

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 (SCM)

Date Submitted 2019-11-19

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
445/19-20

Item Category: Goods

Item Description: Linen curtain 100 meter 4rolls double 200 cm=04
Comforter (double bed)=09
Easy bed (combo) for double bed=09
Plain sheets=09
Blankets (double bed)=09

Quantity (if supplies) 40

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

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

QUOTES SHOULD BE DELIVERED TO: Ceza hospital (tender box near main gate) or send via email.

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:

S.F. Matilose.

Finance Manager Signature:


No late quotes will be considered

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
(i) *that the price(s), rate(s) & 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*
- 3.4. 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.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.



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 : thandeka.mahlalela@kznhealth.gov.za
Website : www.kznhealth.gov.za

CEZA HOSPITAL

TECHNICAL SPECIFICATION FORM

1. Has a sample been submitted? Yes / No

Give Reasons if No; _____

2. Does the product comply with the specification? Yes /No

List specification as advertised	Comply Yes /No	Comment
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

3. Does the product performance meet requirements as stipulated in the specification? Yes /No

Give Reasons if No: _____

4. Are evaluation criteria /special terms and conditions met as advertised?

List evaluation criteria/special terms and conditions as advertised (if applicable)	Comply Yes/No	Comment
1		
2		
3		
4		
5		

5. Is the product recommended: Yes /No

Give Reasons if No: _____

6. Has the product been used before? Yes /No

If yes, was it found to be suitable: _____







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 : thandeka.mahlalela@kznhealth.gov.za
Website : www.kznhealth.gov.za

CEZA HOSPITAL

TECHNICAL SPECIFICATION FORM

1. Has a sample been submitted? Yes / No

Give Reasons if No; _____

2. Does the product comply with the specification? Yes /No

List specification as advertised	Comply Yes /No	Comment
1 double bed blanket		
2 mint - colour		
3 quality		
4 for domestic use.		
5		
6 100% polyester		
7 machine washable.		
8		
9		
10		
11		

3. Does the product performance meet requirements as stipulated in the specification? Yes /No

Give Reasons if No: _____

4. Are evaluation criteria /special terms and conditions met as advertised?

List evaluation criteria/special terms and conditions as advertised (if applicable)	Comply Yes/No	Comment
1 Delegation of authority version 2, level 2B		
2 BBBEE		
3 Tax certificate		
4 CSD compliance		
5 Specification		

5. Is the product recommended: Yes /No

Give Reasons if No: _____

6. Has the product been used before? Yes /No

If yes, was it found to be suitable: _____



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 : thandeka.mahlalela@kznhealth.gov.za
Website : www.kznhealth.gov.za

CEZA HOSPITAL

TECHNICAL SPECIFICATION FORM

1. Has a sample been submitted? Yes / No

Give Reasons if No; _____

2. Does the product comply with the specification? Yes /No

List specification as advertised	Comply Yes /No	Comment
1 double bed plain sheets		
2 quantity		
3 colour 3 navy 3 maroon 3 cream		
4 for domestic use		
5 55% polyester		
6 45% cotton		
7 machine washable.		
8		
9		
10		
11		

3. Does the product performance meet requirements as stipulated in the specification? Yes /No

Give Reasons if No: _____

4. Are evaluation criteria /special terms and conditions met as advertised?

List evaluation criteria/special terms and conditions as advertised (if applicable)	Comply Yes/No	Comment
1 Delegation of authority version 2, level 2B		
2 BBBEE		
3 Tax certificate		
4 CSD compliance		
5 Specification		

5. Is the product recommended: Yes /No

Give Reasons if No: _____

6. Has the product been used before? Yes /No

If yes, was it found to be suitable: _____



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 : ihandeka.mahlalela@kznhealth.gov.za
Website : www.kznhealth.gov.za

CEZA HOSPITAL

TECHNICAL SPECIFICATION FORM

1. Has a sample been submitted? Yes / No

Give Reasons if No: _____

2. Does the product comply with the specification? Yes /No

List specification as advertised	Comply Yes /No	Comment
1 Eesy bed combol for double bed		
2 double		
3 colours (3 navy, maroon & cream		
4 quality sarthui fabric.		
5 - Machine washable.		
6 - for domestic use		
7 - 9 fitted sheet & night frill in one.		
8		
9		
10		
11		

3. Does the product performance meet requirements as stipulated in the specification? Yes /No

Give Reasons if No: _____

4. Are evaluation criteria /special terms and conditions met as advertised?

List evaluation criteria/special terms and conditions as advertised (if applicable)	Comply Yes/No	Comment
1 Delegation of authority version 2, level 2B		
2 BBBEE		
3 Tax certificate		
4 CSD compliance		
5 Specification		

5. Is the product recommended: Yes /No

Give Reasons if No: _____

6. Has the product been used before? Yes /No

If yes, was it found to be suitable: _____



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 : thandeka.mahlalela@kznhealth.gov.za
Website : www.kznhealth.gov.za

CEZA HOSPITAL

TECHNICAL SPECIFICATION FORM

1. Has a sample been submitted? Yes / No

Give Reasons if No: _____

2. Does the product comply with the specification? Yes /No

List specification as advertised	Comply Yes /No	Comment
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

3. Does the product performance meet requirements as stipulated in the specification? Yes /No

Give Reasons if No: _____

4. Are evaluation criteria /special terms and conditions met as advertised?

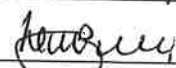

List evaluation criteria/special terms and conditions as advertised (if applicable)	Comply Yes/No	Comment
1		
2		
3		
4		
5		

5. Is the product recommended: Yes /No

Give Reasons if No: _____

6. Has the product been used before? Yes /No

If yes, was it found to be suitable: _____

Name of End -user	L M Zulu	Name of SCM representative	X. D. S. S. S.
Designation /Rank (In full)	Housekeeper	Designation /Rank (in full)	Smo
Signature		Signature	
Date	14/10/19	Date	14/10/19

• KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING