



**health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## Quotation Advert

**Opening Date:** 2019-06-28  
**Closing Date:** 2019-07-08  
**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Prince Mshiyeni Memorial hospital  
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, Unit "V...  
**Date Submitted** 2019-06-27

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
256/2019/2020  
**Item Category:** Goods  
**Item Description:** BABOON DILATORS WITH INFLATION DEVICE

**Quantity (if supplies)** 256 PKTS

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable  
**Date :**  
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, Unit "V" Section, Umlazi 4031. ^

**QUOTES SHOULD BE DELIVERED TO:** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, unit "V" Section, Umlazi 4031

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Anele Majiya  
**Email:** Anele.Majiya@kznhealth.gov.za  
**Contact Number:** 031 907 8365  
**Finance Manager Name:** Mr. C. H. Buthelezi

**Finance Manager Signature:**

**No late quotes will be considered**

**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: PRINCE MSHIYENI MEMORIAL HOSPITAL  
 DATE ADVERTISED: 28/06/2019 FACSIMILE NUMBER: 031 906 1391  
 ENQUIRIES MAY BE DIRECTED TO: MR. ANELE MAJIYA CONTACT NUMBER: 031 907 8365  
 PHYSICAL ADDRESS: PRINCE MSHIYENI MEMORIAL HOSPITAL, MANGOSUTHU HIGH WAY UNIT "V" SECTION, UMLAZI, 4031

ZNQ NUMBER: 256/2019/2020 CLOSING DATE: 08/07/2019 CLOSING TIME: 11:00

DESCRIPTION: 05 PKTS, BABOON DILATORS WITH INFLATION DEVICE

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

| NAME & ADDRESS OF BIDDER (FIRM)                                       |   |
|---|---|
| NAME OF BIDDER  |   |
| PHYSICAL ADDRESS  | DATE  |
| CONTACT NUMBER  | FACSIMILE NUMBER                                  |
| SIGNATURE OF BIDDER   | SARS PIN  |
| [By signing this document I hereby agree to all terms and conditions] | CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: |
| UNIQUE REGISTRATION REFERENCE: ↓                                      |   |

| Item No  | Quantity | Description   | Brand & model | Country of manufacture | Price |   |
|--|----------|---|---------------|------------------------|-------|---|
|  |          |   |               |                        | R     | c |
| 1.   | 05       | BABOON DILATORS WITH INFLATION DEVICE   |               |                        |       |   |
|  | PKTS     |   |               |                        |       |   |
|  | NB!      | SEE ATTACHED SPECIFICATION!   |               |                        |       |   |
|  | NB!      | SAMPLE MUST BE SUBMITTED ON OR BEFORE CLOSING DATE OF THE QUOTATION NON SUBMISSION WILL RESULT IN DISQUALIFICATION! |               |                        |       |   |
| <b>VALUE ADDED TAX @ 14% (Only if VAT Vendor)</b>      |          |   |               |                        |       |   |
| <b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)</b> |          |   |               |                        |       |   |

|  |  |
|--|--|
| Does this offer comply with the specification? | State delivery period e.g. E.g. 1day, 1week            |
| Is the price firm?                             | All delivery costs must be included in the quote price |

**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) & preference quoted cover all for the work/item (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.
- Late quotes will not 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 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 / compulsory site inspection / briefing session are required, the supplier will be informed in due course.
- The supplier shall furnish any information, when requested.
- 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.
- 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.
- 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 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.
- 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 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 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.

  
27/06/2019

**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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
  - 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 above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number: .....
- 2.2. Identity Number: ..... 2.5. Tax Reference Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):..... 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:.....  
 Position occupied in the state institution: ..... Any other particulars:.....

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  NO

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:.....

**3. 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.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

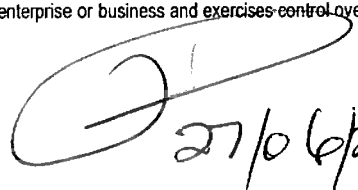
I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

|                         |                    |                   |               |
|-------------------------|--------------------|-------------------|---------------|
| .....<br>Name of bidder | .....<br>Signature | .....<br>Position | .....<br>Date |
|-------------------------|--------------------|-------------------|---------------|

<sup>1</sup>"State" means –

- |   |   |
|---|---|
| a) 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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>"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.

  
27/06/2019 <sup>2</sup>



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Compiled by:

| Name and Surname | Designation | Signature                         | Date       |
|------------------|-------------|-----------------------------------|------------|
| Nomvula Mceywa   | R/n         | <i>Nomvula Mceywa</i><br>28270116 | 10/06/2019 |

Recommended by Supervisor/Professional Nurse/Operations Manager:

| Name and Surname | Designation | Signature                      | Date       |
|------------------|-------------|--------------------------------|------------|
| S.M. HLOPHE      | JM          | <i>S.M. Hlophe</i><br>12743858 | 10/06/2019 |

Approved by SCM Practitioner:

| Name and Surname | Designation | Signature             | Date       |
|------------------|-------------|-----------------------|------------|
| S. HARI PARSAD   | SMO         | <i>S. Hari Parsad</i> | 13/06/2019 |

|                           |                                  |
|---------------------------|----------------------------------|
| Item description          | Endoscopic balloon dilators      |
| Size                      | Standard                         |
| Colour                    | transparent                      |
| Material                  | Pocket                           |
| Packaging (unit/box)      | Endoscopic oesophageal dilators  |
| Functionality/performance | to dilate constricted oesophagus |
| Purpose                   | - Sterile.                       |
| Other:                    | - with an inflation device       |
|                           |                                  |
|                           |                                  |



