Submitted:

15/02/2023

ITEM CATEGORY AND DETAILS

Quotation number:

CAH-THU/349/22/23

Item Category:

Goods

Item Description

: Supply and deliver Stationery at Ceza Hospita

Quantity (if supplies):

ITEM

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

N/A

Time:

N/A

Venue:

N/A

QUOTES MUST BE COLLECTED FROM: KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO:

Ceza Hospital Tender Box next to Ceza Hospital Main

Gate

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Ms N.P. B UTHELEZI

Email:

Contact number: 072 424 1037

Finance Manager Name:

Mr S.F. Mdlalose Finance Manager Signature

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: CEZA-THULASIZWE HOSPITAL DATE ADVERTISED: 15/02/2023 CLOSING DATE: 22/02/2023 FACSIMILE NUMBER: N/A E-MAIL ADDRESS: cezahospitalquotations@gmai.com PHYSICAL ADDRESS: CEZA MAIN ROAD OPPOSITE TO CEZA POLICE STATION CEZA 3866 QUOTE NUMBER: ZNQ / CAH / 349 - 23 / 22 DESCRIPTION: SUPPLY AND DELIVER STATIONERY AT CEZA HOSPITAL CONTRACT PERIOD. ONCE OFF VALIDITY PERIOD 60 Days SARS PIN..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. Α Α Α UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) CEZA MAIN ROAD OPPOSITE TO CEZA POLICE STATION, TENDER BOX NEXT TO CEZA MAIN GATE 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 TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODENUMBER..... CELLPHONE NUMBER E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor)

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

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL	PRICE PAG	E FOR QUOTATIONS OVER R30 000	QUOTE NUMBER	R: <u>ZNQ/</u> CAH / 349	/ 22 _	23
DESCRIP ⁻	TION: SUPP	LY AND DELIVER STATIONERY AT CEZA HOSPITA	AL			
SIGNATUF [By signing	RE OF BIDDE this docume	Rnt, I hereby agree to all terms and conditions] ICH THIS QUOTE IS SIGNED	DATE			
Item No	Quantity	Description	Brand &	Country of	Price	
	1500	Completed Delice Live and Delice	model	manufacture	R	С
	1500	Supply and Deliver adult male patient record				
	60	Supply and deliver tick register -PHC-2022				
	50	Supply and deliver Book Log GOV				

1500 Supply and Deliver adult male patient record model manufacture	R	
		С
Supply and Bollvon additinate patient record		
60 Supply and deliver tick register -PHC-2022		
50 Supply and deliver Book Log GOV		
50 Supply and deliver referral letter (250 per PKT)		
50 Supply and deliver requisition for supplies		
1530 Supply and deliver Road to health chart (Boys and Girls)		
180PKT Supply and deliver record cover 100 per pkt		
50 Supply and deliver family planning card (250 per PKT)		_
50 Supply and deliver outpatient card yellow folders		
(250 per PKT)		
100 Card Prescription repeat (250 per PKT)		
NB:Due to load-shading kindly send your documents		
before the closing date and failure to do so		+
will be disqualified.		
*An awarded company will be requested to provide	-	
sample.		
ALUE ADDED TAX @ 15% (Only if VAT Vendor)		4
OTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)		-

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

Is The Price Firm?

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

Enquiries regarding the quote may be directed to:	Enquiries regarding technical information may be directed to:
Contact Person: N.P. BUTHELEZI Tel: 072 424 1037 E-Mail Address: cezahospitalquotations@gmail.com	Contact Person: H.M.MDLALOSE Tel: 072 424 1037

CEZA/THULASIZWE HOSPITAL - SCM -

2023 -02- 15

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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 hereunder.

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.

BIDDER'S DEC	LARATION
--------------------------------	----------

- 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	

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

- 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

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

l 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

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

CHANGE OF ADDRESS

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

- The Department is under no obligation to accept the lowest or any quote.
- The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are 3.2 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
- ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS 3.3. QUOTATION.
- 3.4. The price quoted must include VAT (if VAT vendor).
- 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.
- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this 3.7. agreement, as the Principal (s) liable for the due fulfilment of this contract.
- This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. 3.8. All required documentation must be completed in full and submitted.
- Offers must comply strictly with the specification. 3.9.
- Only offers that meet or are greater than the specification will be considered. 3.10.
- Late offers will not be considered.
- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3.12. 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.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point. 3.17.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 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.

- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. words importing the masculine gender shall include the feminine and the neuter.
- Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation 4.2. may be used, but an original signature must appear on such photocopies.
- The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. 4.3.
- 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.
- Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- Use of correcting fluid is prohibited and may render the response invalid. 4.6.
- Quotations will be opened in public as soon as practicable after the closing time of quotation. 4.7.
- Where practical, prices are made public at the time of opening quotations. 4.8.
- If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in 4.9. question. Clear indication thereof must be stated on the schedules attached.

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

Bidders who fail to attend the compulsory meeting will be disquared	alified from the evaluation process.
The institution has determined that a compulsory site meeting Date// Time:Place	take place
ion Stamp:	Institution Site Inspection / briefing session Official
	Full Name:
	Signature:
	Date:
	The institution has determined that a compulsory site meeting

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.
- 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.
- 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

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
- if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- if the supplier fails to perform any other obligation(s) under the contract; or
- if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the
- In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner 14.2. 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.
- 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

- 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.
- 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;
- "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:

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

Ps

Points scored for price of bid under consideration

Pf

Price of bid under consideration

Pmin

price of lowest acceptable bid

- POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR 4.
- In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for 4.1 attaining the B-BBEE status level of contribution in accordance with the table below:

with the table below,	
3-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**
- Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following: 5.1
- B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1 6.
- B-BBEE Status Level of Contributor: =(maximum of 20 points) 6.1

(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
	applicable box)

(Tick

YES	NO	

- 7.1 Will any portion of the contract be sub-contracted?
- 7.1.1 If yes, indicate:
 - What percentage of the contract will be subcontracted.....% i)

 - 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 YES Preferential Procurement Regulations, 2017: NO Designated Group: An EME or QSE which is at last 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	3		
	 □ Manufacturer □ Supplier □ Professional service provider □ Other service providers, e.g. transporter, etc. 	y		
9.7	Total number of years the company/firm has been in busi	Popo:		
9.8	Total number of years the company/firm has been in business:			
	 The information furnished is true and correct; 			
	 ii) The preference points claimed are in accordance with 	h the General Conditions as indicated in paragraph 1 of this form;		
	be required to furnish documentary proof to the satisf	of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may action of the purchaser that the claims are correct:		
	 iv) If the B-BBEE status level of contributor has been contract have not been fulfilled, the purchaser may, in 	claimed or abbit to the control of t		
	(a) disqualify the person from the bidding process;			
	(b) recover costs, losses or damages it has incurred of	or suffered as a result of that paragraphs		
	 (c) cancel the contract and claim any damages which arrangements due to such cancellation; 	n it has suffered as a result of having to make less favourable		
	(d) recommend that the bidder or contractor, its share who acted on a fraudulent basis, he restricted by	eholders and directors, or only the shareholders and directors he National Treasury from obtaining business from any organ the <i>audi alteram partem</i> (hear the other side) rule has been		
	(e) forward the matter for criminal prosecution.			
	WITNESSES			
	1	SIGNATURE(S) OF BIDDERS(S)		
	2	DATE:ADDRESS		
L				

Institution name:

CEZA-THULASIZWE HOSPITAL

COMPLAINTS PROCESS FOR QUOTATIONS R2 000.00 TO R500 000.00 INCLUDING V.A.T

1. Supplier Submits Written Complaint / Objection

- > Bidders aggrieved by decisions or actions taken by the Department or Institution during the SCM procurement process, must lodge a written complaint immediately.
- > Complaints lodged two (2) or more days after the award will not be entertained.
- > Complaints must be directed to the Responsibility Manager of the institution (Hospital or CHC) and District Finance Manager for District Offices.
- > It must be noted that this is not an appeals process and as such will not halt the procurement process.

