

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TQ:

Select Type:

Date:

Time:

Venue:

Name:

Email:

Contact Number:

COMPULSORY BRIEFING SESSION / SITE VISIT

27/03/2019

ZNQ: 959/18/19-H

Goods

01

Compulsory Site Visit

Gale Street Mortuary

02/04/2019

10H00

Section

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Quotation box

Nolwazi Mthembu

nolwazi.mthembu1@kznhealth.gov.za

to four doors at Gale Street Mortuary

Repairs to one broken stores door and unlocking and replacement of locks

310 Jabu Ndlovu street, SCM Offices, Old boys Model, Tender Advisory 🔥

310 Jabu Ndlovu street, SCM Offices, Old boys Model, Ground Floor

F100000

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Health PROVINCE OF KWAZULU-HATAL	Quotation Advert			
Opening Date:	28/03/2019			
Closing Date:	04/04/2019			
Closing Time:	11:00			
INSTITUTION DETAILS				
Institution Name:	Head Office Quotations			
Province:	KwaZulu-Natat			
Department or Entity:	Department of Health			
Division or section:	Central Supply Chain Management			
Place where goods / services is require	d Infrastructure Development			
Date Submitted	27/02/0040			

633-8158407

Finance Manager Name: Miss L. T Khumalo

at

No late guotes will be considered

Submit 1 Save Save As... 3 Close 4 Print Preview

Finance Manager Signature:

rint this page

STANDARD QUOTE DOCUMENTATION SUPP	LY CHAIN MANAGEMENT UNDER R30 000.00				
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT	DEPARTMENT OF HEALTH- CENTRAL SCM				
DATE ADVERTISED: 28/03/2019	FACSIMILE NUMBER:				
ENQUIRIES MAY BE DIRECTED TO: S.C.CELE	CONTACT NUMBER: 033-8467363				
PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIET	ERMARITZBURG, 3201				
ZNQ NUMBER: 1959/18/19-HCLOSING DATE: 94/0	#2019CLOSING TIME: 11:00				
DESCRIPTION REPAIRS TO ONE BROKEN STORES DOOR AND UNLOCKING	AND REPLACEMENT OF LOCKS AT GALE STREET				
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	E 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: 1					
Item Quantity Description	Brand & model Country of Price				

ltem No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	С
1	01	Repairs to one broken stores door and unlocking and replacement				
		of locks to four normal office doors at Gale street Mortuary				
		Compulsory Site Inspection				
		Venue: Gale street Mortuary				
		Date: 02/04/2019 @ 10H00				
	Hand Deliver : 310 Jabu No	Hand Deliver : 310 Jabu Ndlovu street, SCM Offices, Quotation Tender				
		Box. Proof of CSD summary with banking details, Tax Clearance				
		Certificate must be attached				
VALUE	 E ADDED TAX	(Only if VAT Vendor)				
TOTAL	_ QUOTATIO	N PRICE (VALIDITY PERIOD 60 Days)				

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

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

The price quoted must include VAT (If VAT vendor).

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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. 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.

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

- 9. 10.
- All delivery costs must be included in the quote price, for delivery at the prescribed 11. destination.
- destination.

 Only firm prices will be accepted. Such prices must remain 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. The supplier shall furnish any information, when requested.

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.

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

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.



CHIEF DIRECTORATE:

GALE STREET MLM

DATE

: 12/02/2019

Please describe the nature of fault including impact on services

NATURE OF FAULT: 1.URGENT REPAIRS OF BROKEN DOOR (STORES)

- The facility requests an urgent repairs of the door of the Stores on the 1st floor
- This stores needs to be kept under lock and key 24 hours a day because it has stock of body bags and PPE

NATURE OF FAULT: 2. UNLOCKING OF DOORS (4) AND NEW LOCKS

• Four doors need to be urgently unlocked as the keys have broken due to wear and tear, including the Facility Manager's Office

Kindly intervene as the stock needs to be secured at all times

Kind regards

Nsele Sicelo

Acting Facility Manager

Gale Street MLM

Fighting Disease, Fighting Poverty, Giving Hope



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

Act, 1999 (Act No. 1 of 1999);

any municipality or municipal entity;

- 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.

Name of I	bidder Signature		sition	Date	* , **	
	PT THAT THE STATE MAY REJECT THE QUO TO BE FALSE.	OTE OR ACT A	GAINST ME SHO	ULD THIS DECLA	RATIO	.N
	JNDERSIGNED (NAME) HED IN PARAGRAPHS 2.		CER	TIFY THAT THE I	1FORM	1ATION
	ECLARATION		~		men	(1770)
NB: The to e not	details of directors / trustees / members / sharehold Department Of Health will validate details of directors ensure that their details are up-to-date and verified on C be considered and passed over as non-compliant accor	I trustees I mem SD. If the Depart	ment cannot validate	the information on C	iers' res SD, the	ponsibilit quote wi
	so, furnish particulars:			•••		
or n	ot they are bidding for this contract?			Y	ES	NO
2.11.1. If	so, furnish particulars:you or any of the directors / trustees / shareholders / mer	nhare of the com	nany havo any intoroc		············	
	ployed by the state who may be involved with the evalua			_	ES	NO NO
2.10.1. If	so, furnish particulars:you, or any person connected with the bidder, aware of	any relationshin (family friend other) h	 etween anv ofher hidde	er and a	inv nersoi
may	be involved with the evaluation and or adjudication of t	his quote?	,	T	ES	NO I
2.9.1. If:	so, furnish particulars:you, or any person connected with the bidder, have any	relationship (fami	ly friend other) with	 a person employed by	ihe state	e and wh
state	you or your spouse, or any of the company's directors are in the previous twelve months?			Y	ES ES	NO NO
	If no, furnish reasons for non-submission of such proof:					
vote: Failur	e to submit proof of such authority, where applicable, ma	<u>ay result in the di</u>				
in	the public sector? If yes, did you attach proof of such authority to the quote				ES	NO
2.8.2. If	you are presently employed by the state, did you obtain	the appropriate	authority to undertake	remunerative work out	side em	nploymen
Name	e of state institution at which you or the person connected tion occupied in the state institution:	ed to the bidder is	employed:		********	
Name	e of person / director / trustee / shareholder/ member:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
	you or any person connected with the bidder presently of furnish the following particulars:	employed by the	state?	Ŋ	ES	NO
	names of all directors / trustees / shareholders / memb ployee / persal numbers must be indicated in paragraph		al identity numbers, to			applicable LICABLE
	, (
2.2. Iden 2.3. Posi	ntity Number:tity Number:titon occupied in the Company (director, trustee, shareho			•		
	Name of bidder/representative					

Parliament.

[&]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.

