

Opening Date: 2020-04-29
Closing Date: 2020-05-11
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Prince Mshiyeni Memorial hospital
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Prince Mshiyeni Memorial Hospital
Date Submitted: 2020-04-28

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
100/2020/2021
Item Category: Goods
Item Description: Booklet Patient Health records, Male adult

Quantity (if supplies): 30 822 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable
Date :
Time:
Venue:

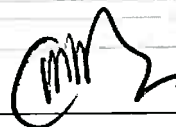
QUOTES CAN BE COLLECTED FROM: PRINT ONLINE

QUOTES SHOULD BE DELIVERED TO: Prince Mshiyeni Memorial Hospital, Mangosuthu Highway, Unit "V"
Section, UMLAZI, 4031

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mr. Anele Majiya
Email: Anele.Majiya@kznhealth.gov.za
Contact Number: 031 907 8365
Finance Manager Name: Mr. C. H. Buthelezi

Finance Manager Signature:



100/20/21

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: PRINCE MSHIYENI MEMORIAL HOSPITAL	
DATE ADVERTISED: 2020/04/29	CLOSING DATE: 2020/05/11 CLOSING TIME: 11:00
FACSIMILE NUMBER: 031 906 1391	E-MAIL ADDRESS: Anele.Majiya@kznhealth.gov.za
PHYSICAL ADDRESS: P.M.M.H. MANGOSUTHU HIGHWAY, UNIT "V" SECTION, UMLAZI, 4031	

ZNQ NUMBER: 100/2020/2021

DESCRIPTION: 30 822 UNITS, BOOKLET PATIENT HEALTH RECORDS, MALE ADULT

CONTRACT PERIOD: ONCE OFF (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) PRINCE MSHIYENI MEMORIAL HOSPITAL, MANGOSUTHU HIGHWAY, UNIT "V" SECTION, UMLAZI, 4031

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 CODENUMBER..... 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]

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[Signature]

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: 100/2020/2021

DESCRIPTION: 30 822 UNITS, BOOKLET PATIENT HEALTH RECORDS, MALE ADULT

SIGNATURE OF BIDDER DATE.....
[By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Table with 6 columns: Item No, Quantity, Description, Brand & model, Country of manufacture, Price (R, c). Row 1 contains '30 822 UNITS, BOOKLET PATIENT HEALTH RECORDS, MALE ADULT'. Includes 'SEE ATTACHED SPECIFICATION!' and 'NB! SAMPLE MUST BE SUBMITTED ON OR BEFORE THE CLOSING DATE OF THE QUOTATION. NON SUBMISSION WILL RESULT IN DISQUALIFICATION!'. Total Quotation Price (Validity Period 60 Days).

Does This Offer Comply With The Specification? Is The Price Firm? Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the quote may be directed to: Contact Person: Anele Maiya, Tel: 031 907 8365, E-Mail Address: Anele.Maiya@kznhealth.gov.za
Enquiries regarding technical information may be directed to: Contact Person: Mr. M.A. Mngadi, Tel: 031 907 8101

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[Handwritten signature]

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 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? YES NO

(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

¹"State" means –

- | | |
|---|---|
| <ul style="list-style-type: none"> 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); b) any municipality or municipal entity; | <ul style="list-style-type: none"> c) provincial legislature; d) national Assembly or the national Council of provinces; or e) Parliament. |
|---|---|

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.

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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.



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- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date Time Place

Institution Stamp:	Institution Site Inspection / briefing session Official Full Name: Signature: Date:
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8. STATEMENT OF SUPPLIES AND SERVICES

- 8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

- 9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. 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.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) 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.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
 - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, 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.
- 14.3. 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.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.



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PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
- (a) Price; and
 - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

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3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
Black people	√	√
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

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9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES
1.
2.

