

**Contact Number:** 

## **Quotation Advert**

Opening Date:	30/01/2019	) s?
Closing Date:	06/02/2019	E1E
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 OFFICE	
Date Submitted	29/01/2019	:0
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 31MNT/2018/19	
Item Category:	Goods	Y
Item Description:	SUPPLY AND INSTALL INTERNAL SIGNAGES FOR UMZINYATHI DISTRIC HUB	.T
	NB: OFFICIAL DOCUMENT AND SPECIFICATIONS ATTACHED	
Quantity (if supplies)	04	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	V
Date:		Koncor ( 7 0 )
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	34 WILSON STREET, DUNDEE 3000	
QUOTES SHOULD BE DELIVERED TO:	34 WILSON STREET, DUNDEE 3000	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	
Name:	THOBILE KHOWANE	
Email:	thobile.khowane@kznhealth.gov.za	

Finance Manager Signature:



rete quotes will be considered

034 299 9163/

B.W Mchunu

Print this page

Submit Save Save As... G Close Print Preview Alata.

	ş	TANDARD QUOTE DOCUMENTA	TION SUPPL	Y CHAIN	MAI	NAGEM	ENT	UNDE	R R3	0 00	0.00					
DATE A ENQUIF PHYSIC	E HEREBY INDVERTISED:. RIES MAY BE	IVITED TO QUOTE FOR REQUIRE 30/01/2019 DIRECTED TO: H.T KHOWANE 3: 34 WILSON STREET DUNDEE 3000	EMENTS AT:	JMZINYATE F/	ACS ONT	MILE N	UMB JMBE	ER: .9	34 212 34 2999	2 313 9 163	 9					
NQ NUN	MBER: .31MNT/	2018/19 CLOSING	DATE: 96/92/	/2019		CL(	OSIN	G TIM	IE: 11:	:00						
NECODIE	TION SUPPLY	AND INSTALL PER SPECS INTERNAL	SIGNAGE FOR	UMZINYAT	HLD	STRICT	HUB									
THE FO	LLOWING PA	ARTICULARS MUST BE FURNISHE	ED (FAILURE	TO DO S	N C	ILL RES	SULT	IN YO	OUR C	)FFE	ER B	BEIN	3 DIS	JUAL	##	.D)
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	OF BIDDER			DATE					<u></u>						<del></del>	
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	CT NUMBER TURE OF BID			SARS PIN CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:												
SIGNA (By sign	ning this docu	ment I hereby agree to all terms and	l conditions]	CENTRA	AL S	UPPLIE	R D	ATAB,	ASE F	REG	ISTF	RATIO	JN (C	SU) N	/U.:	·
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Item No	Quantity	Description							m	anu	fact	ure	R			С
01	04	SUPPLY AND INSTALL PER SPECS INTERNAL SIG	INAGE FOR UMZINYA	ATHI DISTRICT	HUB:			·	-							
		SIZE : A				<u> </u>							-			
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		BACKGROUND COL				+-										
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		MATERIAL: WHIT WRITTEN IN				<del>                                     </del>										
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		KZN DEPARTIMENT OF TEXE THE SO														┼
		REQUIREMENT : CID	B GRADE 01 SI	К					_				+-			+-
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		PLEASE SEE SPECIFICATION	AND PICTURE	ATTACHED	)	-		·	$\dashv$				+			$\perp$
		AT UMZINYATHI HEALTI	H DISTRICT OF	FICE												lacksquare
VALL	IF ADDED TA	X (Only if VAT Vendor)											-			+-
TOTA	IL QUOTATION	ON PRICE (VALIDITY PERIOD 60 D	Jays)										_1			
				State deli		nariod	00 4	= a 10	lav 1	wee	k		T			
		ly with the specification?		All deliver	vei y	els mus	t be	includ	ed in I	the c	uole	pric	e			
	orice firm?			Vii gelivei	<u>,                                    </u>	JU HILL										

# is the price firm

#### SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

- The institution is under no obligation to accept the lowest or any quote.

  The price quoted must include VAT (if VAT vendor).
  The department reserves the right to evaluate all quotations excluding VAT as some Bidders may not be VAT vendors.
  The Bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & 17. The Bidder must ensure the correctness & validity of quote: that any mistakes regarding preference quoted cover all for the work/tiem (s) & accept that any mistakes regarding the price (s) & calculations will be at the Bidder's risk.
  The Bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
  This quotation will be evaluated specification & correctness of information.
  Only offers that comply with or greater than specification will be considered.
  All products supplied must be valid for a minimum period of six months.
  A Bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
  All delivery costs must be included in the quote price, for delivery at the prescribed destriction.

- All delivery costs must be included in the quote price, for delivery at the prescribed
- 13
- destination.

  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. If samples / computative site inspection / tiplethy session are required, the supplier will 21 be informed in the pricing. When requested.

  The supplier shall furnish any information, when requested.

15.

2019 -01- 30

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- 16. 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.

  17. The supplier shall indemnify the KZN Department of Health (aka 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.

