






## Quotation Advert

Opening Date: 22/03/2019 

Closing Date: 29/03/2019 

Closing Time: 11:00

### INSTITUTION DETAILS


Institution Name: Edendale hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required: Edendale hospital

Date Submitted: 20/03/2019 

### ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:  
227/18


Item Category: Goods 

Item Description: TEST STRIPS FOR THE CONCENTRATION OF HIGH LEVEL DISINFECTANT, BOX OF 2


Quantity (if supplies): 3 BOXES

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 

Date: 

Time: 

Venue: 

QUOTES CAN BE COLLECTED FROM: BLUE TENDER BOX BY MAIN GATE SECURITY

QUOTES SHOULD BE DELIVERED TO: SUPPLY CHAIN MANAGEMANT

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

Name: CINDY

Email: cindychonco@kznhealth.gov.za

Contact Number: 033 395 4570

Finance Manager Name: MR D THANGALAN 

Finance Manager Signature: 

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: EDENDALE HOSPITAL  
DATE ADVERTISED: 22/03/2019  
PHYSICAL ADDRESS:

ZNQ NUMBER: ZNQ 227/18 CLOSING DATE: 29/03/2019 CLOSING TIME: 11:00

DESCRIPTION:

CONTRACT PERIOD: VALIDITY PERIOD 60 Days

SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [Grid]

UNIQUE REGISTRATION REFERENCE [Grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

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

NAME OF BIDDER

POSTAL ADDRESS

STREET ADDRESS

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER

E-MAIL ADDRESS

VAT REGISTRATION NUMBER (if VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

IF YES, WHO WAS THE CERTIFICATE ISSUED BY? [TICK APPLICABLE BOX]

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)

A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS);

A REGISTERED AUDITOR

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

YES NO



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Edendale Hospital  
Private Bag X 509, Plessislaer, 3201  
Tel.: 033 395 4244, Fax: 033 395 4570  
email: Mawonga.mazibuko@kznhealth.gov.za  
www.kznhealth.gov.za

Ref: ZNQ: **227/18**  
*Test Strips*

Enquiries: M.Mazibuko  
Telephone: 033-395-4244

Description: *High level disinfectant solution*

**SECTION A – General**

Clause	Clause Description	Bidders Remarks
G1	Bidders must quote on the supply and delivery of the item.	
G2	SABS/SANS proof of certification or any other relevant certification documentation must be provided with the quotation.	
G3	Please state brand name of item quoted for.	
G4	The packet/box must include the following details: 4.1 Manufacturing date. 4.2 Name and contact details of the company. 4.3 Manuals on how to use the item must be included.	
G5	If in-service training is to be given on how to operate the required item, the bidder must be made available at no extra cost.	
G6	Bidder must state the guarantee period of the item quoted for.	_____ Months
G7	Bidder to please note that the guarantee period of this item must not be less than 12 months. Failure to this will cause refusal to accept delivery and the uplifting and return of the stock will be for the suppliers own account.	

**SECTION B – Technical Specification**

Clause	Clause Description	Bidders Remarks
T1	<i>Test Strips</i>	
T2	<i>For High Level Disinfectant</i>	
T3	<i>Box of 2</i>	
T4		
T5		

Complied by *E.T. Chavane*

signature *[Signature]*