

Quotation Advert

Opening Date: 31/10/2018

Closing Date: 09/11/2018

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Jozini CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required JOZINI CHC

Date Submitted 31/10/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
154/18/19

Item Category: Goods

Item Description: SUPPLY AND DELIVER
OCCUPATIONAL THERAPY
SEE LIST ATTACHED

Quantity (If supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: JOZINI CHC, D850 ROAD, NEXT TO MSIYANE HIGH SCHOOL, JOZINI, 3969

QUOTES SHOULD BE DELIVERED TO: JOZINI CHC, D850 ROAD, NEXT TO MSIYANE HIGH SCHOOL, JOZINI, 3969

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: B. ZULU

Email: Jozini.chc@gmail.com

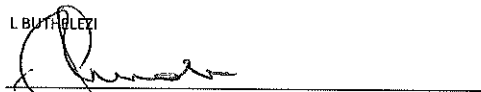
Contact Number:

0658770490/0793899654

Finance Manager Name:

L BUTI GLEZI

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'L. Buti Glezi', is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered

Save | Save As... | Close | Print Preview

Print this page

The completed Quotation Advert must be printed and signed by the Finance manager.

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

WE HEREBY INVITE YOU TO QUOTE FOR REQUIREMENTS AT: JOZINI COMMUNITY HEALTH CENTRE

QUOTE ADVERTISED: 31 OCTOBER 2018

PHYSICAL ADDRESS: JOZINI COMMUNITY HEALTH CENTRE, D850 ROAD, NEXT TO MSIYANE HIGH SCHOOL

ZNQ NUMBER: 154/18/19-JZN CHC CLOSING DATE: 09/11/ 2018 CLOSING TIME: 11:00

DESCRIPTION: OCCUPATIONAL THERAPY

CONTRACT PERIOD: ONCE OFF VALIDITY PERIOD 60 Days

SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [Grid]

UNIQUE REGISTRATION REFERENCE [Grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
JOZINI COMMUNITY HEALTH CENTRE, D850 ROAD, NEXT TO MSIYANE HIGH SCHOOL
JOZINI 3969

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.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

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 WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....
CELLPHONE NUMBER
E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

IF YES, WHO WAS THE CERTIFICATE ISSUED BY? [TICK APPLICABLE BOX]

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)
A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS);
A REGISTERED AUDITOR.

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

YES NO

[Handwritten signature]

ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES
 .00F]

PRICE PAGE FOR QUOTATIONS

NATURE OF BIDDER DATE.....
 By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
		SUPPY AND DELIVER				
		SEE ATTACHED LIST				
		FOR OCCUPATIONAL THERAPY				
		ATTACH ONE PAGE SHOWING UNIQUE REGISTRRTATION REFERENCE				
VALUE ADDED TAX @ 14% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: <u>P.MYENI</u> Tel: <u>0658770490</u>	Enquiries regarding <u>technical information</u> may be directed to: Contact Person: <u>B.ZULU</u> Tel: <u>0793899654</u>
---	--

**health**

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: JOZINI COMMUNITY CENTRE

Physical Address: Jozini Community Centre, D850 Road, Next to Msiyane High School
Postal Address: Private Bag X012, Jozini, 3969
Tel: (035)572 1042 Fax: (035)572 1077
Email: jozini.chc@gmail.com

QUOTATION CONTINUATION

NUMBER	ITEM DESCRIPTION	QUANTITY	AMOUNT
1	GONIOMETERS 360° , 30 goniometers,20cm goniometers,15cm goniometers & 15cm steel finger goniometer.	01 SET	
2	ROLLS VINYL (NAVY) 50X17CM AND 50X25CM	02 UNITS	
3	THERAPUTTY C5 LEVELS OF RESISTANCE(EXTRA SOFT,SOFT,MEDIUM SOFT,MEDIUM AND FIRM	1SET	
4	BOBATH PLINTH (STROKE AND SPINAL REHAB) Hydraulic controlled height adjustable therapy plinth (2mx1.2m) with high density chip foam padded vinyl surface height range approximately 35-80cm	01 UNIT	
5	RINGS IN A POLE WITH WOODEN RING SET	02 SETS	
6	SINGLE HANDED CHOPPING BOARD WITH 3 SPIKES AND 2 SIDE GUARDS (POLY PROPYLENE 300MMX300MM	01 UNIT	
7	DIGIFLEX ON STANDARD 5 COLOURS	01 SET	
8	GRADED ACTIVITY BOARDS WITHOUT HOLDING FRAME	02 SETS	
9	PEG BOARD WITH PATTERN BOARDS WITH COLOURED PEGS(GREEN,YELLOW,RED,BLACK AND BLUE)	01 SET	
10	THERA-BAND EXERCISE BANDS COLOUR PROGRESSION (TAN,YELLOW,RED,GREEN,BLUE,BLACK,SILVER AND GOLD) 50M YARDS	02 SETS	
11	HAND EXERCISE BALLS SET (EXTRA SOFT,SOFT,MEDIUM,FIRM AND HARD	02 SETS	
12	STACKING CONES WITH PATTERN BOARD (PRIMARY COLOURS)	01 SET	
13	NEOPRENE(SOFT SPLINT MATERIAL) 4 SHEETS PER BOX(BLACK / BROWN) 1/8 X 2 INCHX10 FEET AND 1/8 X 12 INCH X 18 FEET	02 BOXES	
14	THERMOPLAST MATERIAL WHITE 19% PERFORATED 1.6MMX46CMX61CM 6 SHEETS IN A BOX	01 BOX	