  18. 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 orice, as a penalty, a sur
  - 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. The purchaser may also consider termination of the contract. The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract. The purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be libble to the purchaser for any excess costs for such similar goods, works or services.
- 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. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

## **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

document is signed, has a relationship with persons/a person who are/is involved in the

-	on whose hehalf the declarant ac	the quote(s), or where it is known ts and persons who are involved v	ith the evaluation	and or adjudication of the qu	
2.	In order to give effect to the above,	the following questionnaire must b	e completed and s	ubmitted with the quote.	
0.4	Full Name of bidder/representative	2.4	. Company Regi	stration Number:	***************
2.1.	Identity Number:	2.5	. Tax Reference	Number:	(11111 <del>111111111</del>
2.2. 2.3.	Position occupied in the Company	(director, trustee, snarenoider-).2.0	5. VAT Registration	on Number:	****************
2.7.	The names of all directors / truster	es / shareholders / members, their	individual identity	numbers, tax reference num	ITICK APPLICABLE
	I	a indicated in Daladiauti a Delow,			YES NO
2.8.	Are you or any person connected	with the bidder presently employed	by the state?		<u> </u>
2.8.1	i.If so, furnish the following particula	ars:			
	Name of person / director / trustee	/ shareholder/ member:	hidder is employer	d	
	Name of state institution at which y	ou or the person connected to the	or other n	articulars.	
	Position occupied in the state instit  If you are presently employed by	ulion: did you obtain the ann	onriate authority to	o undertake remunerative w	ork outside employment
2.8.	2. If you are presently employed b	y the state, did you obtain the app	opriate delitera,	-	YES NO
	in the public sector? 2.1. If yes, did you attach proof of	auch authority to the quote docum	ent?		<u></u>
2.8.	2.1. If yes, did you attach proof of Failure to submit proof of such auth	ority, where applicable, may result	in the disqualificat	ion of the quote.)	
(Note:	<u>Failure to submit proof of such auth</u> 2.2. If no, furnish reasons for non-	submission of such proof:	************		
2.8.	2.2. If no, furnish reasons for non- Did you or your spouse, or any of	the company's directors / trustees	/ shareholders / r	nembers or their spouses o	onduct business with the
					YES   NO
20	state in the previous twelve mond	****			and but he state and who
2.0.	N. Da wou or one noreon connected	with the bigger, have any relations	itiib (iciiiii), irioria,	other) with a person emplo	YES   NO
	may be involved with the evaluati	OU and or solndication of the drop	· ·		YES NO
2.1	).1. If so, furnish particulars:			and other) between any oth	er bidder and any person
2.1		tuith the hidder aware iii aiiv teid	onsnip (ramily, iiii)	this minte?	YES NO
	employed by the state who may t	oe involved with the evaluation and	or adjudication of	and desert	<u></u>
2.1	1.1. If so, furnish particulars:	1 ( -b holders / mambers of	the company have	e any interest in any other re	lated companies whether
2.1	2. Do you or any of the directors / tri	istees / shareholders / members o	the company man	• • • • • • • • • • • • • • • • • • • •	YES NO
	or not they are bidding for this co 2.1. If so, furnish particulars:	ntract?			<del></del>
2.1					
3.	Full details of directors / truster	es / members / shareholders.	I a hara I cl	harahalders on CSD. It is th	e suppliers' responsibility
NB	Full details of directors / truster: The Department Of Health will va	lidate details of directors / truster p-to-date and verified on CSD. If t	es / members / si	nnot validate the information	n on CSD, the quote will
	to ensure that their details are u	p-to-date and verified on USD. If the ver as non-compliant according to	National Treasury	Instruction Note 4 (a) 2016/	17.
	not be considered and passed of	ver as non-compliant according to	National Troubary	THOU WOULD IN THE	
4	DECLARATION				THE INFORMATION
τ.	THE UNDERSIGNED (NAME)			CERTIFY THAT	THE INFORMATION
	IDAMCHED IN DARAGRAPHS	2.			
	ACCEPT THAT THE STATE M	AV REJECT THE QUOTE O	R ACT AGAINS	ST ME SHOULD THIS D	ECLARATION
/   DI	CCEPT THAT THE STATE W COVE TO BE FALSE.	IAT RESIDET THE QUEST T			
[1	(OVE TO BETTEE).				
			************		
	of hidder	Signature	Position		Date
Na	ame of bidder	Olginatoro			
1"Ç	itate" means -		a) mentionial logist	latura:	
a)	stand or provincial department	, national or provincial public entity or	<ul> <li>c) provincial legisl</li> <li>d) national Assem</li> </ul>	nature, or the national Council of provi	nces; or
	constitutional institution within the mea Act, 1999 (Act No. 1 of 1999);	ning of the Public Finance Management	e) Parliament.	•	
	Aut, 1888 (Aut 190. For 1869),				

any municipality or municipal entity;

<sup>2&</sup>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.

## SCHEDULE OF RATES

## WORK TO BE DONE AND SCHEDULE OF PRICES:

ltem	DESCRIPTION	UNIT	QTY	RATE	/ UNIT	TOTAL			
				R	С	R	С		
	NOTE: All rates for items contained in this Schedule of Prices must be computed excluding the applicable Sales Tax. The Administration reserves the right to Negotiate prices in the Bill of Quantities.								
	INSTITUTION: TO SUPPLY AND INSTALL INTERNAL DISTRICT HUB SIGNAGE AT UMZINYATHI DITRICT HEALTH OFFICE ZNQ NO: 31MNT 2018-19								
***	All rates quoted shall be inclusive of transport, labour and profit. The Tenderer is advised that the buildings are Occupied.  PROPRIETARY ARTICLES: All equipment and material used in this contract shall be that which is specified or other approved.								
	NOTE: Contractor is to ensure that all work is carried out in accordance with the pre-ambles to all trades.								
1.	Supply and install new internal district hub signage, it must be on A3 size, SABS approved and see attached sample -Background Colour: White -Arrow colour: Yellow -Material: White Perspex -Written in green -KZN department of Health Logo -CIDB Requirement: CIDB grade 01 SK	each	04						
	TOTAL								



UMZINYATHI DISTRICT HEALTH OFFICE - TO SUPPLY AND INSTALL INTERNAL DISTRICT HUB SIGNAGE DATE: 01February 2019 ZNQ NO: 31MNT/2018-19 Briefing meeting: @11:00 Closing date: @ 11:00

@ 11:00



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE