

Contact Number:

Quotation Advert

Opening Date:	2019-07-01
Closing Date:	2019-07-08
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Head Office Quotations
Province:	KwaZulu-Netal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	DHS
Date Submitted	2019-06-28
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ:
	337/19/20-H
Item Category: Item Description:	Goods
Quantity (if supplies)	Various
COMPULSORY BRIEFING SESSION	SITE VISIT
Select Type:	Not Applicable
Date:	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	www.kznhealth.gov.za
QUOTES SHOULD BE DELIVERED TO:	hayden.cupido@kznhealth.gov.za or Nomonde.Ngidi@kznhealth.gov.za
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	Nolwazi Mthembu
Emait:	nglwazi,mthembu1@kznhealth.gov.za

Supply Chain Management - AdvertQuote

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

FOR ZIVE 337/19/20-11

Submit | 🖫 Save | Save As... | 🔯 Close | 🔗 Print Preview

Print this page

DATE ADVERTISED: 01	/ITED TO QUOTE FOR REQUIRE	MENTS AT:.	DEPART	MENT	00												
DATE ADVERTISED:			7.77	141-141	UF.	HEA	L I H-	GEN	1116	AL SC	M						
ENGUIRIES MAY BE D	1/07/2019			FAC	SIM	ILE	NUM	BE	₹:		••••			• • • • • •			
	IRECTED TO: YASMIN AHMED																
PHYSICAL ADDRESS:	310 JABU NOLOVU STREET, SCM OF	FICES, PIETE	RMARIT	ZBURG	3, 32	201	 .	.:				.i					
NO NI IMBER: 337/19/20	HCLOSING	DATE: 08/07	/2019			CL	OSI	NG	TIM	E: 11	1:00			·			
ESCRIPTION TO SUPPL	Y, DELIVER STATIONERY							••••			• • • • •						******
THE FOLLOWING PAR	TICULARS MUST BE FURNISHE	D (FAILURE	TO DO	SO W	/ILL	RE	SULT	ΓIN	YC	UR (ÖFF	ER	BEIN	IG DI	SQU	ALIF	IED)
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PHYSICAL ADDRESS			DATE	DATE													
CONTACT NUMBER	**************************************		FACS	MILE	NU	MBE	R										
SIGNATURE OF BIDDE	:R		SARS									•					
[By signing this docume	nt I hereby agree to all terms and o	conditions]	CENT	RAL S	SUP	PLIE	R D	AT/	\BA	SE F	REC	IST	RATI	ON (CSD)	NO.	
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Н	Hand Deliver : 310 Jabu Ndlovu street, SCM Offices, Quotation																
	Box. Proof of CSD summary with bank	ding details, Ta	x Cleara	ıce													_
	Certificate must be attach	ed or email to								_							1
	Hayden.Cupido@kznhe													-			-
	Nomonde.Ngidi@kznhe	ealth.gov.za			_									╂			-
VALUE ADDED TAX (Only if VAT Vandar				<u></u>					_L				╁			+
	RICE (VALIDITY PERIOD 60 Day	's)												I			
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Does this offer comply w	ith the specification?		ate deli														
s the price firm?		A	l delive	y cos	ts n	nust	be in	clu	ded	in th	e q	uote	price)			

- The price quoted must include VAT (if VAT vendor).
 The department reserves the right to ovaluate all quotetions 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. preference quoted cover all for the workflem (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 compty 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

- 10.
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 12.
- destination.

 Only firm prices will be accepted. Such prices must remein firm for the contract 20. 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 / compulsory site inspection / briefing session are required, the supplier will 21. be informed in due course.

 The supplier shall furnish any information, when requested.

- compliance status of the supplier.

 The supplier shall indemnify the KZN Department of Health (ake the purchaser) against all third-porty claims of infringement of patent, trademark, or industrial design
- rights arising from use of the goods or any part thereof by the purchaser.

 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 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 dey 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 feils 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.
- The purcheser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shell be liable to the purchaser for any excess costs for such similar goods, works or services.
- Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penelty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 yeers.
- 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 compenies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

Physical Address: 310 Jabu Ndlovu Street, PMB, 3201 Postal Address: Private Bag X9051, PMB, 3200 DIRECTORATE:

CENTRAL SUPPLY CHAIN MANAGEMENT

ZNQ 337/19/20-H

Specification

Items Description	Quantity	Unit Cost	Total
Glue stick 43g	10		
Post it flags 75 x 130mm	10	·	
A4 4 Quire Hardcover Books	05		Part sp.
A4 Exam Pads	10		W 6 8 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
12 Digit mini desk calculator	04		
21cm scissors	02		
A4 Buff Envelopes	2 Boxes		
A4 White photocopy paper	30 Boxes	7-30-00	71107761
A4 Colour paper board 80gsm	2 reams		
White board markers different colours including black	12		
Black ballpoint pens 0.7mm	24		
Corrections pens	5		
Pencils (Box of 12)	4		
Erasers	1 Box		
SIGN HERE stickers	15	The share to	# 00/16/mile.d -
A4 Transparencies Clear	3 Boxes		
5m Extension Cord	3		

8 way multi plug	2	
A4 Carry files assorted colours (pack of 6)	1 pack	
Binding Combs assorted colours (25 in a box)	1 Box of each sizes	
A4 Binding Covers (Pack of 100)	2 packs	
Prestik	2 pack	
8G USB	5	
Re-writable CD's	2 Box	
Heavy duty staple cassettes	6	
Map pins	5	
Packaging tape clear	4	
Slide plastic binders	1 Box	
Tower Lever Arch labels	2 packs	
VAT 15 %		- I
TOTAL		

DECL	ARA1	LION	OF	INTEREST

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 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. 2.4. Company Registration Number: 2.1. Full Name of bidder/representative..... 2.5. Tax Reference Number: 2.2. Identity Number: 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, ITICK APPLICABLE! employee / persal numbers must be indicated in paragraph 3 below. 2.8. Are you or any person connected with the bidder presently employed by the state? 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? 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 YES NO state in the previous twelve months? 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? 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 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 YES NO or not they are bidding for this contract? 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 I, THE UNDERSIGNED (NAME)......CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2. I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE. Date Position Name of bidder Signature 1"State" means -provincial legislature; any national or provincial department, national or provincial public entity or national Assembly or the national Council of provinces; or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;

^{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.