

Quotation Advert

Opening Date:

30/01/2024

Closing Date:

06/02/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Wentworth Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/ service is required:

WENTWORTH HOSPITAL

Date Submitted:

29/01/2024

ITEM CATEGORY AND DETAILS

Quotation number:

WEH: 335/23-24

Item Category:

Goods

QUANTITY

Item Description

Stationary Bicycle – Paediatric

1 Unit

Pedal Cycle

1 Unit

Push Walker - Paediatric

1 Unit

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Venue:

NOTE!!

QUOTES CAN BE COLLECTED FROM:

Pint from the web and bring the document for signing

on site meeting date

QUOTES SHOULD BE DELIVERED TO: Blue Tender Box at the Min Gate Wentworth Hospital

NOTE!! No emailed documents will be allowed

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Themba Dlamini

Email:

Themba.dlamini@kznhealth.gov.za

Contact number: 031 460 5314

Finance Manager Name: Mr. S. Cotchobos Finance Manager Signature





PARTICULARS OF QUOTATION YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL						
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL						
FACSIMILE NUMBER: E-MAIL ADDRESS: ntombifuthi.khumalo2@kznhealth.gov.za						
PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026						
QUOTE NUMBER: ZNQ /WEH 7335 /23 -24 VALIDITY PERIOD: 90 DAYS						
DATE ADVERTISED: 30-01-2024 CLOSING DATE: 06-02-2024 CLOSING TIME: 11:00						
DESCRIPTION: PAEDIATRIC STATIONARY BICYCLE, PEDAL CYCLE AND PUSH WALKER - SPECS ATTACHED						
CONTRACT PERIOD (IF APPLICABLE): ONCE OFF						
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): BLUE TENDER BOX AT THE MAIN GATE - 1 BOATON ROAD JACOBS 4026						
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: Ntombifuthi Khumalo E-MAIL ADDRESS: Ntombifuthi.khumalo2@kznhealth.gov.za TELEPHONE NUMBER: 031 460 5314						
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:						
CONTACT PERSON: TELEPHONE NUMBER:						
E-MAIL ADDRESS:						
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, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.						
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)						
NAME OF BIDDER:						
E-MAIL ADDRESS:						
POSTAL ADDRESS:						
STREET ADDRESS:						
TELEPHONE NUMBER: FACSIMILE NUMBER:						
CELLPHONE NUMBER: SARS PIN:						
VAT REGISTRATION NUMBER (If VAT vendor):						
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.						
UNIQUE REGISTRATION REFERENCE:						



QUOTE NUMBE	R: ZNQ	,WEH	▼,335 ,23	_24					
DESCRIPTION:	PAED	IATRIC ST	ATIONARY BICYCLE, PE	DAL CYCLE AND PU	SH WAL	KER - SPEC	S ATTAC	HED	
REFERENCE PO	NTS WILL BE	ALLOCATED	ACCORDING TO THE IMPLEMENTA	TION OF SPECIFIC GOALS IN	TERMS OF	PPR 2022:	POINTS	ALLOCA	TEL
romotion of Sou	th African Own	ed Enterprises	The control of the day.				<u> </u>	20	
CN NUMBER	QUANTITY	UNIT OF	DESCRIPTION	В	RAND &	COUNTRY OF	Р	RICE	_
CH HOMBER	QUANTITI	MEASURE	DESCRIPTION		MODEL	MANUFACTUR E	R	С	

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TAL QUOTAT		-	endor) RIOD 90 Days)	11 TANTON MA			· 1001-		
THE PRICE FI	RM?		ECIFICATION?	va.				YES /	N
			A.N.S. / S.A.B.S. SPECIFICATIO	N'7				YES /	N
ATE DELIVER									····
ME OF BIDDE	K:		***************************************	SIGNATURE OF BIDDER: (By signing this document,				,	_

## Department: Health PROVINCE OF KWAZU U-NATAL

Standard End-User Specification Form

## END-USER SPECIFICATION FORM

	ROVINCE OF KWAZULU-NATAL te Number:				
,					
Item	Description: PA	EDIATRIC STATIONARY BICYCLE			
Dep use		HYSIOTHERAPY hen muscles, increase range of I		The paediatric stationary bicycle is lation in the lower limbs.	
1.	Pre-qualification criter	ia if any:			
		d to have a regulatory body certication required if Yes:		S, SANAS, ISO, CIDB, etc.)? Yes / No 	
	1.2. Is a compulsory si if Yes, specify: Date	te inspection / briefing session r	equired? Yes / No Place		
		n and content part of the quote?			
	1.4. Provisions of sect if Yes, specify:	ion 4(1)(a) of the PPPFA Regulat	ons,2017 if applicable?	res / No	
	1.5. Liability Cover ins	urance? Yes / No			
	ii rea, apecity.				
2.		on of the required item?			
Lis	t specifications to be adv	ertised		Comment	
	Dimensions: 55cm x 35 Maximum weight: 68kg Age: 3 years and older Material: Steel and Plas	*			
3.	Does a sample need to 3.1. Deadline for submis	be submitted? Yes / No(select o	otion 3.1 or 3.2)Time:Place		
or	3.2. Specify that sample	es must be made available when re	quested in writing. Yes	or No	
4.	the purchaser shall penalty, a sum calc	o deliver any or all of the goods or to deliver any or all of the goods or to deliver any or all of the goods or to deliver any or all of the goods or the goods	nedies under the contract, e delayed goods or unper	nin the period(s) specified in the contract deduct from the contract price, as formed services using the current prince.	
5.	What is the evaluation	criteria / special terms and condi	tions to be advertised?		
Lis	t evaluation criteria / spec	cial terms and conditions to be adve	ertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qual	ification criteria?		
2.	Administrative	Does the offer comply to stipulate			
3.	Conformance:	Was the product made or service	performed to specification	18?	
4.	4. Performance: Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?				
5.					
6.	Reliability:	How long can a product go between	een failures and the need f	or maintenance? (guarantee)	
7.	Durability:	What is the useful life for the pro	duct? How will the product	hold up under extended use?	
8.	Serviceability:	How easy is it to repair, maintain			
9.	9. Ability & Capacity The ability and capacity of the vendor to execute the contract				
10		Preferential Procurement System	1 (80/20) if applicable		
<u> </u>		Turning	Name of COM Day (1-4	AN MONTE CO	
	me of End-user (in full)	J.E SHOZI	Name of SCM Rep (in f		
	esignation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in fu		
	gnature 	15/11/2000	Signature	05/12/2023	
Da	ite	15/11/2023	Date	100/11×/20<2	

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PAEDIATRIC STATIONARY BICYCLE

