

## Quotation Advert

**Opening Date:** 2019-11-20

**Closing Date:** 2019-11-28

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Ceza hospital / Thulasizwe hospital

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** Ceza hospital, Thulasizwe hospital and clinics.

**Date Submitted** 2019-11-19

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
439/19-20

**Item Category:** Services

**Item Description:** Supply and install of national flag=10  
Supply and install of galvanized poles with rope=10

**Quantity (if supplies)** 20

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Ceza hospital(scm) or print on departmental website page.

**QUOTES SHOULD BE DELIVERED TO:** Ceza hospital (tender box near main gate)

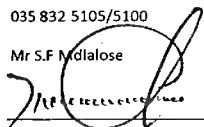
### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Mr G.N Masondo

**Email:** Bhegumuzi.zungu@kznhealth.gov.za

**Contact Number:** 035 832 5105/5100

**Finance Manager Name:** Mr S.F Mdlatlose

**Finance Manager Signature:** 

No late quotes will be considered





**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?):..... | 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
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<sup>1</sup>State<sup>1</sup> 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<sup>2</sup> 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.



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Physical Address : Ceza Main Road, Ceza, 3866  
Postal Address: : Private Bag x 200, Ceza, 3866  
Tel. : 035 832 5158 / 5100  
Fax. : 035 832 0027 / 0022  
Email Address : Mwelisi.Sibiya@kznhealth.gov.za  
Website : www.kznhealth.gov.za

MNELISI SIBIYA  
SUPPLY CHAIN MANAGEMENT

## KWAZULU NATAL PROVINCE ADMINISTRATION DEPARTMENT OF HEALTH BRIEFS/TERMS OF REFERENCES/SPECIFICATION OF FLAG INSTALLATION AT CEZA HOSPITAL

### DESCRIPTION:

- Supply and install the South African flag in the hospital
- The flag must be ground mounted
- Flag height must be adjustable with a rope
- Adjusted with a rope on an aluminum pole
- For the flag installation quality or firmness, in the ground the pole must be mounted with a mixture of sand, concrete stones and cement.
  
- Flag must be
  - : An official South African flag
  - : With original colours
  - : Made with fabric
  - : It must be a standard outdoor size
  - : The dimensions must be 1800mm x 1200mm
  - : Flag colours must be sun resistant
  - : Flag colours must be at least 5 years guaranteed
  
- The pole must
  - : Be made with galvanized poles with rope
  - : be 15 meters in height
  - : Be installed in a 3 meters deep hole
  - : Have a pulley at the top
  - : Have 3 height segments
  - : 1<sup>st</sup> pole segment must be 7000mm
  - : 2<sup>nd</sup> pole segment must be 4000mm
  - : 3<sup>rd</sup> pole segment must be 4000mm
  
- The material that will be used must be SABS or SANS approved
- The flag installation must have 10 years guarantee
  
- The supplier must have his/her own working tools and material
- The supplier must also have his own staff to do this work
- The supplier must also leave the place clean and tidy after completing this work
- Any damage to the hospital property or equipment that may occur during the process of doing this work, the supplier will be held accountable to repair or replace the damaged item

- The supplier must also keep in mind that during this process the hospital will be functioning as normal, therefore in case of injuries that might occur to the patients or hospital staff because of the supplier's staff, equipment, or any other suppliers belonging; the supplier will be held responsible for account for it.
- Quantity : National flags x 10  
Galvanized poles with rope x 10

**COMPILED BY SPECIFICATION MEMBERS:**

**CHAIRPERSON:** .....

**MEMBERS:** .....

:.....

:.....

:.....

**APROVED BY CEO:** .....

**SIGNATURE:** .....

**DATE:** .....

**Bidder signature:** .....

**Date:** .....



# health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Physical Address : Ceza Main Road, Ceza, 3866  
Postal Address : Private Bag x 200, Ceza, 3866  
Tel. : 035 832 5158 / 5100  
Fax. : 035 832 0027 / 0022  
Email Address : [Mwelisi.Sibiya@kznhealth.gov.za](mailto:Mwelisi.Sibiya@kznhealth.gov.za)  
Website : [www.kznhealth.gov.za](http://www.kznhealth.gov.za)

SUPPLY CHAIN MANAGEMENT

CLINIC NAME	KILOMETER FROM CEZA TO THE CLINICS
Stedham Clinic	40 km
Idlebe Clinic	47 km
Ezimfabeni Clinic	23 km
Magagadolo Clinic	8 km
Esidakeni Clinic	7 km
Sizana clinic	22 km
Ombimbini Clinic	19 km
Hhemlana Clinic	24 km
Ceza District Hospital	Main institution
Thulasizwe TB/MDR Hospital	7 km