c)Ba	health
/*************************************	Department:
	Health PROVINCE OF KWAZULU-NATAL

Opening Date:

Quotation Advert

2019 / 05 / 29

Closing Date:	2019 / 06 / 05
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	RK Khan hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or Section:	Supply Chain Management
Place where goods / Services is required	R.K KHAN HOSPITAL
Date Submitted	2019 / 05 / 28
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 156/19-20
Item Category:	Goods
Item Description:	ENCORE INFLATION DEVICE
	•
Quantity (if supplies)	02 UNITS
COMPULSORY BRIEFING SESSION / S	TE VISIT
Select Type:	Select
Date:	
Time:	
Venue:	
OHOTES CAN BE COLLECTED EDOM.	

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

156/19-20

		STANDARD QUOTE DOCUME	ENTATION SUI	PPL	Y CHAIN N	IANA	GEME	:NT U	INDER	R30	00.00			
YOU.	ARE HEREBY	INVITED TO QUOTE FOR REQ	UIREMENTS A	\T:. ^F	R.K.KHAN HO	SPITA	L							
DATE ADVERTISED: 29 MAY 2019 FACSIMILE NUMBER: 031 403 7333														
ENQUIRIES MAY BE DIRECTED TO: MNP MTHETHWA CONTACT NUMBER: 031 4596391														
		SS: 336 R.K.KHAN CIRCLE - WEST				.,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	** ******	•••••			•••••	••••
							*******	*******						
		9-20 CLOS	SING DATE: 05	JŲĻ	NE 2019		CLOS	SING	TIME:	11:00)			
		Y OF ENCORE INFLATION DEVICE	• • • • • • • • • • • • • • • • • • • •	•••••					•••••		••••••	•••••		• • • • • • • • • • • • • • • • • • • •
THEF	OLLOWING F	ARTICULARS MUST BE FURNI	SHED (FAILUR	RE T	O DO SO V	WILL F	RESU	LTIN	YOUR	R OFF	ER BEI	NG DI	SQUA	LIFIED)
			ME & ADDRES			-								
NAME	OF BIDDER		a ribbite		, DIDDLI	(1 11/11/11	')							
PHYS	ICAL ADDRES	SS	· <u> </u>	Ti	DATE									
CONT	ACT NUMBER				FACSIMILE	NUM	BER				. 10			
SIGNA	TURE OF BIC	DDER			SARS PIN	· HOIV	DLI							
[By sig	ning this docu	ment I hereby agree to all terms	and conditions		CENTRAL	SUPÉ	LIFRI	ΠΑΤΔ	RASE	REG	TAGTOL	ION (C	א נחסי	in ·
		TION REFERENCE: J		+	1	T		7		I	IOTIVAT		T	
				╁		\top		+	Γ	1				-
<u> </u>		<u> </u>	<u> </u>					<u> </u>	L L.				LL_	
l be	T =		·											
ltem No	Quantity	Description				Bra	nd & ı	mode			try of	Pric	e	
									1	nanu	facture	R		С
1	02	SUPPLY OF ENCORE	INFLATION DEV	ICE										
	UNITS													
												<u> </u>		
									_ _			ļ		
—												<u> </u>		
					<u> </u>							ļ		
		AS PER ATTAC	HED SDEC						_			 		
		7,012,17,11	STIED OF EG.						-			 		
		N.B SAMPLES, DECLARATION FOR	RMS.CSD NOUN	NION.	IF REG. NO.									
		TO BE SUBMITTED. FAILURE TO												+
		Ø SQUALIF										<u> </u>		-
			·			-						 		
		15/0/												1
		@ 14% (Only if VAT Vendor)												
TOTAL	. QUOTATION	PRICE (VALIDITY PERIOD 60	Days)			•		-						
Door this	n offer commit	The state of the s	Т											
Is the pri		with the specification?			e delivery p									
lis the bit	oc mm:				elivery cost			iclude	ed in th	e quo	ote price			
1. The in	stitution is under n	o obligation to accept the lowest or any o	AL CONTRACT CO					naliana		<i></i>	tii 00	.		
Z. Ine br	ice auotea must ir	clude VAT (if VAT vendor). the right to evaluate all quotations exclu-		10.	In the event t responsibility	to prov	ide a S	ARS pi	e status in in ord	nas ra <i>er for ti</i>	nea on CS he institutio	, ונ is tr n to val	τe suppl idate thε	ıers′ ∍ tax
4. The Bi	s may not be VAT idder must ensure	vendors. the correctness & validity of quote: that the	io prico/ol mio/ol i	, 17.	compliance s	tatus of	the sup	oplier.						
pretere the pri	ence quoted cover ce (s) & calculation	all for the work/item (s) & accept that any as will be at the Ridder's risk	mistakes regarding	ğ	against all thi rights ansing	ird-party	/ claims	of infri	ingemer	nt of pa	tent, trader	mark, or	industri:	al design