2. Institution Prepares Written Response to Complaint

- > The Responsibility Manager, or his appointee, must prepare a response letter to the complainant.
- > The complaint must be resolved within 60 days.
- > Should the complainant not be satisfied with the response, the matter will be referred to the District Finance Manager (applicable to all Hospitals and CHC) or District Manager (Applicable to all District Offices) for a final
- Should the complainant still not be satisfied with the response received, they may then seek legal recourse at their own expense.

Complaints or objections should be directed to:

Responsibility Manager: Mr S.F. Mdlalose

Email Address: cezahospitalquotations@gmail.com

Patient File Num	iber.			1/4	H222	
	=		-			
	ID,	/Passport	Number:			

HPRS LABEL



ADULT MALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE

Name:
Surname:
Facility Name:
Facility unique number:
Disclaimer: This nation tracord is the property of the Department of Hardy for

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of this health facility.

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.

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PATIENT PROFILE - FIRST VISIT

Type of employme	Y (Please Tick)					
Living conditions			Self-employed	- 5 m at 3200		
- S conditions		al dwelling	Formal house	Formally emplo	yed	
	Owner		Tenant	Hostel	Other institut	ions (sp
	dwelling	vater inside g	Piped water outside	Number in house	ehold	146
	Borehol	e	aweiling	Communal tap		
	Flushing	toilet in house	Rain water	Rain/stream wate	er	
	VIP toilet		Flushing toilet outside house	Pit toilet		
Cooking method	ASS.		Bucket system	None		
Social assistance	Electricity		Gas			
	Disability	grant	Child support grant	Paraffin	Coal	Fire
Lifestyle Risk Fa	ectors (Plea	se Tick)	- Pare Braill	Foster care grant	Pension	
Pileonol		(If Yes)				6_ 1M1
Smoking/tobacco		(If Yes)	Туре	Quantity		
Other substances			Year started	Frequency	Fre	equency
Physical activity		Specify		, and		
Healthy eating	Do you	Valk		Run		
	have enough	Do you	eata	ou eat	Acti	ve spor
	food in your home?	heaped of food	plate food	high in Salt?	Do you e	at c
Sexual behavior	Number of cur		1 1 50 VI	ou eat nigh in Fat?	food high	ı in
	Have you had n	nultial-		9		
		yourself and your	n the past six months? partner every time you ha	IVe sex?		
Family History (Plea		yourself and your	n the past six months? partner every time you ha	Ive sex?		
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PATIENT PROFILE - ANNUAL REVIEW

Update as relevant

		Please Ti		(based)						THE REPORT OF
	Y	ti (If Yes)	Туре			Quantity			
		1: (If Yes)	Year sta	erted		Frequency		Free	quency
1		N S	pecify				quericy			
		Walk				Run		1		
Doy	you h	ave	Do y	ou eat a	Do	you eat		1	Activ	e sport
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				oa r	Do y	ou eat high in	Fat?		food high in	,
Nur	nber	of current	partners							
Dav	e you	had multi	ple partne	rs in the pa	st six months?					
Бо у	ou p	otect you	rself and yo	our partner	every time you	have se	x?	-		
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ors	(Ple	ase Tick)			14. E 17.0		AT THE REAL PROPERTY.	2010 27 3 30		
	1.	(If Ye	es)	———— Туре						
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ımbe	r of c	urrent par	tners		food hig	gh in	Fat?			
ve yo	u had	l multiple	partners in	the past si	Y months?		111			
you p	orote	ct yourself	and your	partner eve	ry time you hav		1			
T	T				T time you nav	/e sex/	£.g			
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I N										per Skirk
-	+	(If Yes)	Тур	e		Quant	ity		Freque ncy	
14	+-	(If Yes)	Year	started		Freque	ency		ricquerity	
Îs	L	Specify							-	
	Wa	k			Run					
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		1 1			Do you eat food high i	n F	at?			
er or i	curre	nt partner	S							
ωu h-	յա ՄՈ	iifiple part	ners in the	past six me	onths?					
ou ha	o et									
ou ha	ect yo	ourself and	your part	ner every ti	me you have se	ex?				

REG. NO.

LU-NATAL DE JAF TMENT OF



KWA ULU JATAL PROVINCE

HEALTH REPUBL COF SOL TH AFRICA

PHC COMPREHENSIVE TICK REGISTER

NATIONAL AND PFOVINCIAL DATA ELEMENTS
VERSION 1.0 OF 2022

PROVINCE: FACILITY NAME: PACILITY NA

FACILITY UNIQUE IDENTIFIER:

START DATE:

END DATE:

PHC COMPREHENSIVE TICK REGISTER

	Exclusions EXCLUDE telephonic consultations with cilents; EXCLUDE clients seen by other categories of staff		al EXCLUDE any facility that does not have sessional doctors.	ac your control of the control of th	en EXCLUDE vaccines given as par	EXCLUDE vaccines given as poof a national mass vaccination
	Inclusions INCLUDE clients seen for preventative, promotive and curative services; INCLUDE clients	seen by PN that issue Cunture medication at facility that is also a CCMDD site INCLUDE patient seen for renewal of prescriptions	INCLUDE patient seen for renewal of prescriptions	BCG	INCLUDE BBAs if they are given BCG	None
1	Use and Context Nomings III reprised	Monitoring of services randered control of the bottom of t	Monitoring of services rendered by assistant doctors to consuit feather in public health Hill objectives to increase doctor coverage	Monitors the Expanded Programme on Immunisation policy	Manitors protection of children against Polito.	Monitor, the Expanded programme on immunication policy
Definition_Extended	Any client seen by a Professional nurse should be counted. Each client is counted every time they are seen by a Professional Nurse, even if a client is seen by more than one PN per day or client visit facility more than one PN per day and seen by a PN	This data element should be collected in all PHC facilities with full time doctors. Clients might originally be seen by professional nurse for a PHC service or may be seen directly by the doctor, Each client is counted every time they are seen by a doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventive, promotive and curative must be counted	This data element should be collected in all PHC facilities with sessional doctors. Clients might originally be seen by a professional nurse for a PHC service or may be seen by a professional doctor, even if a client is seen by a sessional doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventive, promotive and curative must be counted	All babies/infants receiving BCG should be counted, including babies coming to clinics after home deliveries and babies/infants who receive their BCG later than usual due to e.g. temporary shortages of vaccine. BCG should still be given to HIV exposed children. Tuberculosis (TB) is a mycobacterium tuberculosis and is a major cause of disability and death in many parts of the world. Do not give BCG vaccine to Suppressing conditions. Do not give BCG to a new-born if the mother is on anti-TB drugs. Do not give BCG to a child who is older than 12 months. For Hospitals: BCG dose under 1 year should be in line with number of live births in the facility.	eeks, OPVD is	The numerator includes children under one year receiving their 1st dose of Hexavalent. DTap-IpV-Hib-HBV 1st dose is given together with OPV, PCV and RV. DTap-IpV.Hib-HBV is given to children at 6,10 and 14 weeks and at 18
ne Definition	APHC client of any age consulted and/or treated by a professional nurse (PN) for a Primary Health Care service	olic) A PHC client consulted and/or treated by a doctor employed in the public sector to render general clinical services	A PHC client of any age consulted and/or treated by a doctor. employed sessional in the public sector to render general clinical services.	BCG (tuberculosis) vaccine given to a a child under one year of age at birth. The cut-off age is under 12 a months child under 12 and the	Oral polio Vaccine 0 dose given to a Op- child under 1 year at birth Thecut- give off age is 10 weeks	DTaP-IPV-HIb-HBV (also known as The nur Hexavaient) 1st dose vaccination their 1s given to a child under one year-at 6 is given weeks after birth. The cut-off age is HBV is guider 12 months.
Data Element Name	u		PHC client seen by (sessional) doctor	BGG dose	OPV 0 dose under 1 year Or Chi	DTap-IPV-Hib-HBV OTa (Hexavalent) 1st dose giver giver
IndGroup	Management PHC	OH CHARLES OF THE CARLO	OHA CENTRAL PROPERTY OF THE PR			