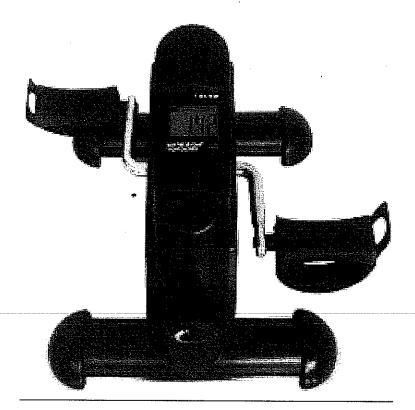


## END-USER SPECIFICATION FORM

Qu	ote Number:						
ltei	n Description:	PEDAL CYCLE					
tím	partment/Section: es a day for patients t abilitation process.	PHYSIOTHERAPY to increase their range of mot	Purpose of Item: ion and muscle power in the	The pedal cycle is used multiple eir lower limbs as part of the			
1.	Pre-qualification criteria if any:						
	-	ired to have a regulatory bod lification required if Yes:	· ·	ANS, SANAS, ISO, CIDB, etc.)? Yes / No:			
		site inspection / briefing ses					
		ion and content part of the qu					
		ection 4(1)(a) of the PPPFA Re		e? Yes / No			
	1.5. Liability Cover i if Yes, specify:	nsurance? Yes / No					
2.	What is the specific	ation of the required item?					
Lis	st specifications to be a	dvertised		Comment			
	Assembled Dimension Has Adjustable Strap Size (in/cm) 32	s Yes		-			
<b>3.</b> <i>or</i>	•	to be submitted? Yes / No(se nission if Yes: Date/	•	ce			
	3.2. Specify that samp	oles m <del>ust be made ava</del> ilable wh	nen-requested-in-writing. Yes-	or No .			
4.	the purchaser sh penalty, a sum c	s to deliver any or all of the good all, without prejudice to its othe	er remedies under the contra e of the delayed goods or un	within the period(s) specified in the contract, act, deduct from the contract price, as a performed services using the current prime nance.			
5.	What is the evaluatio	n criteria / special terms and o	conditions to be advertised	?			
		ecial terms and conditions to be					
1.	Pre-qualification criter						
2.	Administrative		ipulated administrative require				
3.	Conformance: Performance:		ervice performed to specificat				
4.	геноппапсе:	supplier from all liabilities u		tion, in a manner that releases the			
5.	Features:	What characteristics does the product or service have?					
6.	Reliability:			d for maintenance? (guarantee)			
7.	Durability:			ict hold up under extended use?			
8.	Serviceability:			or service? (customer support)			
9.	Ability & Capacity The ability and capacity of the vendor to execute the contract						
10.	Preference points	Preferential Procurement S	ystem (80/20) if applicable				
				-			

Date	15/11/2023	Date		11d	/ 20 <i>23</i>
Signature	2000	Signature	11	, _/	
Designation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in full)	A	20	
Name of End-user (in full)	J.E SHOZI	Name of SCM Rep (in full)		<i>ያ</i> ያ Γ	Mounae

#### PEDAL CYCLE



# Department: Health PROVINCE OF KWAZULU-NATAL

### END-USER SPECIFICATION FORM

Que	ote Number:	A. Share						
lten	n Description: P	AEDIATRIC PUSH WALKER						
for		HYSIOTHERAPY ge ambulation. It is used for child			atric push walker is used al palsy and developmental			
1.	Pre-qualification crite	ria if any:						
-	1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes:							
		site inspection / briefing session r						
		n and content part of the quote?						
		tion 4(1)(a) of the PPPFA Regulati		Yes / No				
	1.5. Liability Cover in if Yes, specify:	surance? Yes / No						
2.	What is the specificat	ion of the required item?						
	t specifications to be adv			Comment				
-	Must be height adjusta Have wheels for mobil Handles for support.			-				
3. or	3.1. Deadline for subm	o be submitted? Yes / No(select of ission if Yes: Date//	Time:Place					
4.	the purchaser sha penalty, a sum ca	by the suppliers:  to deliver any or all of the goods or to deliver any or all of the goods or the without prejudice to its other removed the delivered price of the ated for each day of the delay until a	nedies under the contract e delayed goods or unpe	t, <b>deduct f</b> i erformed se	rom the contract price, as a			
		to the state of th						
5.		criteria / special terms and condi- cial terms and conditions to be adve						
1.		a Does the offer meet the pre-quali						
2.	Administrative	Does the offer comply to stipulate		nents?	-			
3.	Conformance:	Was the product made or service						
4.	Performance:	Will/does the product/service fulfi			ner that releases the			
	supplier from all liabilities under the contract?							
5.	Features:	What characteristics does the product or service have?						
6.	Reliability:							
7. 8.	Durability:							
<u> </u>								
10								
L_10		* Total Strain Control Control	,					
	•			-				
Na	me of End-user (in full)	J.E SHOZI	Name of SCM Rep (in	full)	. D. MAIONICE			
	signation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in f	<u>/</u>	5/0			

Signature

Date

Standard End-User Specification Form

Signature

Date

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#### PAEDIATRIC PUSH WALKER

