

Quotation Advert

Opening Date:	2019-05-21	- 1
Closing Date:	2019-05-29	112
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Newcastle hospital	V
Province:	KwaZulu-Natal	—
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	NEWCASTLE HOSPITAL - THEATRE	·
Date Submitted	2019-05-20	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
V 0.4	049/19/20	
Item Category:	Goods	Y
Item Description:	MERSILENE SUTURE 0 10 UNITS IN A BOX - 5 BOXES	
	NB:ONLY CORE BUSINESS COMPANIES AS PER CSD REPORT WILL BE CONSIDERED.	
Quantity (if supplies)	5 BOXES	
Quantity (if supplies) COMPULSORY BRIEFING SESSION /	American de la constanta de la	
	American de la constanta de la	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
COMPULSORY BRIEFING SESSION / Select Type:	SITE VISIT	▽
COMPULSORY BRIEFING SESSION / Select Type: Date:	SITE VISIT	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time:	SITE VISIT Not Applicable	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time:	SITE VISIT Not Applicable	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	SITE VISIT Not Applicable	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue:	Not Applicable Newcastle Hospital - Stores Newcastle Hospital - Tender Box	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO:	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO: SINDISIWE MTSHALL	
COMPULSORY BRIEFING SESSION / Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO: SINDISIWE MTSHALI NewcastleHospital.SCMAquisition@kznhealth.gov.za	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO: SINDISIWE MTSHALI NewcastleHospital.SCMAquisition@kznhealth.gov.za C34 328 0051	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email: Contact Number:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO: SINDISIWE MTSHALI NewcastleHospital.SCMAquisition@kznhealth.gov.za C34 328 0051 PWMAZIBUKO	
COMPULSORY BRIEFING SESSION / Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVER Name: Email: Contact Number:	Not Applicable Not Applicable NEWCASTLE HOSPITAL - STORES NEWCASTLE HOSPITAL - TENDER BOX RT MAY BE DIRECTED TO: SINDISIWE MTSHALI NewcastleHospital.SCMAquisition@kznhealth.gov.za C34 328 0051	

		STANDARD QUOTE DOCUMENTATION SUPP	LY CHAII	N M	ANAGEN	IENT	UND	ER R	30 0	00.00				
		INVITED TO QUOTE FOR REQUIREMENTS AT:												
	FAC:	CSIMILE NUMBER: 034 3155495 / 034 3280097												
		E DIRECTED TO: SINDISIWE MTSHALI		CON	TACT N	UMBE	R	34 328	0091	•••••	••••			iv.
PHYS	ICAL ADDRES	SS: NO 4 HOSPITAL STREET, NEWCASTLE, 2940			*********				• • • • •			WW		<u> </u>
ZNQ NL	JMBER:Q	19/19/20 CLOSING DATE: 29	MAY 2	.0.1.	9CL(OSING	TIN	1E: 11	:00					
		LENE SUTURE O			iliyyana.			e și se e e e	,,,,,	******	****	******	******	
THEF	OLLOWING F	PARTICULARS MUST BE FURNISHED (FAILURE	TO DO S	O V	/ILL RES	SULT I	N YC	OUR C	FFE	R BE	INC) DIS	QUAL	iFIED)
		NAME & ADDRESS	OF BIDD	ER (FIRM)									
	OF BIDDER													
	CAL ADDRES	-	DATE											***************************************
	ACT NUMBER				NUMBE	R								
	TURE OF BIL		SARS F											
		ment I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:											
UNIQUE REGISTRATION REFERENCE: ↓				\perp										
							<u> </u>							
Item No	Quantity	Description			Brand & model			1	Country of manufacture			Price C		
7-100	5 BOXES	MERSILENE SUTURE O						1				17		-
(10 UNITS IN A BOX).														-
											4			
		NB:ONLY CORE BUSINESS COMPANIES AS P	ER CSD								+			
		REPORT WILL BE CONSIDERED.						+			+			
								T			+			
		NB:SAMPLES MAY BE REQUESTED FROM THE VENDOR PRIOR TO												
EVALUATION FAILURE TO PROVIDE SUCH SAMPLES WHEN REQUESTED WILL LEAD TO AUTOMATIC DISQUALIFICATION				V										
				N.									************	
·											\perp		•	_
VALIU	L ADDED TAY	Lagrand (Only if VAT Vendor)									+			
		N PRICE (VALIDITY PERIOD 60 Days)									+			_
, VIA	- GOOTATIO	TITIOE (TALIDITITIENIOD OU 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

