	health Department Health PROVINCE OF KWAZULU-NATAL
Openin	g Date:
Closing	Date:

health Department Health PROVINCE OF KWAZULUNATAL	uotation Advert	
Opening Date:	06/02/2019	[. 1]
Closing Date:	13/02/2019	gropen, - 10
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Umzinyathi district office	Y
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	UMZINYATHI HEALTH DISTRICT OFIICE	
Date Submitted	05/02/2019	i p
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 269/2018/19	
Item Category:	Goods	Y
Item Description:	SUPPLY AND DELIVER A4 PHOTOCOPY PAPER	
	NB: OFFICIAL QUOTATION DOCUMENT ATTACHED TO THIS ADVERT	
Quantity (if supplies)		
	100 BOXES	
COMPULSORY BRIEFING SESSION / Select Type:		V
Date:	Not Applicable	
		1.2
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	34 WILSON STREET, DUNDEE 3000	

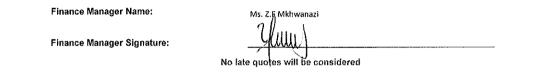
34 WILSON STREET, DUNDEE 3000 QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: THOBILE KHOWANE

Email: thobile.khowane@kznhealth.gov.za

Contact Number:

ੇ Submit 🖼 Save Save As... 이 Close 🦂 Print Preview



Print this page

034 299 9163

ote

		STANDARD QUOTE DOCUM	ENTATION SUPP	LY CHAIN	AM P	NAGEM	FNI ONDI	=K K30	000.00			
YOUA	RE HERERY	INVITED TO QUOTE FOR REC	QUIREMENTS AT	UMZINYAT	THI HE	EALTH D	STRICT OF	FICE]
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UMZINYATHI HEALTH DISTRICT OFFICE DATE ADVERTISED: 06/02/2019 FACSIMILE NUMBER: 034 212 3139												
		DIRECTED TO: H.T KHOWANI	E									
1		S 34 WILSON STREET, DUNDER						***************************************				
PHYS	CAL ADDRES	18: 17: M. 19: M		***************************************	*****	*********						
ZNQ NU	MBER: .269/20	18/19 CLO	SING DATE: .13/9	2/2019		CLC	SING TIM	E: 11:0	0			
		Y AND DELIVER A4 WHITE PHOTO			,	• • • • • • • • • • • • • • • • • • • •			*************			·/········
THEF	OLLOWING P	ARTICULARS MUST BE FURN	IISHED (FAILURE	TO DO S	O WI	LL RES	ULT IN YO	UR OF	FER BEIN	G DIS	QUALI	FIED)
		N	AME & ADDRESS	OF BIDDE	ER (F	IRM)						
NAME	OF BIDDER											
1	CAL ADDRES			DATE								
	ACT NUMBER			FACSIM		NUMBER	₹					,
1	TURE OF BID			SARS P								
,	•	ment I hereby agree to all terms	and conditions)	CENTRA	AL S	JPPLIEF	R DATABA	SE RE	GISTRATI	ON (C	SD) NO).:
UNIQU	JE REGISTRA	TION REFERENCE: ↓										
1												
Item	Quantity	Description			T	Brand !	k model	Com	ntry of	Price	a	
No	Quantity	Description				ы анч с	x mouci		ufacture	R	·	С
01	100 BOXES	A4 WHITE PHO	TOCOPY PAPER		+			 				+
- 01	100 BOXEG		297MM		\dashv							1
			S PER REAM					1				
			S IN A BOX		-							\top
	*****	809	g/m2		$\neg \uparrow$				********			
							····	<u> </u>				
							····					
								<u> </u>				
								 				