The Bi	dder must accent i	full responsibility for the proper execution volving on under this agreement, as the F	& fulfilment of all	18.	If the supplier	r fails to	deliver	any or	all of th	e good	s or to per	form the	service	s within
6. This qu	uotation wilf be eva	ils contract. Buated specification & correctness of info	mation		the period(s) other remedia	es unde	r the co	intract,	deduct	from th	e contract	price, as	s a pena	alty, a sum
8. Late of	uotes will not be co	ntn or greater than specification will be co	nsidered.		calculated on the current pr	ime inte	erest rat	te calci	ulated fo	ir each	day of the	delav u	ntil actus	al deliveo
All prodA Bidd	ducts supplied mu er not registered o	st be valid for a minimum period of six mo n the Central Suppliers Database or verifi	nths.	19.	or performant The purchase	ce. The	purcha	ser ma	ıv also c	onside	r terminatio	n of the	contrac	4
11. All deli	r de considered. Very costs must be	included in the quote price, for delivery			deliver any or perform any o	all of the	ne agod	is withi	n the pe	riod(s)	specified i	n the co	ntract fa	ils to
12. Only fir	m prices will be a	coented. Such prices must remain firm for	the entire of	20.	fraudulent pra	actices i	n comp	etina fo	or or in e	executio	na the con'	ract		
13. In case	s where different	ficiuding rates of exchange variations) will feliwery points influence the pricing as a ser-			The purchase appropriate, g	gaods, v	vorks or	r servic	es simil	ar to th	iose undelli	vered, a	and the s	supplier
					shall be liable	to the i	ourchas	ser for a	anv exc	ess cos	ets for such	similar	goode s	worke or
be info 15. The su	rmed in due cours pplier shall furnish	ied for each delivery point. site inspection / briefing session are requir e. any information, when requested.	eu, me suppher Wil	"21.	Where the pu decide to imp	irchaser	termina	ates the	e contra	ct in w	hole or in p	art, the	purchas	er may
		,		22	doing busines	s with t	he publ	lic sect	or for a j	period	not exceed	lina 10 v	rears	
	22. 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	multiple y the ch	compa eapest	intes ar bid acc	na are q cording t	uoting o spec	(cover-quo ification wi	ting) for II be cor	this bid Isidered	. In such



Specifications Template

Prepared by:

Initial and Surname	Designation	Signature _ /₁ Da	ate
V-goverder	P	Meder Id.	25 / si has
()		*1/	

Reviewed by Supervisor/Operations Manager:

Initial and Surname	Designation	Signature /	Date
N. Cmg1	W OUNSVIANN	/	25/vilevia

Item details Item description Size	ENCORE INFLATION DEVICE
Item description	ENCORE INFLATION DEVICE
Size	<u> </u>
	PRODUCT CODE 20CC, MOO566670
Colour	WHITE
Material	HARD PLASTIC
Packaging (unit/box)	UNIT
Functionality/performance	FOR OESOPHAGEAL DILATATION
Purpose	
Other:	ACCESSORY

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N.G. Noone	S.M.O.	alex	07/02/19

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 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. 2.4. Company Registration Number: 2.1. Full Name of bidder/representative..... 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, **ITICK APPLICABLE** employee / persal numbers must be indicated in paragraph 3 below. YES NO 2.8. Are you or any person connected with the bidder presently employed by the state? 2.8.1.1f 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 YES NO 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 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 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. Position Signature Name of bidder any national or provincial department, national or provincial public entity or provincial legislature; 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"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.