






Opening Date: 2019-10-16 
Closing Date: 2019-10-23 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Ngwelezane hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required NGWELEZANA HOSPITAL THANDUYISE ROAD EMPANGENI
Date Submitted 2019-10-15 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
A65/19-20
Item Category: Goods 
Item Description: 12 MONTHS CONTRACT 9MM DISPOSABLE AUTOMATIC CLIP APPLIERS WITH SUPER INTERLOCK TITANIUM CLIPS WITH 20 CLIPS PER HANDLE

Quantity (if supplies) 192 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

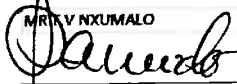
Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: NGWELEZANA HOSPITAL STORES DEPT (SCM)

QUOTES SHOULD BE DELIVERED TO: NGWELEZANA HOSPITAL TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: N.Z DLADLA/ N.S MNGOMEZULU
Email: ncmathandaza.mngomezulu@kznhealth.gov.za
Contact Number: 035 901 7228/1780

Finance Manager Name: MRS V NXUMALO
Finance Manager Signature: 

No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

NGWELEZANA HOSPITAL

ZNQ – A : 65/19-20

**ITEM : 12 MONTHS CONTRACT FOR 9MM DISPOSABLE
AUTOMATIC CLIP APPLIERS WITH SUPER INTERLOCK
TITANIUM CLIPS WITH 20 CLIPS PER HANDDLE**

Closing Date & Time : 23 OCTOBER 2019 @ 11 A.M
Contract Period : 12 MONTHS
Validity Period : 60 DAYS
Contact Person : NZ DLADLA/ N.S MNGOMEZULU
Telephone no. : 035 901 7228/7180

DOCUMENTS MUST BE DEPOSITED IN THE QUOTATION BOX SITUATED IN:

THANDUYISE ROAD,NGWELEZANA TOWN SHIP
EMPANGENI,3880

THE QUOTATION BOX IS AVAILABLE ON THE
FOLLOWING DAYS AND TIMES: MONDAYS TO
FRIDAYS 07:30 - 16:00

**COMPULSORY DOCUMENTS TO BE ATTACHED. (INDICATE WITH A TICK) FAILURE TO ATTACH
DOCUMENTS WILL LEAD TO DISQUALIFICATION AND NO BEE PREFERANCE POINTS WILL BE
ALLOCATED WHERE AN ORIGINAL OR CERTIFIED BEE CERTIFICATE IS NOT ATTACHED:**

ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE

CERTIFIED COPY OF A VALID B-BBEE CERTIFICATE

**NB: ORIGINAL TAX CLEARANCE AND BBBEE CERTIFICATE MAY BE ATTACHED TO ONE ZNQ
DOCUMENT WHICH IS CLOSING ON THE SAME DATE AND COPIES OF TAX CLEARANCE & CERTIFIED
B-BBEE CERTIFICATE MAY BE ATTACHED TO THE OTHER DOCUMENTS. PLEASE INDICATE THIS ZNQ
NO: WHERE ORIGINALS ARE ATTACHED. ZNQ-A:**

NAME OF TENDERER: _____

**CENTRAL SUPPLIERS DATABASE REGISTRATION (CSD)
NO.:** _____

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: NGWELEZANA HOSPITAL

DATE ADVERTISED: 16/10/2019 CLOSING DATE: 23/10/2019 CLOSING TIME: 11:00

FACSIMILE NUMBER: 035 794 1905/1015 E-MAIL ADDRESS: nomathandazo.mngomezulu@kznhealth.gov.za

PHYSICAL ADDRESS: THANDUYISE ROAD, NGWELEZANA TOWNSHIP, EMPANGENI 3880

ZNQ NUMBER: A 65/19-20

DESCRIPTION: 12 MONTHS CONTRACT FOR 9MM DISPOSABLE AUTOMATIC CLIP APPLIERS WITH SUPER INTERLOCK

CONTRACT PERIOD: 12 MONTHS (if applicable) VALIDITY PERIOD 60 Days SARS PIN.....

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [grid]

UNIQUE REGISTRATION REFERENCE [grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) THANDUYISE ROAD, NGWELEZANA TOWNSHIP, EMPANGENI 3880 (NEXT TO PATIENT ADMITTING PASSAGE)

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (if VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

