# **Quotation Advert**

**Opening Date:** 

06/02/2024

**Closing Date:** 

13/02/2024

**Closing Time:** 

11:00

**INSTITUTION DETAILS** 

Institution Name:

Emmaus Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required:

**EMMAUS HOSPITAL** 

**Date Submitted:** 

ITEM CATEGORY AND DETAILS

Quotation number:

EMM356/11/23

06/02/2024

Item Category:

Goods

**Item Description:** 

SUPPLY AND DELIVER SURGICAL ITEMS

Quantity (if supplies):

14

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Click here to enter text.

Venue:

QUOTES CAN BE COLLECTED FROM:

uploaded on website

QUOTES SHOULD BE DELIVERED TO:

MAIN GATE

**ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:** 

Name: B.E.MIYA

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name:

**Finance Manager Signature** 



THE DESIGNATION OF THE PARTY OF	PART.	CULARS OF QU	(0)19/401(0)NI	aparter of the same	E" 25,92 L. 10 47, 2
YOU ARE HEREBY INV	TITED TO QUOTE FOR REQUIREMENTS AT:	J J		Internation Natur	
FACSIMILE NUMBER:	036 488 1739 E-N	MAIL ADDRESS:	EmmausQuot	ation@kznhe	ealth.gov.za
PHYSICAL ADDRESS:	EMMAUS HOSPITAL CATHEDRA	L PEAK ROA	AD WINTERTON	<b>1</b> 3340	
QUOTE NUMBER:	06/02/2024 CLC	11-23	1 ,		VALIDITY PERIOD:90 DAY
DATE ADVERTISED:	06/02/7024 CLC	OSING DATE:	13/02/	2024	CLOSING TIME:11:0
DESCRIPTION:	Dupply and Deliver	Surg	ical Ite	MS	
CONTRACT PERIOD (IF	APPLICABLE): Once				
DEPOSITED IN THE QUO	DTE BOX SITUATED AT (STREET ADDRESS)	l:			
ENQUIRIES REGARDING	THE QUOTE MAY BE DIRECTED TO:				
CONTACT PERSON: B.E	E.MIYA	TEL	EPHONE NUMBER:	036 488 82	211
E-MAIL ADDRESS:					
	TECHNICAL INFORMATION MAY BE DIREC				
		TELI	EPHONE NUMBÉR:		
E-MAIL ADDRESS:					
Bidders should ensure th	at quotes are delivered timeously to the corr	ect address. If t	he quote is late, it v	vill not be acce	pted for consideration.
The quote box is open from					
QUOTATIONS MUST BE S	UBMITTED ON THE OFFICIAL FORMS – (NO	IT TO BE PETVE	DEN)		
THIS QUOTE IS SUBJECT	TO THE PREFERENTIAL PROCUREMENT PO GENERAL CONDITIONS OF CONTRACT (GO		ODK ACT AND THE	PREFERENTIA ER SPECIAL C	L PROCUREMENT ONDITIONS OF CONTRACT.
	, THE FOLLOWING PARTICUL (FAILURE TO DO SO MAY RESU	ARS OF BIDDE	P MILST BE EURNIS		
IAME OF BIDDER:	(FAILONE TO BO GO MAT RESU	EI IKK AUIUK OU	OTE BEING DISQU	(MIFIED)	
-MAIL ADDRESS:				- 4	
OSTAL ADDRESS:					
TREET ADDRESS:					
ELEPHONE NUMBER:		FACSIN	MILE NUMBER:		
ELLPHONE NUMBER:		SARS F	PIN:		
T REGISTRATION NUMBE	R (If VAT vendor):				
NTRAL SUPPLIER DATAB	ASE REGISTRATION (CSD) NO.	MA	AA		
IQUE REGISTRATION REF					



CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

PREFERENCE P		1 000 1	and Deliver Surgical				
	OINTS WILL BI	E ALLOCATE	D ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOAL	S IN TERMS O	F PPR 2022:	POINTS A	LOCAT
Promotion of Ent	erprises manuf	facturing in the	e Province of KwaZulu-Natal			<b>→</b> 2	0
101111111111111		UNIT OF	1	PRAND 9	COUNTRY OF	PRI	CE
ICN NUMBER	QUANTITY	MEASURE		BRAND & MODEL	MANUFACTUR E	R	С
	Boxes	\$9°	Bougie Multer Sylets 6,10 & 15 Fg				
	02	Unit	Orlhanosala				
	O J	Cinc	Orthopaedic Scusors				
	100	1101					
	10	Unit	Graves wide view				-
			ST SCITION)				
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	1	VΒ	REQUIREMENTS				
			CSD REPORT UPDATED				
			SARS PIN				
	-						
UE ADDED TA	X @ 15% (On	ly if VAT Ve	ndor)				
AL QUOTATIO	N PRICE (VAI	LIDITY PERI	OD 90 Days)				
ES THIS OFFER HE PRICE FIRM ES THE ARTICLE	?		CIFICATION?  N.S. / S.A.B.S. SPECIFICATION?			YES	/ NO / NO / NO
TE DELIVERY P						, 23	
E OF BIDDER;	( <del></del>		SIGNATURE OF BIDDER [By signing this document,		S <del>.</del>		

DATE: \_\_\_\_\_



#### BIDDER'S DISCLOSURE

#### 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

#### **BIDDER'S DECLARATION**

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest <sup>1</sup> in the enterprise, employed by the state? 2.1.1.

YES / NO

ILL NAME	nes, individual identity numbers, and, if applicable, state or any person having a controlling interest in the enterp	inse, in table below.
	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 <sup>2</sup> ?	VF0 ( !!
2.2.1.		YES / N
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.		
3	DECLARATION	
	I, the undersigned,(name) in submitting the accompanying bithe following statements that I certify to be true and complete in every respect:	d. do hereby <b>make</b>

- 3.1. I have read and I understand the contents of this disclosure;
- I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect; 3.2. 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 consortium<sup>3</sup> 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
- 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 3.5 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

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

<sup>2 &</sup>quot;Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

<sup>3</sup> 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.



#### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by
   4.2. In cases where organs of state intend to use Parallel to accept the process.
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
  - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

	The specific goal/s allocated points in terms of this tender points allocated (80/20 (80/20 system) System)
Pron	otion of Enterprises manufacturing in the Province of KwaZulu-Natal
	DECLARATION WITH REGARD TO COMPANY/FIRM
4.3.	Name of company/firm:
4.4.	Company registration number:
6.	TYPE OF COMPANY/ FIRM [lick applicable box]  Partnership/Joint Venture / Consortium  One-person business/sole propriety  Close corporation  Public Company  Personal Liability Company  Personal Liability Company  (Pty) Limited  Non-Profit Company  It the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:  The information furnished is true and correct;  The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;  In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;  If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have —  (a) disqualify the person from the tendering process;  (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;  (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;  (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partern (hear the other side) rule has been applied; and
	SIGNATURE(S) OF TENDERER(S)
	SIGNATURE(S) OF TENDERER(S) SURNAME AND NAME:



## END-USIER SPECIFICATION FORM

PLASTER DB, etc.)? Yes
OB, etc.)? Yes
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antee)
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port)
ase

Name of End-user (in full)	M. GOVENDER	Name of SCM Rep (in full)	ar incommode once on
Designation / Rank (in full)	OPERATIONAL MANAGEL	Designation/ Rank (in full)	
Signature	Caesdo	Signature	
Date	05/04/2023	Date	



# AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE

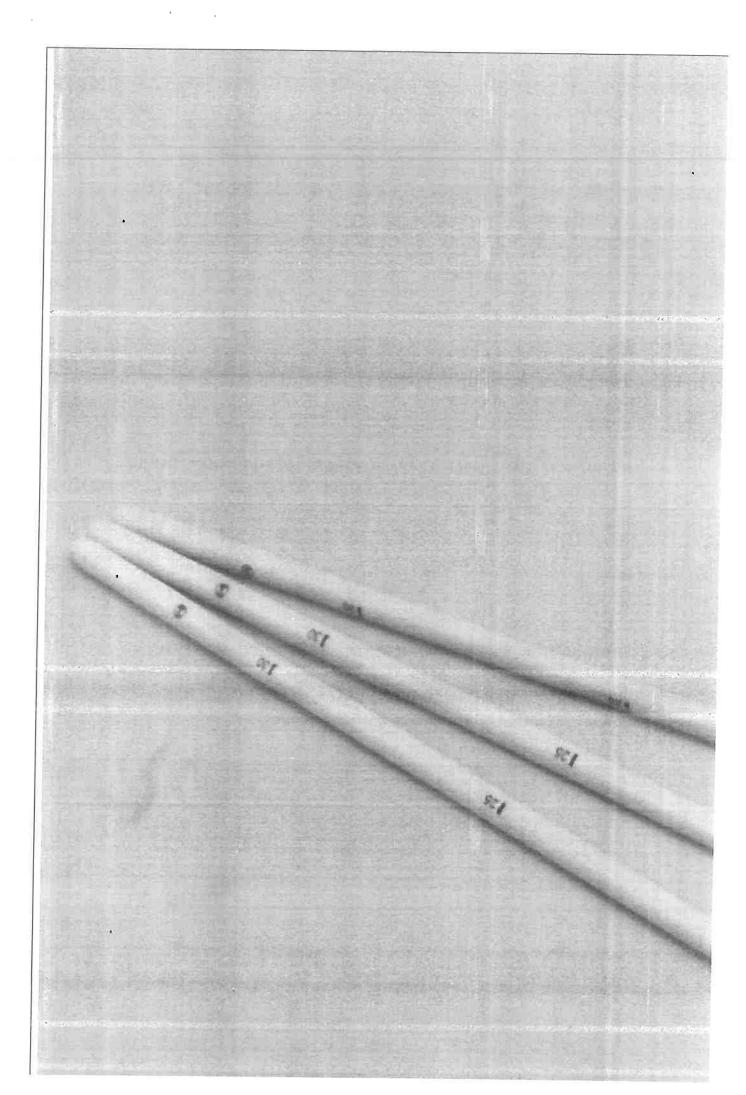
Initials and Surname	Portfolio	Signature	Date



## END-USER SPECIFICATION FORM

•	Quote Number:								
ı	tem Description:	BONGIE	MULLER	STYLETO					
i	Department/Section: CAS \ OPD			Purpose of I	tem:	17 15	USED	70	FIVALLITA
	l. Pre-qualification crit	teria if any:				DIFFICUI	エ ルカ	<b>1881</b>	Con
	1.1. Is the item requi Regulatory Body / cert	ired to have a re ification required	egulatory body lif Yes:SA	certification (e.g. SABS, \$ පෙ ු (රෙර	SANS, SAN	AS, ISO, CI	DB, etc.)	? Yes	/ <b>N</b> o:
				ion required? Yes / No Place		konsi		_	
	1.3. Is local producti		part of the quo						
	20.50		the PPPFA Reg	ulations,2017 if applicabl	le? Yes / No	•			
	1.5. Liability Cover in if Yes, specify:								
2.			ired item?						
	st specifications to be adv		9409		Commer	nt •			
1.	VW-14	15 FR (	in mo	LENGTH, ULTRA			On the second section of the section of the second section of the section of		
2.	SMOOTH SUR	FACE, MA	rkings	PER con					
3.				CONTRACTOR		Taxanian in the same annual	W. U		
<b>4</b> .		2000 00							
3.	3.1. Deadline for subm			-	ace			www.	koo damagar s-
or				requested in writing. Yes	or No				
	Penalties to be noted to 4.1. If the supplier fails contract, the purch as a penalty, a suprime interest rate	by the suppliers to deliver any aser shall, without calculated on calculated for ea	i: or all of the go ut prejudice to it the delivered p ich day of the de	oods or to perform the set s other remedies under the rice of the delayed goods lay until actual delivery or p	rvices withing contract, do or unperformance	n the period educt from med service	the conti	ract p	rice,
				nditions to be advertised?	?	2000.000	to the control of the		
	t evaluation criteria / speci								
	Pre-qualification criteria Administrative	AND THE RESERVE TO THE PARTY OF	-	alification criteria?					
				ated administrative requirer					
	Conformance:			ce performed to specification			W		_
-	Performance:	from all liabilitie	es under the con		ion, in a mar	nner that rel	eases the	suppl	ier
	Features:			product or service have?					
*	Reliability:			ween failures and the need					
-	Durability:	What is the use	eful life for the pr	oduct? How will the produc	ct hold up un	ider extende	ed use?		
-		I diameter a manufacture	a sonais madelate		roomino? (a	uctomor cui			- 0. [
-	Serviceability:			n or support the product or		ustomer su	pport)		*
naMi:	Serviceability: Ability & Capacity Preference points	The ability and	capacity of the v	in or support the product or rendor to execute the contr m (80/20) if applicable		ustomer su	oport)		

Name of End-user (in full)	MELLISA GOVENDER	Name of SCM Rep (in full)	e-YAA.W\
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	A the Associate de Marine de Lance
Signature	Claraco	Signature	
Date	11/04/28	Date	





# ISER SPECIFICATION FORM

Quote Number:	•			
Item Description:	Graves 60	0 - 14.5		
Department/Secti		DE VIEW SPEC	CLUM	
	tion criteria if any:	Purpose o	of Item:	for unde views on surgical process
11 Is the ite	many,			or surgical process
Regulatory Ros	m required to have a regulatory b dy / certification required if Yes:	ody certification (e.g. SADo		· /
- garatory Bot	dy / certification required if Yes:	The state of the s	, SANS, SA	NAS, ISO, CIDB, etc.)? Yes / No
1.2. Is a comm	Ulsony sito inner d		10	
if Yes, specify:	oulsory site inspection / briefing s	ession required? Yes No		
	TIFIC	· Place		•
i.s. is local pr	oduction and content part of the	quote? Yes / Ni)		
1.4. Provisions	of posting and			
if Yes, specify:	of section 4(1)(a) of the PPPFA F	Regulations, 2017 if applicab	dož Valada	
, ,,			res/N	0
1.5. Liability Co	over insurance? Yes / No			
if Yes, specify:	res / No			
2. What is the spec	cification of the required item?			
THE CONTRACTOR TO DE	advertised			
000000	00		Commen	<b>†</b>
2 Plade dime	200000	1.0	- STATION	
3. Be straight	german staines	im or layam X40	m	
			"	
13. May - Type	/Single in ded/curratur	7 · Charalt		
3. Does a sample	, Jean ata	conaignt		
3.1 Does a sample ne	eed to be submitted? Yes / No(sele	ect option 2.4 av a.a.		
or Deadline for Si	ubmission if Yes: Date//			
3.2 Specify that a		—:Place	e	
· · · · · · · · · · · · · · · · · · ·	mples must be made available whe	n requested in writing V-		
Ti clidilles to he not	ad b			
· · · · · · · · · · · · · · · · · · ·	faile to dolive			
contract, the pu	rchaser shall without and	oods or to pultorm the servi	Ces within 4	<b>L</b>
as a penalty, a	fails to deliver any or all of the go richaser shall, without prejudice to it sum calculated on the delivered p ate calculated for each day of the de	s other remedies under the co	Ontract ded	ne period(s) specified in the
prime interest ra	ate calculated for each day of the de	rice of the delayed goods or	unperforme	ed services using the
5. What is the ovalues:	and day of the de	iay until actual delivery or per	formance.	dervices using the current
1. Pre-qualification - ::	ecial terms and conditions to be adv	ertised (if applied to be		
Administrative				
Conformance:	CONTINUE TO STINUE	to all all the		
4. Performance:	Was the product made or service full/does the product/service full	e performed to specification	its?	
Timanoc.	from all the product/service ful	fil its performance obligations	?	
5. Features:	Will/does the product/service ful from all liabilities under the control What characteristics does the product.	act?	ın a manner	that releases the supplier
6. Reliability:	What characteristics does the pr	oduct or service have?		
7. Durability:			maintenance	22 (quarente )
8. Serviceability:	What is the useful life for the production How easy is it to repair, maintain	duct? How will the product ho	ld up under	extended us o
9. Ability & Capacity	The ability and capacity of the ver-	Product of Sen	vice? (custo	Mer support
10. Preference points	The ability and capacity of the ver Preferential Procurement System	ndor to execute the contract	1540107	nor support)
	System System	(80/20) if applicable		
Name of Earl				
Name of End-user (in full)	N.B. Marhus	Nome (25)		
Designation / Rank (in full)	D.B. Machine Operational Manager	Name of SCM Rep (in full)		
Signature	Dane shur	Designation/ Rank (in full)		