Provincial Indicat	Provincial money Pare Flament	Definition
Programme	ART child 1-5 years halve started on ART this month	Children 1 to under 5 years ART naive who standed treatment during this accordance to ART for more than 30-days in total . Clients never been exposed to ART for more than 30-days in total This also includes dients initiated on life-long triple therapy ART from the:
		- PEP programmer. - PEP program
ART	ART child under 1 year naive started on ART this month	Children under per exposed to ART for more than 30 days in total to the contract of the contract of the contract of the contract of the points (PuP). PEP programme
		Chronic Medicines Dispensing and Distribution (CCMDB) clients who option a Department of Health, with an active contract to provide Pick up Point services for CCMDB, mis income.
ССМББ	CCMDD client collecting medicine parcel from contracted external PuPs -PIDS	Central Chick up Points include all pick up points contracted by the National Department of Health. NB: include: External Pick up Points include all pick up points contracted by the National Department of Health. Exclude: Clients collecting at any Pick up Point internal pick up points include Adherence clubs, out reach PUPs, Community ourreach, CCMDD lanes in facility, MBPHCOT where parcels are exclude: Clients collecting from internal Pick up Points (internal pick up points include Adherence clubs, out reach PUPs, Community ourreach, CCMDD lanes in facility, MBPHCOT where parcels are exclude: Clients collecting from internal pick up points include Adherence clubs, out reach PUPs, Community ourreach, CCMDD lanes in facilities (parcels delivered to Falleties) and available delivered to Falleties (parcels delivered to Falleties).
		If unique lucriminations that morning and of symptoms including intestinal manifestations
cpc	Worms (Helminthic) case	
The state of the s	Child under 5 years weighed	A child under 5 years of age weighed and the weight plotted onlotine now.
Child Health	med Co	The total number of clients diagnosed with Obesity (Body max index s
Chronic	Obesity Bivil 230 - 11211	Franchist for routine care by all clients on treatment for diabetes.
Chronic	Diabetes visit by clients on treatment	Every values acreened for hypertension. Clients are screened according to the Algorithm for Diabetes Screening Committee of the Diabetes S
Chronic	Client under 18 years	Clent under 18 years not currently on hypertension and Diabetes. Procedure (SOP) for Screening of Hypertension and Diabetes.
	screened for Hypertension	A wears not currently on diabetes traitment that were screened to unaccommend to the screened to t
Chronic	Client under 18 years screened for Diabetes	Client under 10 years Procedure (SOP) for Screening of Hypertension and Diabetes. Procedure (SOP) for Screening of Hypertension and Diabetes in the facility.
Chronic	Diabetes client under 18 years	Client below 18 years or egg. Client below 18 years or egg. Client below 18 years or egg.
Chronic	Diabetes client with HB1c conducted	The number of Diabetic client with Haerington and Diabetes is controlled.
Opposition	Diabetes client with HB1c <7	The number of clients with Haemoglobur on treatment for hypetension
Othonic	Hypetension visit by clients on treatment	Every visit for routine care by all clients of 140/90 mmhg and below; which indicates that hypertension is controlled on treatment.
Chronic	Hypertension client with controlled BP	The number of clients with Blood Pressure assessment of a client that has been found eligible after assessment of a client that has been found eligible after assessment of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a session of a client that has been found eligible after a client t
Disability and	Other Assistive devices issued to eligible clients	Assistive devices viz: Whites canes, A Exclude: wheelchairs, buggles, hearif
Disability and Rehabilitation	Clients seen by Physiotherapists	All clients seen by Physiotherapist to the seen by Physiothera

	Clients seen by Occupational Therapists Clients seen by Speech Therapists Clients seen by Audiologists Female condoms distributed in facility Male condoms distributed in facility Theatre cases total Ultrasound done	All clients seen by Occupational Therapist for rehabilitation services at all levels of care. This includes dients seen by Occupational Therapist for rehabilitation services at all levels of care. This includes dients seen by Speech Therapist for rehabilitation services at all levels of care. This includes clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients by Dominating outreach who should be recorded at base. All clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients by Dominating outreach who should be recorded at base. Female condoms from the Facility placed at distribution point in facility. Count the condoms from the stock of the Facility placed at distribution point in facility.
	Clients seen by Speech Therapists Clients seen by Audiologists emale condoms distributed in scility tale condoms distributed in cility neatre cases (otal trasound done Ray done	All clients seen by Speech Therapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base. All clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen by Audiologist for rehabilitation services at all levels of care. This includes Community outreach who should be recorded at base. Female condoms from the stock of the Facility placed at distribution point in facility. Count the condoms from the stock of the Facility placed at distribution point in facility.
	Silents seen by Audiologists emale condoms distributed in cility tale condoms distributed in cility heatre cases total trasound done.	All clients seen by Audiologist for rehabilitation services at all levels of care. All clients seen by Audiologist for rehabilitation services at all levels of care. Female condoms from the stock of the Facility placed at distribution point in facility. Count the condoms have the stock of the Facility (bin card)
	emale condoms distributed in calify calify calify reatre cases (otal trasound done Ray done	Female condoms from the stock of the Facility placed at distribution point in secure 1 Pemale condoms from the stock of the Facility (bin card)
	cility reatre cases total trasound done Ray done	Count the condoms and
	reatre cases total trasound done Ray done	Male condoms from the stock of the Facility placed at distribution point in facility.
	trasound done Ray done	Total theatre operations that were conducted for the reporting month
	- Ray done	Number of Ultrasounds done at the hospital for the reporting month
-X services		Number of X-rays done. One patient can have more than one X-ray.
HTS ON	Client pre-test counselled for HIV (excluding antenatal)	All clients that have been pre-test counselled for HIV/AIDS and then offered testing.
HTS Clier (excl	Client tested for HIV (excluding antenatal) - Female positive	Any female client aged tested positive for HIV excluding antenatal clients
HTS Clien (excli	Client tested for HIV - (excluding antenatal) - Female	Any female client tested for HIV excluding antenatal clients
HTS	Client tested for HIV - Male	Any male client tested for HIV.
HTS Client to	Client tested for HIV - Male positive	Any male client aged tested positive for HIV.
Maternal Health Infant days a	Infant postnafal visit within 6 days after delivery	Post natal check of a baby in a facility, within 6 days after delivery. Count only the first visit after birth.
Maternal Health Assiste	Assisted vaginal Deliveries in facility	An assisted delivery in facility is a vaginal delivery using an instrument, including forceps, rotations, and vacuum extractions, taking place in a health facility under the supervision of trained medical staff.
Maternal Health Antena	Antenatal visit 10-19 years	Women who are under the age of 19 years who have a booking visit for ANC. This should include follow upwishs.
	Pregnant women vaccinated for COVID 19 at ANC 1st visit	The number of of pregnant women who who have received at least the 1st dose of COVID 19 vaccinalismwhen coming for their ANC 1st visit. NB:Where JnJ: 1st dose is documented on the vaccine card OR Pfizer. At least 1 dose is documented on the vaccination card or an electronic vaccination certificate. NB: Client should produce their manual vaccination card or an electronic vaccination certificate.
Maternal Health received C received C vaccination	mothers) who OVID-19	Proportion of Deliveries who have received at least the 1st dose of Covid-19 vaccination at time of delivery NB:Where JnJ: 1st dose is documented on the vaccine card OR Pfizer. At least 1st Pfizer doses is documented on the vaccination card or an electronic vaccination certificat
Mental Health Client so health a disorder disorder	Client screened for mental health and substance abuse ridisorders - 18 years and older	Client aged 18 years and older screened for symptoms of mental illness and Substance use Disorders. Only durit patients screened for listed mental and substance abuse disorders. Screen routine and systematic use of Mental Health screening tools.

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Quote Number:

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Item Description:	TILL REGISTER	· - +1+c- a	
Department/Section:	5 cm	Purpose of Item:	STOCE
1. Pre-qualification of	riteria if any:		n.
	quired to have a regulatory body co ertification required if Yes: YES		
1.2. Is a compulso if Yes, specify: Date	ory site inspection / briefing sessio e <u>ペントロール Time かっ</u>	m required face / Mo .	tospites!
1.3. Is local produ if Yes, specify: YES	ction and content part of the quote	e? Yes / No	
	section 4(1)(a) of the PPPFA Regu BEECERTIFICATE/SWORN AFFIDARVI		? Yes / Ne ⁻¹
1.5. Liability Cove if Yes, specify: YES	r insurance? Yes /_Ne		
2. What is the specif	ication of the required item?		
List specifications to be a		1 1 2 27	Comment
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3. Does a sample nee 3.1 Deadline for su	ed to be submitted (Yes) No select ubmission if Yes: Date (Select Action 1)	et option 3.1 or 3.2) Place Place	e LEZA (+08 PCH/
or	mples must be made available when		or No NO
	ed by the suppliers:		,
		ods or to perform the ser	vices within the period(s) specified in the
contract, the pu	urchaser shall, without prejudice to its	s other remedies under the	contract, deduct from the contract price,
			or unperformed services using the current
prime interest r	ate calculated for each day of the del	lay until actual delivery or p	erformance.
5. What is the evaluat	ion criteria / special terms and con	nditions to be advertised?	
Name of End-user (in full		A CName of SCM Rep (ir	
Designation / Rank (in ful	11) Supply GHAN C	esignation/ Rank (in	full) S.C.C.
Signature	And Halines	Signature	Beely
Date	08 02 12023	Date	1508/02/2028
Standard End-User Spec	ification Form		Page 1 of 2

For Drivers of this Vehicle

F167826 - F167850

- You must be on official business.
- 2. You must be authorised.
- 3. You must possess a valid driver's licence.
- 1. You must have a Trip Authority.
- You must have a vehicle itinerary.
- You must have a Westbank First Auto Card.
- You must check the vehicles roadworthiness.
- 3. You must not transport private passengers.
- You must not transport private property.
- 10. You must drive in a responsible manner.

INSTRUKSIES/INSTRUCTIONS

- 1. Voltooi 24-09701 TV 6/6 vorm in viervoud. Complete 24-09701 TV 6/6 form in quadruple.
- 2. Voor engige inskrywings gemaak word, moet die agterste harde omslag na die stel wat gebruik moet word ingevou word om reproduksie op die Before making any entries, fold the back hard cover in after the set to be used to prevent reproduction on the following sets. daaropvolgende stelle te voorkom.
- Die log moet daagliks deur die amptenaar wat die voertuig gebruik, voltooi word. The log must be completed daily by the officer using the vehicle.
- 4. Sodra geen ruimte vir verdere inskrywings in die loggedeelte beskikbaar is nie moet die rekwisisie voltooi word vir die tydperk wat deur die log gedek dus nodig wees om 'n tydperk van een maand te dek. word. Die totale afstand afgelê volgens die log moet ooreenstem met die aangetoon op die rekwisisie. In sommige gevalle sal twee of meer rekwisisies

total distance travelled according to the log must correspond with that shown on the requisition. In some cases two or more requisitions will therefore be required to cover a period of one month. Immediately no more space is available for further entries in the log portion the requisition must be completed for the period covered by the log. The

- The requisition(s) must be submitted promptly to the Provincial Transport Zone of origin of the vehicle at the end of each month. If the vehicle, whether allocated as relief, permanently or temporary is returned to the Provincial Zone the requisition must be completed immediately and submitted Die rekwisisie(s) moet stiptelik op die einde van elke maand aan die Provinsiale Vervoersone vanwaar die voertuig afkomstig is, gestuur word. Indien en terselfdertyd aan die Provinsiale Vervoersone besorg word. die voertuig, of dit aflos, tydelik of permanent toegeken is aan die Provinsiale Vervoersone terugbesorg word, moet die rekwisisie egter onmiddellik voltooi
- . Die oorspronklike (wit) en duplikaat (geel) moet aan die Provinsiale Vervoersone besorg word. Die triplikaat (blou) moet aangewend word vir verpligting doeleindes deur departemente wat op die doelwitbegrotingstelsel werk. Die vierde afskrif (groen) wat nie geperforeer is nie, moet in die boek gelaat

to the Provincial Transport Zone at the same time.

utilised for commitment purposes by departments operating on the system of objective budgeting. The fourth copy (green) must be left in the book as a The original (white) and duplicate copy (yellow) of the requisition must be submitted to the Provincial Transport Zone. The triplicate copy (blue) must be

- 7. Dien 'n nul opgawe in indien 'n voertuig nie gedurende 'n maand gebruik was nie en dui daarop die rede aan waarom die voertuig nie gebruik was nie. Submit a nil return if a vehicle was not used during a month and indicate thereon the reason why the vehicle was not used.
- 8. Aansoeke om 24-09701 TV 6/6-boeke moet vroegtydig aan die Provinsiale Vervoersone vanwaar die voertuig afkomstig is, gerig word. Requests for 24-09701 TV 6/6 books must be submitted timeously to the Provincial Transport Zone of origin of the vehicle

KWAZULU-NATALSE PROVINSIALE ADMINISTRASIE DEPARTEMENT VAN VERVOER

. j

REKWISISIE:

KWAZULU-NATALSE PROVINSIALE ADMINISTRASIE VOERTUIG TOEGEKEN SONDER BESTUURDER

KWAZULU-NATAL PROVINCIAL ADMINISTRATION DEPARTMENT OF TRANSPORT REQUISITION

Rekwisisie/log vir die tydperk Requisition/log for the period..

ថ្ម

Reg. Nr. Reg. No.

KWAZULU-NATAL PROVINCIAL ADMINISTRATION VEHICLE ALLOCATED WITHOUT DRIVER

71 OORSPRONKLIKE 167826 ORIGINAL

Voertuig gebruik deur Departement Vehicle used by Department..... Departementelekode Nr. Departmental Code No.

	Datum Date	Afdeling Division	Voertuig verskaf Vehicle supplied
	Assandmeter lesing einde van rit Speedometer reading end of trip		Voertuig verskat deur Kwazulu-Natal Provincial Administration
	km afgele Km travelled		Provincial Adn
	Verantw. Responsi		ninistration
	Doslwit Nr. Objective No.		
	doel van rit pass. Initials.	Bestuurder s. se s. paraaf	Voertuig gestasioneer te Vehicle stationed at.
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	Hoaveiheid Quantity Petrol Oile	nurchased	

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Ek sertifiseer dat die ritte noodsaaklik was, oat die i teenlys gener de inwoord that the arrangements nagesien en in alle opsigte korrek is. I certify that the trips were necessary and that the arrangements in each instance. I also certify that this return has been examined and found correct in every respect in each instance. I also certify that this return has been examined and found correct in every respect.