	- 10050 510	/A 1 *** *** **										
		(Only if VAT Vendor)	0 D\									
IUIAI	LQUUTATION	PRICE (VALIDITY PERIOD 6	u Days)							L	 · · · · · · · · · · · · · · · · · ·	
Dogs th	is offer comply	with the specification?		tate delive	rv ne	riod e a	Fa 1dav	1week	·			
	rice firm?	with the specification:		Il delivery					· · · · · · · · · · · · · · · · · · ·			
is the bi	IOO MITTI	SPI	CIAL CONTRACT CON				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***** p=*			
		no obligation to accept the lowest or any		16. In the ex	vent th	at the tax	compliance st					
3. The d	lepartment reserve	nclude VAT (if VAT vendor). es the right to evaluate all quotations ex	cluding VAT as some			to provide atus of the	a SARS pin ir supplier.	n order fo	r the institution	n to val	idate the	tax
4. The E	ers may not be VA Bidder must ensure	the correctness & validity of quote: tha	t the price(s), rate(s) &	againet			nify the KZN ims of infringe					
prerei the pi	rence quotea cove rice (s) & calculatio	r air for the workheim (s) & accept that a ons will be at the Bidder's risk	any misiakes regarding	rights ar	rising f	rom use o	f the goods or	any part	thereof by th	e purch	aser.	
obliga	obligations conditions devolving on under this agreement, as the Principal (s) liable the period(s) specified in the contract, the purchaser shall, without prejudice to its											
6. This o		/aluated specification & correctness of it		calculate	ted on	the delive	ed price of the	e delayed	d goods or un	perform	ed servic	es using
8. Late	quotes will not be o						t rate calculat chaser may a					
10. A Bid	der not registered	ust be valid for a minimum period of six on the Central Suppliers Database or ve	monins. enfication has failed				ninate this cor loods within th					
11. All de		oe included in the quote price, for delive	ry at the prescribed	perform	any o	ther obliga	tion(s) under ompeting for c	the contr	act; or has er	ngaged i		
12 Only	nation. firm prices will be a	accepted. Such prices must remain firm	for the contract	20 The nuc	rchase	r may proc	ure, upon suc	ch terms a	and in such A	nanner a		
13. In cas	u: rvon-jim pijces sesjyhere tilleteti	property points influence the pricing, a	will not be considered separate pricing	. appropr shall be	liable		s or services chaser for any					
sched	inie wast be subw	including tales of exchange variations) the war bonds in his bond in the pricing, a illed for each delivery point. state in between the internal session are re- se.	quired, the supplier wil	services 21. Where t	the pur		minates the c					
ne int	ormed in due cour supplier shall furnis	se. h any information, when requested.			to impo	ose a restr	iction penalty public sector i	on the su	ipplier by pro	hibiting :	such sup	
	ባሰ4፥	n _0? 0 &		22. In the ev	vent of	a bidder l	naving multiple sidered. Furth	e quotes,	only the che	apest ac	cording t	
	<u> </u>	9 -02- 06		bidders	have r	nultiple co	mpanies and best bid accor	are quoti	ing (cover-qu	oting) fo	r this bid.	. In such

1

PRIVATE BAG X2052 DUNDEE 3000

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where
 - the bidder is employed by the state; and/or

any municipality or municipal entity;

the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2.	In order to give effect to the ab	ove, the following questionnaire	must be	completed and subr	nitted with the quote.	
2.2.	Identity Number:	tative pany (director, trustee, sharehold	. 2.5.	Tax Reference Nu	ation Number: mber:	***************************************
2.3.				VAT Registration i	AUTHOCI	
2.8.2 2.8.2 2.8.2 (Note:)	The names of all directors / tr employee / persal numbers in Are you or any person connect. If so, furnish the following par Name of person / director / tru Name of state institution at wh Position occupied in the state 2. If you are presently employ in the public sector? 2.1. If yes, did you attach proce- failure to submit proof of such	stee / shareholder/ member: ich you or the person connected institution: ed by the state, did you obtain the of of such authority to the quote of authority, where applicable, may non-submission of such proof:	s, their in below. nployed to the bitter to the bitter document result in	oy the state? dder is employed: Any other particoriate authority to unthe disqualification of	culars:dertake remunerative wo	TICK APPLICABLE YES NO ork outside employment YES NO
2.9. 2.9.7 2.10 2.11 2.11 2.12	Did you or your spouse, or at state in the previous twelve m. If so, furnish particulars: Do you, or any person connemay be involved with the eval. If so, furnish particulars: Are you, or any person conneemployed by the state who m. If so, furnish particulars: Do you or any of the directors or not they are bidding for this	ny of the company's directors / tr nonths? cted with the bidder, have any re luation and or adjudication of this cted with the bidder, aware of an ay be involved with the evaluation / trustees / shareholders / memb	rustees / lationshi s quote? y relation and or pers of th	shareholders / mem o (family, friend, other nship (family, friend, adjudication of this	bers or their spouses co	enduct business with the YES NO ed by the state and who YES NO er bidder and any persor YES NO
3. NB:	The Department Of Health wi	stees / members / shareholder: Il validate details of directors / t e up-to-date and verified on CSI d over as non-compliant accordir	trustees D. If the	Department cannot	validate the information	on CSD, the quote wil
4	DECLARATION					
	HE UNDERSIGNED (NAM RNISHED IN PARAGRAPI	ИЕ) НS 2.			CERTIFY THAT T	HE INFORMATION
	CCEPT THAT THE STATE OVE TO BE FALSE.	MAY REJECT THE QUOT	E OR A	CT AGAINST M	E SHOULD THIS DE	CLARATION
	ne of bidder	Signature		Position	 D)ate
¹*Stai a)	e" means – any national or provincial departm constitutional institution within the n	ent, national or provincial public entity seaning of the Public Finance Managem	or c)	provincial legislature; national Assembly or to	he national Council of province	es; or

^{2&}quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.