## Quotation Advert

**Opening Date:** 2019-06-28  
**Closing Date:** 2019-07-08  
**Closing Time:** 11:00

**INSTITUTION DETAILS**  
**Institution Name:** Prince Mshiyeni Memorial hospital  
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, Unit "V...  
**Date Submitted** 2019-06-27

**ITEM CATEGORY AND DETAILS**  
**Quotation Number:** ZNQ:  
258/2019/2020  
**Item Category:** Goods  
**Item Description:** BENDING DEVICES TO FIT 3.8 MM AND 2.8 MM SCOPES

**Quantity (if supplies)** 10 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, Unit "V" Section, Umlazi 4031.

**QUOTES SHOULD BE DELIVERED TO:** Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, unit "V" Section, Umlazi 4031

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Anele Majiya  
**Email:** Anele.Majiya@kznhealth.gov.za  
**Contact Number:** 031 907 8365  
**Finance Manager Name:** Mr. C. H. Buthelezi

**Finance Manager Signature:**

**No late quotes will be considered**



**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: PRINCE MSHIYENI MEMORIAL HOSPITAL  
 DATE ADVERTISED: 28/06/2019 FACSIMILE NUMBER: 031 906 1391  
 ENQUIRIES MAY BE DIRECTED TO: MR. ANELE MAJIYA CONTACT NUMBER: 031 907 8385  
 PHYSICAL ADDRESS: PRINCE MSHIYENI MEMORIAL HOSPITAL, MANGOSUTHU HIGH WAY UNIT "V" SECTION, UMLAZI, 4031

ZNQ NUMBER: 258/2019/2020 CLOSING DATE: 08/07/2019 CLOSING TIME: 11:00

DESCRIPTION 10 UNITS, BENDING DEVICES TO FIT 3.8 MM AND 2.8 MM SCOPES

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

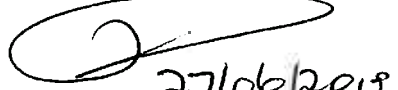
| NAME & ADDRESS OF BIDDER (FIRM)                                       |   |
|---|---|
| NAME OF BIDDER  |   |
| PHYSICAL ADDRESS  | DATE  |
| CONTACT NUMBER  | FACSIMILE NUMBER                                  |
| SIGNATURE OF BIDDER   | SARS PIN  |
| [By signing this document I hereby agree to all terms and conditions] | CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: |
| UNIQUE REGISTRATION REFERENCE: ↓                                      |   |

| Item No  | Quantity | Description   | Brand & model | Country of manufacture | Price |   |
|--|----------|---|---------------|------------------------|-------|---|
|  |          |   |               |                        | R     | c |
| 1.   | 10       | BENDING DEVICES TO FIT 3.8 MM AND 2.8 MM SCOPES   |               |                        |       |   |
|  | UNITS    |   |               |                        |       |   |
|  | NB!      | SEE ATTACHED SPECIFICATION!   |               |                        |       |   |
|  | NB!      | SAMPLE MUST BE SUBMITTED ON OR BEFORE CLOSING DATE OF THE QUOTATION NON SUBMISSION WILL RESULT IN DISQUALIFICATION! |               |                        |       |   |
| <b>VALUE ADDED TAX @ 14% (Only if VAT Vendor)</b>      |          |   |               |                        |       |   |
| <b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)</b> |          |   |               |                        |       |   |

|  |  |  |  |
|--|--|--|--|
| Does this offer comply with the specification? |  | State delivery period e.g. <i>E.g. 1day, 1week</i>     |  |
| Is the price firm?                             |  | All delivery costs must be included in the quote price |  |

**SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**

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- 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 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.
- 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 liable to the purchaser for any excess costs for such similar goods, works or services.
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 27/06/2019

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  - the 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.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative.....
- 2.2. Identity Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):.....
- 2.4. Company Registration Number: .....
- 2.5. Tax Reference Number: .....
- 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:.....
  - Position occupied in the state institution: .....Any other particulars:.....
- 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  NO
- 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:.....

**3. 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.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

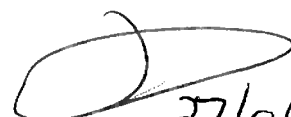
I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

|                |           |          |       |
|----------------|-----------|----------|-------|
| .....          | .....     | .....    | ..... |
| Name of bidder | Signature | Position | Date  |

<sup>1</sup>"State" means -

- |   |   |
|---|---|
| a) 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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>"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.

  
27/06/2019



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Compiled by:

| Name and Surname | Designation | Signature                      | Date    |
|------------------|-------------|--------------------------------|---------|
| N. Mceetywa      | RN          | <i>[Signature]</i><br>13827010 | 10/6/19 |

Recommended by Supervisor/Professional Nurse/Operations Manager:

| Name and Surname | Designation | Signature                      | Date       |
|------------------|-------------|--------------------------------|------------|
| S. M. Hlophe     | PM          | <i>[Signature]</i><br>13743852 | 10/06/2019 |

Approved by SCM Practitioner:

| Name and Surname | Designation | Signature          | Date       |
|------------------|-------------|--------------------|------------|
| S. VARIPARSAD    | SMO         | <i>[Signature]</i> | 18/06/2019 |

|                           |   |
|---------------------------|---|
| Item description          | BENDING DEVICES                                       |
| Size                      | TO FIT 3-8 <sup>mm</sup> AND 2-8 <sup>mm</sup> Scopes |
| Colour                    |   |
| Material                  | RUBBER LIKE   |
| Packaging (unit/box)      | UNIT  |
| Functionality/performance | TO BEND VARIJES (ESOPHAGEAL)<br>TO PREVENT BLEEDING   |
| Purpose                   | TO PREVENT FURTHER BLEEDING                           |
| Other:                    | <i>[Signature]</i><br>None                            |
|                           |   |
|                           |   |
|                           |   |

*[Signature]*  
27/06/2019