Standard End-User Specification Form

Quote Number:			
Item Description:	Book Log Gol		
Department/Section:	5cm	Purpose of Item:	Stock
1. Pre-qualification co	riteria if any:		
•	uired to have a regulatory body cerr rtification required if Yes: YES	tification CIDB AND GB	lYes/NHσ:
1.2. Is a compulso if Yes, specify: Date	ry site inspection / briefing session/Time:	required? Yes / No Place NO	
1.3. Is local produc if Yes, specify: YES	ction and content part of the quote?	Yes /-No-	
	section 4(1)(a) of the PPPFA Regula EECERTIFICATE/SWORN AFFIDARVIT	tions,2017 if applicable ^r	?
1.5. Liability Cover if Yes, specify: YES	insurance? YES / No NO		
	cation of the required item?		
List specifications to be a			Comment
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or 3.2. Specify that sam	nples must be made available when re	quested in writing. *Yes	orno Mo
4. Penalties to be note	d by the suppliers:		
			vices within the period(s) specified in the
			contract, deduct from the contract price,
• •	sum calculated on the delivered price te calculated for each day of the delay	· -	or unperformed services using the current
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5. What is the evaluation	on criteria / special terms and condi	tions to be advertised?	
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Signature	to Mores	Signature	18 why
Date	08 03 7023	Date	008 02 rors
Standard End-User Specif	ication Form		Page 1 of 2

PATIENT REFERRAL LETTER



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acility where par	uerit normany	Date!la	alour our o			Y W			NEWS TIE
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Date		. 9			Signature		Washington and	SEATT FEE	
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2.3 Current N	lanagemen	t (attach de	etails if ne	cessar	у)		Y		
3 Referring Institution	Institution	Details			District	Regiona	al Tertiary	Other	
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END-USER SPECIFICATION FORM

Quote Number:			a .
Item Description		CETTER (25	
Department/Sec	tion: <u>Sem</u> P	Purpose of Item:	STOCK
1. Pre-qualifi	cation criteria if any:		
	tem required to have a regulatory body certif Body / certification required if Yes: YES	fication CIDB AND GBI	Yes / ·No :
1.2. Is a co if Yes, spec	mpulsory site inspection / briefing session re ify: Date <u>のそ/ のと/ いぬ</u> Time <u>るん:。。</u> P	equired? Yes / No Place CLZA	HOSPITAL
1.3. Is loca if Yes, speci	I production and content part of the quote? Y fy: YES	/es / No	
	ions of section 4(1)(a) of the PPPFA Regulations: 1	ons,2017 if applicable?	? Yes / No
1.5. Liabili if Yes, speci	ry Cover insurance? Yes /- No fy: YES		
	specification of the required item?		1
	s to be advertised	~ .	Comment
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3.1. Deadli	ne for submission if Yes: Date 162 162 1202	Stime <u>Bلم</u> Plac	e Cerr Hospital
or 3.2. Specif	that samples must be made available when req	quested in writing. Yes	or No
4.1. If the contra- as a p	be noted by the suppliers: supplier fails to deliver any or all of the goods et, the purchaser shall, without prejudice to its other enalty, a sum calculated on the delivered price interest rate calculated for each day of the delay	her remedies under the of the delayed goods o	contract, deduct from the contract price, or unperformed services using the current
5. What is the	evaluation criteria / special terms and condit		
Name of End-us		Name of SCM Rep (in	Ifull) resilve
Designation / Ra			full) S.C.C.
Signature	HIP HENDER	Signature	Kruly,
Date	Q8 QT SD53	Date	08/01/2012

Standard End-User Specification Form

Page 1 of 2



KZN DEPARTMENT OF HEALTH

REQUISITION FOR SUPPLIES

No.: E 294401 To E 294450

Cat No.: 26-08122/O.No.: B0284867/06.10/Popsprint 031 3013291

PROVINCE OF KWAZULU-NATAL

Serial No. **E** 294413

REQUISITION FOR SUPPLIES

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Quote Number:

END-USER SPECIFICATION FORM

Item Description:	Requisition to	R SUPPLIER	
Department/Section:	C 025	Purpose of Item:	STOCK
1. Pre-qualification cri	teria if any:		
	ired to have a regulatory body certification required if Yes: YES	fication CIDB AND GBI Ye	es /No:
1.2. Is a compulsory if Yes, specify: Date £	y site inspection / briefing session r から 10212523 Time <u>は</u> : しい	equired? Yes / No Place Ceza (†2	25 PITAL
1.3. Is local product if Yes, specify: YES	tion and content part of the quote? \	∕es / N o ∽	
	ection 4(1)(a) of the PPPFA Regulati ECERTIFICATE/SWORN AFFIDARVIT	ons,2017 if applicable? Y	es / N o
1.5. Liability Cover if Yes, specify: YES	insurance? ¥es / No NO		
·	ation of the required item?		
List specifications to be ad		SUPPLIERS	comment
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	ples must be made available when req	uested in writing. ¥es	or No NO
4. Penalties to be noted			
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contract, the pure	chaser shall, without prejudice to its of	ner remedies under the con	ntract, deduct from the contract price, inperformed services using the current
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Name of End-user (in full)	HEENGING Malali	of SCM Rep (in ful	
Designation / Rank (in full)	CLERKSUPPY CIM	Designation/ Rank (in full) S.C.C.
Signature	Ho Horas	Signature	Kedy
Date	08/02/2023	Date	100010012003
Standard End-User Specifi	cation Form		Page 1 of 2

Danger signs!

Take your child to the nearest clinic if you see any of the following.



and breathing fast breaths per minute) Child is coughing (more than 50



months old has a fever and is not Child under 2 feeding





everything Child is vomiting

ADUd



Child is shaking (convulsions)

Child has diarrhoea,

sunken eyes, and a

sunken fontanelle



malnutrition (swollen Child has signs of ankles and feet)



or does not wake up Child is not moving



You are unable to breastfeed

IMPORTANT: Always bring this book when you visit any clinic, doctor, or hospital.















































COVER



Date of birth:

Gender:



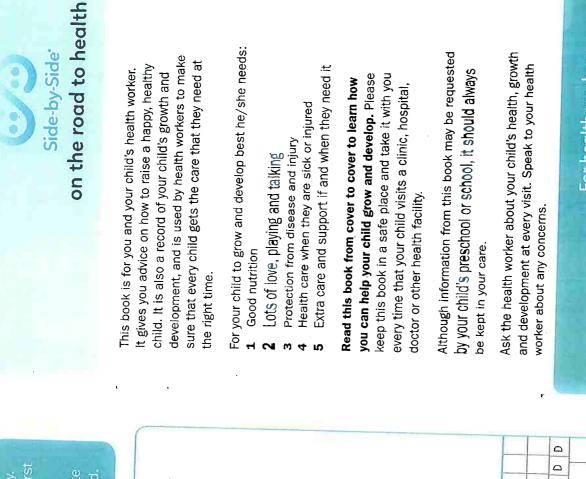




This book is FREE to ALL BABIES in both public and private.

This book belongs to:

1





X

Contents

26 22 30 Health care Protection Nutrition Love

40 Extra care



of these words are explaine understand. The meaning you may find difficult to at the back of the book. These are words that

For health workers ...

≥ Ξ

CHILD'S ID NUMBER;

BIRTH WEIGHT:

DATE OF BIRTH:

CHILD'S SURNAME:

CHILD'S NAME:

GESTATIONAL AGE:

FATHER'S NAME:

FATHER'S CONTACT DETAILS:

MOTHER'S CONTACT DETAILS:

MOTHER'S NAME:

- Make sure that every child has a Road to Health book.
- If they do not have one make sure they are given one.
- caregivers to bring it with them every time they visit the clinic, doctor, hospital Always ask for the Road to Health booklet and encourage parents and
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask

Clinic Visits

Age	6 days	6 weeks	10 weeks	14 weeks	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	14 months	16 months	18 months	20 months	22 months	2 years	2 and a half years	3 years
Date																					
Feeding advice p4																				1/2	
Growth monitoring p9																					
Development p23	1	1	1		1			\	X		1	1		1	\		1	1	1	1	
Head circumference p25	1	1	1		1	\	`\	1	1	.\.	1	1		1	1	1	1	1	1	1	1
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R screen p40								Г				Т							1		-
Consider HIV p40					T	Ī						T						\Box	T		1
Next date																					

Danger signs!

Take your child to the nearest clinic if you see any of the following.



breathing fast (more than 50 breaths per minute) Child is coughing and



Child under 2 months old



has a fever and is not feeding

Child is vomiting

everything

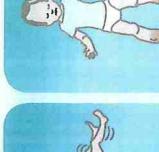


Child is shaking (convulsions)

Child has diarrhoea ?

sunken eyes, and a

sunken fontanelle



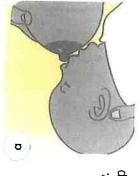
(swollen ankles and feet) Child has signs of malnutrition ?

1. Good nutrition to grow and be healthy

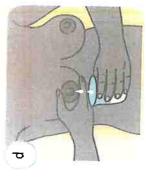
and grow well. Ask the health worker if your child is growing well and tell them if you are worried Your child needs the right foods to be healthy about anything.

Birth to 6 months

- It is the ideal food for your baby to grow, develop Breastfeeding is the best way to feed your baby and be healthy.
 - six months of life. Do not give porridge, water Give your baby ONLY breast milk for the first home or traditional medicines or remedies. Only give your baby medicines they receive or any other liquids. Do not give any other from the clinic or hospital.
 - Breastfeed as often as your baby wants, both day and night.
- 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will need anything else for the first six months. produce enough milk for their baby not to Breastfeed your baby at least 8 times in
 - You can express breastmilk for other carers to Store expressed breastmilk in a clean glass or plastic cup with a lid. Defrost in a fridge or at should use a clean cup, rather than a bottle. give to your baby while you are away. They room temperature over 12 hours or by standing in water. Do not boil or microwave.
- babies find it difficult to suckle at artificial teats (dummies). Some Bottles are also difficult to clean the breast after using a dummy. It is best not to use bottles or and may have germs that can make your baby sick.



opposed to leaning forward to stretch Support your baby's head and neck. your breast into your baby's mouth. Bring your baby to the breast as

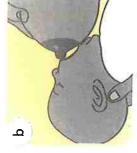


meets your breast. Place your remaining fingers below where the dark ring around express milk, press your pointing finger where the dark ring around your nipple your hand is pushing your breast towards, and not away, from your body. and thumb together. Make sure that Place your thumb on the top part of your nipple meets your breast.

How long to store expressed breastmilk?

Temperature	Duration
Room temperature	Up to 8 hours
Fridge	Up to 6 days
Ice, box freezer in fridge	3 months
Deep freezer (-18°C)	3.6 months

- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.



Let your baby's head tip back a little so their top lip can brush against your nipple.

Before you make ti health worker. If yo are really unable to breastfeed, discus. breastfeed, you wil need to learn how the matter with a decision not to

tongue down. You can encourage them by gently stroking their top lip. Your baby needs to get a big mouthful of breast. Walt until your baby opens their mouth really wide with their

Remember:

use formula safely.

Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients(?) your baby needs for the first 6 mont
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea, constipation(?), infections and allergies(?) if othe foods, or other liquids – including water – are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy. Breastfeedi reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breastm and your baby will not get all the nutrients they need to grow and develop we

For Health Workers...

- Babies only need breastmilk and nothing else during the first six months of This is called exclusive breastfeeding.
- Mothers need help to start breastfeeding immediately after birth.
- Mothers need support to continue breastfeeding successfully. Help them to g their baby to attach properly. Ö
- Mothers who are not breastfeeding must be counselled on correct replaceme



END-USER SPECIFICATION FORM

Quote Number:			
Item Description:	CARD ROAD TO HE	Balte Chart	(Bays a Girns
Department/Section:	Scm	Purpose of Item:	stock
1. Pre-qualification c	riteria if any:		
-	uired to have a regulatory body cer ertification required if Yes: YES	tification CIDB AND GBI Ye	es / Ne.
1.2. Is a compulso if Yes, specify: Date	ry site inspection / briefing session	required? YES I-NO N Place Low Cozr	Hospite1
1.3. Is local productif Yes, specify: YES	ction and content part of the quote?	? Yes / No	
	section 4(1)(a) of the PPPFA Regula EECERTIFICATE/SWORN AFFIDARVIT	itions,2017 if applicable? Y	es / No
1.5. Liability Cover if Yes, specify: YES	insurance? Yes / Ne-		
2. What is the specific	cation of the required item?		
List specifications to be a	dvertised	C	omment
10 - 1 1		10	
Road to	HEALTH 9	ids	
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	ext - Madgari		asm
3.	J		VOCATA
4.			
Size AS	In the Control of the Control		
5. Pages	124+ Cover		
7. PRINT	: Process +	hroughout	
8.	, 4 p ce 03	110-90-91	
9. Blinding	: saddle s	stacth	
10.)		
11.	C BON DC	5 6	
12. 19 C/Ca gr	ng Box of	250	
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15.			
16.			
3.1. Deadline for sub	d to be submitted? Yes / No(select of prices of the submitted? Yes / No(select of the submitted of the submi	option 3.1 or 3.2) ろTime &ん: ひつ Place _	Cer Hospitel
or 3.2. Specify that sam	nples must be made available when re	equested in writing. Yes	
4. Penalties to be noted	d by the suppliers:		
	· · · · · · · · · · · · · · · · · · ·		s within the period(s) specified in the
			tract, deduct from the contract price,
	te calculated for each day of the delay		nperformed services using the current
pinno interest ra	to delocated for each day of the delay	ditti dotadi delivery di perio	manoe.
	on criteria / special terms and cond		
Name of End-user (in full)		RCName of SCM Rep (in full	
Designation / Rank (in full)	SUPPLY CHIPN Cler		3.C.C.
Signature	TO HORSO	Signature	Bul.
Date	08 05 2053	Date	508 01 has
Standard End-User Specifi	cation Form		Page 1 of 2

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END-USER SPECIFICATION FORM

Quote Number:	-			
Item Description:	ROAD HEALTH	+ CHITT BE	75	
Department/Section:	Scm	Purpose of Item:	STOCE	
1. Pre-qualification c	riteria if any:			
	quired to have a regulatory tertification required if Yes: YE	oody certification CIDB AND GE	BIYes / No:	
1.2. Is a compulso if Yes, specify: Date	ry site inspection / briefing の8 / ピン / ひひ Time化	session required? Yes / Ho	5P(1911	
1.3. Is local productif Yes, specify: YES	ction and content part of the	e quote? Yes / No		
	section 4(1)(a) of the PPPFA EECERTIFICATE/SWORN AFFA	A Regulations,2017 if applicable IDARVIT	? Yes /- No	
1.5. Liability Cover if Yes, specify: YES	r insurance? Yes /- No			
	cation of the required item?			
List specifications to be a	dvertised		Comment	
Road to	Itealte P	3048		
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1. 5 TOCK Co	text =	margari: m	at 128 asm	1r
3.		30.	THE CONTRACTOR	
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12. 13.				
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16.				
3.1. Deadline for sub	d to be submitted? Yes / No omission if Yes: Date / O	(select option 3.1 or 3.2) と / 2023 Time <u>Sh</u> : <u>の</u> Plac	e Zeza (HOSPIK)	
or 3.2. Specify that sam	ples must be made available	when requested in writing. Yes	or No	
4. Penalties to be noted	d by the suppliers:			
			vices within the period(s) specified in the	
			contract, deduct from the contract pric or unperformed services using the curre	
		the delay until actual delivery or p		
P Miller A. Co. Alban				
5. What is the evaluation	on criteria / special terms an	nd conditions to be advertised?		
Name of End-user (in full)		Name of SCM Rep (in	full) Telline	\neg
Designation / Rank (in full)		Designation/ Rank (in	full) G:CC	7
Signature		Signature	Bul.	
Date		Date	100002 202R	_
Standard End-User Specifi-	cation Form		Page 1 of	2

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	YEAR								1		
	PATIENT NO. PASIENT NO.										
	SURNAME / VAN	FIRST NAMES / VOORNAME			JES SES	RG .					

PROVINCE OF KWAZULU - NAT

INSTITUTION / INRIGTING

RECORD COVER REKORDOMSLAG



Standard End-User Specification Form

Quote Number:					٠
Item Description:	RECOVA	COVER			
Department/Section:	SCM	 :	Purpose of Item:	Stock	
1. Pre-qualification cr	iteria if any:				
1.1. Is the item requ Regulatory Body / cer	uired to have a reg	u latory body ce Yes: YES	rtification CIDB AND GB	BI Yes /_No:	
1.2. Is a compulsor if Yes, specify: Date 9	y site inspection / 名 / ಯ / つの3	briefing session Time_るんぐっ		~0 P(=)	
1.3. Is local produc if Yes, specify: YES	tion and content pa	art of the quote?	Yes / No		
1.4. Provisions of s if Yes, specify: _BBBE	ection 4(1)(a) of the ECERTIFICATE/SWC	e PPPFA Regul a DRN AFFIDARVIT	ations,2017 if applicable	? Yes / No	
1.5. Liability Cover if Yes, specify: YES	insurance? Yes / N	er			
2. What is the specific		ed item?			
List specifications to be ad	vertised			Comment	
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15. Padey:	500 00	1 pack	ee 100 per	Padlet	10 Packet
3. Does a sample need	to be submitted?	(oc / No/solest or	tion 2.4 as 2.9)		
3.1. Deadline for subm	ission if Yes: Date	Sh pil pel	Time 98 Place	corn ité	ospital
or 3.2. Specify that samp				or No	NO
4. Penalties to be noted	by the suppliers:				,
4.1. If the supplier fail	s to deliver any or	all of the goods	or to perform the service	ces within the per	riod(s) specified in the
contract, the purch	iaser snail, without p	prejudice to its of	her remedies under the co	ontract deduct fro	om the contract price
prime interest rate	calculated for each	day of the delay	of the delayed goods or until actual delivery or per	unpertormed serv formance.	nces using the current
			ions to be advertised?		
Name of End-user (in full)	Hergine	Mourcose	Name of SCM Rep (in fo		
Designation / Rank (in full)	1.		Designation/ Rank (in fu	~	alive
Signature	THIP LAD	DASO .	Signature	P.J.	1
Date	565 20 80	3	Date	800	01000

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Page 1 of 2

PI ANNING CARD	CARD						CAT NO:. 23-20000 / Mncwabe Printers of
alo Lefokhadi Uma	alo Lefokhadi Uma Uya Eclinic Noma Esibhedlela.	DATE	MANAGEMENT	DATE	MANAGEMENT	DATE	MANAGEMENT
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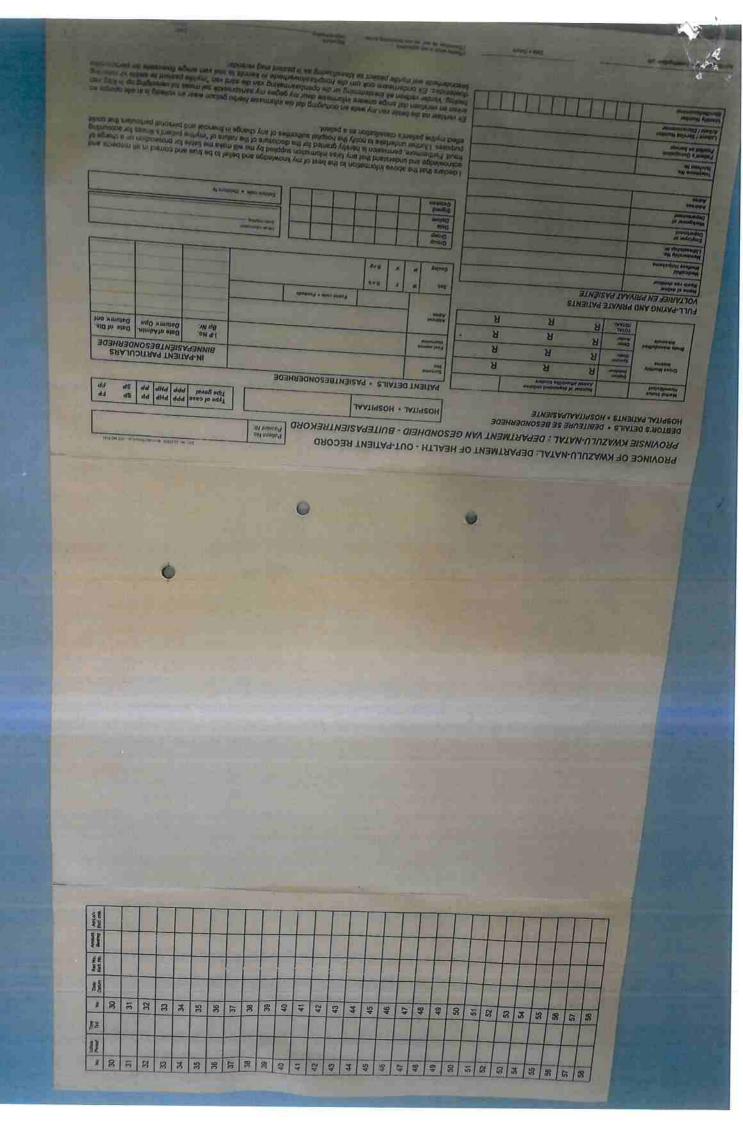
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END-USER SPECIFICATION FORM

Quote Number:	-			
Item Description:	CARD FAMILY	DEMMING (SE	50 per	PEX)
Department/Section:	Scm	Purpose of Item:	STO	ock
1. Pre-qualification cr	riteria if any:			
1.1. Is the item requ	uired to have a regulatory boo	ly certification CIDB AND G	Blares / No:	ND
Regulatory Body / ce	rtification required if Yes: YES		(
1.2. Is a compulsor if Yes, specify: Date 9	y site inspection / briefing second / OD / ZOZZ Time OF /	ssion required? Yes! No	Hospite)
1.3. Is local produc if Yes, specify: YES	tion and content part of the q	uote? Y es / No NO		
1.4. Provisions of s if Yes, specify: _BBBE	ection 4(1)(a) of the PPPFA R ECERTIFICATE/SWORN AFFIDA	egulations,2017 if applicable RVIT	e?-Yes / No	NO
1.5. Liability Cover if Yes, specify: YES	insurance? Yes / মত			
2. What is the specifica	ation of the required item?			
List specifications to be adv	vertised		Comment	
1. BOARD EIE	BOTH SIDE IN B	incle INK SIZE	135mm	x 376 mm
2.		98M		
3. FRONT COVER	iebelled primite	D TO SHOW CON	and	Item Number
4. ALL PRINTI				
5.	1 10.0	ist be in tho	ENGUS	It Language on
6. PACKING: 2	50 PER PACKET	to be Boxed	1N A3 6	oexes
8.				
9.				
11.				
12.				
13. 14.				
15.				
16.				
 Does a sample need to 3.1. Deadline for submit or 	o be submitted? Yes / No(sele ission if Yes: Date 💇 🔊 /oC / /o	ect option 3.1 or 3.2)	, Cezit	Hospile/
	es must be made available whe	n requested in writing 🚗	or No	¬ √ດ
			01 446	
The second of the second of	by the suppliers: It is to deliver any or all of the grant shall without prejudice to it.	ands or to parform the		
, p =	was, onder, wellout prejudice in i	is only remedies under the a	antrock dedicat	F
p-onanty, a our	in concentrated on the delivered t	Drice of the delayed acods or	r unnerformed e	ervices using the current
,	oalouisted for each day of the de	elay until actual delivery or per	rformance.	
5. What is the evaluation of	criteria / special terms and co	nditions to be advertised?		
Name of End-user (in full)	HENGING Moles	Name of SCM Rep (in f	iuli 🖂	Z (
Designation / Rank (in full)	()	Designation/ Rank (in fu	100	30/we
Signature		Signature	DIP	24 Chain Clerk
Date	02 02 2023	Date	Pic	80212028
Standard End-User Specificati	ion Form			Page 1 of 2



