

Opening Date:

## **Quotation Advert**

2019/01/30

Closing Date:	2019 / 02 / 06
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	RK Khan hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	R.K KHAN HOSPITAL
Date Submitted	2019 / 01 / 30
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 736/18-19
Item Category:	Goods
Item Description:	BAR FRIDGES
Quantity (if supplies)	07 UNITS
COMPULSORY BRIEFING SESSION / S	TE VISIT
Select Type:	Select
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	

### R.K KHAN HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

R.K KHAN HOSP - SECURITY OFFICE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MR MNP MTHETHWA

Email:

mnqobi.mthethwa@kznhealth.gov.za

**Contact Number:** 

0314596391

Finance Manager Name:

MRIDMYEZA

Finance Manager Signature:

No late quotes will be considered

736/18-19

		STANDARD QUOTE DOCUMENTA	ATION SU	PPLY CHAIN	MANA	AGEM	ENT UN	<b>IDER</b>	R30	00.00			
YOU	ARE HEREB	Y INVITED TO QUOTE FOR REQUIRE											
DATE ADVERTISED: 30 JANUARY 2019					FACSIMILE NUMBER: 031 4037333								
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be infor	les / compulsory : med in due cours	site inspection / briefing session are required, the	supplier will 2	services.  1. Where the p	urchaser	termina	ates the co	ntract	in who	ole or in na	art the nu	urchaser n	may
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# **RKKHAN HOSPITAL**

## **SPECIFICATION**

### **SUPPLY OF BAR FRIDGES**



IF ANSWER IS "NON-COMPLIANT" STATE DEVIATION UNDER COMMENTS.						
CLAUSE	DESCRIPTION	COMPLIANT	NON- COMPLIANT			
Clause T1	DIMENSIONS 494X494X845MM (WXDXH)	COMI LIAIVI	COM Din (1			
	Comments:					
Clause T2	TOTAL CAPACITY OF FRIDGE/FREEZER +/- 100 LITRES Comments:					
Clause T3	FRIDGE CAPACITY +/- 88 LITRES  Comments:					
Clause T4	FREEZER CAPACITY +/-12 LITRES  Comments:					
Clause T5	SINGLE FRIDGE/FREEZER – LOCKABLE WITH KEY  Comments:					
Clause T6	RATED VOLTAGE (V) 220-240V ~ 50HZ Comments:					

Clause T7	COLOUR METALIC GREY		
	Comments:		
Clause	AUTOMATIC DEFROST REFRIGERATOR		
T8	Comments:		
Clause	VARIABLE THERMOSTAT		
Т9	Comments:		
2			
Clause	INTERIOR LIGHT IN FRIDGE		
T10	COMPARTMENT		
	Comments:		
Clause	ADJUSTABLE REMOVABLE SHELVES OR		
T11	SAFETY GLASS Comments:		
	Comments.		
Clause T12	ICE TRAY MUST BE INCLUDED Comments:		
112	Comments:		
Clause	ADJUSTABLE LEVELLING FEET		
T13	Comments:		
Clause	STATE MAKE AND MODEL		
T14	Comments:		
Clause	STATE WARRANTY PERIOD OF UNIT TO BE		
T15	SUPPLIED		
	Comments:	2	

NB - COMPLETED DOCUMENT TO BE
FORWARDED WITH YOUR
QUOTATION
PICTURE ABOVE IS FOR ILLUSTRATION PURPOSES ONLY

**COMPANY STAMP** 

### **DECLARATION OF INTEREST**

- Any legal person, including persons employed by the state, 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 wherethe bidder is employed by the state; and/or 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. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote. 2.2. Identity Number: 2.5. Tax Reference Number: 2.3. Position occupied in the Company (director, trustee, shareholder²):2.6. VAT Registration Number: 2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE] 2.8. Are you or any person connected with the bidder presently employed by the state? YES NO 2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bidder is employed: 2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO 2.8.2.1. If yes, did you attach proof of such authority to the quote document? (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2.8.2.2. If no, furnish reasons for non-submission of such proof: 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES 2.9.1. If so, furnish particulars:.... 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO 2.10.1. If so, furnish particulars:.... 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO 2.11.1. If so, furnish particulars: 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO 2.12.1. If so, furnish particulars:.... Full details of directors / trustees / members / shareholders. NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. **DECLARATION**

FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of bidder	Signature	Position	Date

- any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- any municipality or municipal entity:

- provincial legislature:
- national Assembly or the national Council of provinces; or d)
- Parliament.

<sup>\*&</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.