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) & 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 & fulfillment of all 18. billiostinas conditions devolving on under this agreement, set the Bringing (s) lights 4.

- 5. 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. 10.
- 11. All delivery costs must be included in the quote price, for delivery at the prescribed
- 12.
- 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. 13.
- 15. 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 purchase 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 falls to deliver any or all of the goods within the period(s) specified in the contract falls 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.

REVIEWEDBY: Effor /20105/20

DECLARATION 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 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 mu	ust be	completed and submitted with the quote	e.	
2.1. 2.2.	Full Name of bidder/representativeldentity Number:	2.4. 2.5.	Company Registration Number:		
2.3.	Position occupied in the Company (director, trustee, shareholder):2.6.	VAT Registration Number:	*******************	
2.7.	The names of all directors / trustees / shareholders / members, temployee / persal numbers must be indicated in paragraph 3 bel	their ir ow.	ndividual identity numbers, tax reference	e numbers and, if a	
	Are you or any person connected with the bidder presently employed	yed b	y the state?	YES	NO
2.8.	If so, furnish the following particulars:			•	
	Name of person / director / trustee / shareholder/ member:	tha hi	dalan la avantaria di		
	Name of state institution at which you or the person connected to Position occupied in the state institution:	tne bi	Any other particulars:	*****	
2.8.	2. If you are presently employed by the state, did you obtain the a	annror	oriate authority to undertake remunerativ	ve work outside en	nnlovmen
	in the public sector?	~PP.0F	state duality to disortate formational	YES	NO
	2.1. If yes, did you attach proof of such authority to the quote doc			[ILO]	140
(Note:	ailure to submit proof of such authority, where applicable, may re-	sult in	the disqualification of the quote.)		
	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 / trust	ees/	shareholders / members or their spouse	,	
20	state in the previous twelve months? If so, furnish particulars:			YES	NO
2.0.	Do you, or any person connected with the bidder, have any relati	onehir	(family friend other) with a nareon om	unlawad by the atate	o and who
2	may be involved with the evaluation and or adjudication of this qu		o (tamily, mend, other) with a person em	YES	NO NO
2.10	.1. If so, furnish particulars:			[15]	INOL
2.11	. Are you, or any person connected with the bidder, aware of any re	elation	ship (family, friend, other) between any	other bidder and a	ıny persoi
	employed by the state who may be involved with the evaluation a			YES	TNOT
2.11	1. If so, furnish particulars:				
2.12	. Do you or any of the directors / trustees / shareholders / members	of the	e company have any interest in any othe		
2 12	or not they are bidding for this contract? 1. If so, furnish particulars:			YES	NO
		• • • • • • • • • • • • • • • • • • • •			
	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trusto ensure that their details are up-to-date and verified on CSD. I not be considered and passed over as non-compliant according to	f the I	Department cannot validate the information	ation on CSD, the	
4	DECLARATION				
I, T. FUI	HE UNDERSIGNED (NAME) NISHED IN PARAGRAPHS 2.		CERTIFY THA	T THE INFORM	IATION
	CCEPT THAT THE STATE MAY REJECT THE QUOTE (OVE TO BE FALSE.	OR A	CT AGAINST ME SHOULD THIS	DECLARATIO	N
					• • • • • • • • • • • • • • • • • • • •
Nam	e of bidder Signature		Position	Date	
	e" means				
a) b)	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); any municipality or municipal entity:	c) d) e)	provincial legislature; national Assembly or the national Council of pro Parliament.	ovinces; or	

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.