CALDAIA o Free	MEDIA 16, 92 SCHOOL SHIPEDS ADMIN'S ARREST SHIPEDS A	PRESCRIPTION - VOORSQUE DRUG SENSTIVITY MEDIKAMENTE 3 SENSTIVITEIT 4	MAAS - MASSA This Signature of * City Dupt I have been confured only House only House Management on Management Moore April got N. Apri
1	Prescribers are advised that registered generic aquivalent may be supplied. FULL SIGNATURES ARE REQUIRED. VOCARRywers word in leaning seated dat genegistreede gelyke mag voorzient word. VOLLE HANDTEKENING WORD BENGDIG.		LABORATOR
	No. All a line and attem following dismoving . Hop so		DORATORY AND X-MAY REPORT - LABORATORIAN - MAY X- STRAAL VERBLAS
	Company of Sharelet and an artist for religion of the Sharelet and Sha		- TTO ALL VERSIONS
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	28 27 27 28 27 27 27 27 27 27 28 37 16 15 27	10 13 13 15 W PM 7/ SR W	A



Quote Number:

Item Description:

END-USER SPECIFICATION FORM

er PATIEN RECOIP

Department/Section: SCM Purpose of Item: 570	Ck							
1. Pre-qualification criteria if any:								
1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes HNO: NO								
1.2. Is a compulsory site inspection / briefing session required? Tes / No NO if Yes, specify: Date 56 / Or 1023 Time 58 (www Place Corn HOS Pile /								
1.3. Is local production and content part of the quote? Yes / No if Yes, specify: YES								
1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / Normalist 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations of section 4(1)(a) of the PPPFA Regulation 4(1)(a) of								
1.5. Liability Cover insurance? Yes /ชิดี if Yes, specify: YES								
2. What is the specification of the required item?								
List specifications to be advertised Comment								
FOLDERS OUT PATIENT RECORD								
1. PRINTED ON BOTH SIDES IN BLACK INK								
3. SITE 297 X 535 mm								
4. BOARD BLUFF TOKET PLANT from left have fides								
NOT FOLSED.								
6. Not folded.								
7. PUNCH 3 Loles 2 holes to be equidistant from the top and								
8. Bottom edge and 228mm from the edge of the front Cover								
11. Frank Cover! labelled printed to bloom contents and item orange								
12.								
13. All PRINAING ON FUE must be IN ENGLISH Language only								
15. PAEKAGING 250 per partect								
16.								
3. Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2) 3.1. Deadline for submission if Yes: Date O'S / O' 12023 Time / Place Place Place								
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?								
Name of End-user (in full)								
Designation / Rank (in full) Designation / Rank (in full)								
Signature Signature Signature	ılı							
Date Date	ODDOR							
Standard End-User Specification Form	Page 1 of 2							

PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH

REPEAT PRESCRIPTION CARD

(For institutional use only)

O.P. No.

Medicine to be collected at:....

Cat No: 23-27602	Ca	Dispensed Date Issued	ature	Consultant Signature	Items in excess of 5 authorised:
		By Date	Qualificaton:	Qualification:	Full signature of Medical Officer:
		Ō	or equivalent		
		OI	or equivalent		
		4	or equivalent		
		ω	or equivalent		
		2	or equivalent		
		_	or equivalent		
	Quantity Quantity	Item No. Qua			Date:
	Initial Prescription	> Ini	Repeat Date		Prescription
	It is recommended that patients requiring more than six items should be seen monthly and a repeat should not be issued. The "Initial Prescription" column is optoinal and should be cancelled at those institutions where the or prescription is written in the patient's folder.		51 , 4-	ust be cancelled by and must be issued and catient.	Any blocks relating to the prescription and/or repeat dates which are not utilised must be cancelled by the presciber. In the event of any changes/alterations being required to the prescription, a new card must be issued and the old one cancelled and filed in the patient's folder. This repeat card is to be retained by the institution and is NOT to be issued to the patient.
					Telephone:
	J.	Nadocadinaria			
		Assessment			Address:
				Age:	First names:
	1 2 3	푸		Sex:	Surname:
	Category	Classification			Patient particulars
	(Institution)		Medicine to be concord	ivid	Prescription issued by:(Institution)



Quote Number:

END-USER SPECIFICATION FORM

Qu	ote Number:				o /			~ :	1	
Ite	m Description:	CARD	PRESCRIP	7100	Report (્ટકર	per per	19167)	b
De	partment/Section:	Sem		Purp	ose of Item:	37	ock			
1.	1. Pre-qualification criteria if any:									
	1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes /-No: Regulatory Body / certification required if Yes: YES									
1.2. Is a compulsory site inspection / briefing session required? Hes / No Pr (G) if Yes, specify: Date Or / 1620 Time Sh. 50 Place Cozar Hos Pr (G)										
	1.3. Is local produc if Yes, specify: YES	tion and cont	ent part of the quo	ote? Yes /	No					
	1.4. Provisions of s if Yes, specify: _BBBE		-	_	2017 if applicable ^s	? Yes / Ne	•			
	1.5. Liability Cover if Yes, specify: YES	insurance? Y	es/No							
2.	What is the specific	ation of the r	equired item?							
List	specifications to be ad		2110 / 18	<u> </u>		Comme	nt]
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	No.									
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3.	Does a sample need	I to be submit	tted? Yes / No(sele	ect option 3	3 1 or 3 2)					Ţ
•	3.1. Deadline for subr	mission if Yes:	Date 08 /02 2	JE3 Time	e \$8 : 6 → Place	e Cez	in Itas	Me/		
or	3.1. Deadline for submission if Yes: Date 08 102 2023 Time \$8:6 Place COZA 1+0597 le / or 3.2. Specify that samples must be made available when requested in writing. Yes or No									
4.	Penalties to be noted	l by the suppl	liers:							
••	4.1. If the supplier fa			joods or to	perform the serv	ices withi	in the period	(s) specifie	d in the	
			vithout prejudice to							
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	What is the evaluatio									
	ne of End-user (in full)		ilue Malal	OLINar	ne of SCM Rep (in	full)	Zesu	Lue		
	ignation / Rank (in full)	SUPPY	TOCKINN CI		signation/ Rank (in	full)	90-C	,		
	nature	UBV	40mm		nature		Buly			
Date			2023	Dat	е		1900 G	2725	LB	
Star	ndard End-User Specific	cation Form						Pag	e 1 of 2	