..... SIGNATURE(S) OF BIDDERS(S)
DATE:
ADDRESS



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Specifications Template

Compiled by:

Name and Surname	Designation	Signature	Date
P. XABA	AMN - PHC		15/08/2019

Recommended by Supervisor/Professional Nurse/Operations Manager:

Name and Surname	Designation	Signature	Date
L. M. M. M. M.	PHC AMN		15/08/2019

Approved by SCM Practitioner:

Name and Surname	Designation	Signature	Date
S. HARIPARSAD	SMO		2019/08/22

Specification	User details
Item description	Adult Male Patient Health Records Primary Health Care Booklet
Size	Refer to attached detailed specifications
Colour	Blue with Purple and White
Material	Refer to attached detailed specifications
Packaging (unit/box)	Unit
Functionality/performance	Required for usage at PHC's
Purpose	Required to standardize patient records
Other:	Refer to attached detailed specifications

Folders Specs:T

EXT: White Bond 70gsm (80gsm also fine if 70mgs not available)

COVER: Sinavendar Board 230gsm

Size : 275x210mm

POCKET : 165x215mm

Print : Text Web printed in black colours throughout. Cover litho printed in four process colours plus overall matt machine varnish one side only and scored. Pocket plain not printed die cut to shape and size. Folded, collated, perfect bound, cover drawn on and trimmed flush. Adhere pocket to inside of back cover with twinstix.

Packed 85 per box.

Client to provide : X1A PDF File (Patient Folder Artwork) to be supplied to Supplier with colour lasers

Patient File Number:

--	--	--	--	--	--	--	--	--	--	--

ID/Passport Number:

--	--	--	--	--	--	--	--	--	--	--

DEPARTMENT OF HEALTH

HPRS LABEL



Department:
Health
REPUBLIC OF SOUTH AFRICA

health

ADULT MALE PATIENT HEALTH RECORD
PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

ADULT MALE PATIENT HEALTH RECORD

PRIMARY HEALTH CARE

Disclaimer: This patient record is the property of the Department of Health but see only by the health team. It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of any health facility. Any removal of this health record without prior authorization by the Department of Health is strictly prohibited.

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HPRS Label

DEMOGRAPHIC DETAILS

Allergy sticker

Patient file number	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
ID/Passport number	<input type="text"/>				
Name	<input type="text"/>				
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>				
Language	<input type="text"/>				
Marital status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS					
House number and street name	<input type="text"/>				
Suburb	<input type="text"/>				
Town/City	<input type="text"/>				
Postal code	<input type="text"/>				
Home telephone number	<input type="text"/>				
Cell number	<input type="text"/>				
WORK CONTACT DETAILS (If employed)					
Name of employer	<input type="text"/>				
Work address	<input type="text"/>				
Work telephone number	<input type="text"/>				
ALTERNATIVE CONTACT DETAILS					
Next of kin (name & surname)	<input type="text"/>				
Relationship to patient	<input type="text"/>				
Home telephone number	<input type="text"/>				
Cell number	<input type="text"/>				
Date completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBSEQUENT CHANGES TO DEMOGRAPHIC DETAILS

At subsequent visits, please ask the patient if any details have changed and reflect only changes

MARITAL STATUS <i>(Please Tick):</i>																																							
Single																																							
Married																																							
Divorced																																							
Widowed																																							
Cohabitation																																							
Date completed	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
PHYSICAL ADDRESS																																							
House number and street name																																							
Suburb																																							
Town/city																																							
Postal code																																							
Home telephone																																							
Cell number																																							
Date completed	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
WORK CONTACT DETAILS																																							
Name of employer																																							
Work address																																							
Work telephone number																																							
Date completed	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
ALTERNATIVE CONTACT DETAILS																																							
Next of kin (name and surname)																																							
Relationship to patient																																							
Home telephone number																																							
Cell number																																							
Date completed	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

PATIENT PROFILE - ANNUAL REVIEW

Update as relevant

Lifestyle Risk Factors <i>(Please Tick)</i>														
Alcohol	Y	N	(If Yes)	Type	Quantity	Frequency								
Smoking/tobacco	Y	N	(If Yes)	Year started	Frequency									
Other substances	Y	N	Specify											
Physical activity	Walk				Run				Active sport					
Healthy eating	Do you have enough food in your home?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in	Salt?	Y	N	Do you eat food high in	Sugar?	Y	N
							Do you eat food high in	Fat?	Y	N				
Sexual behavior	Number of current partners													
	Have you had multiple partners in the past six months?										Y	N		
	Do you protect yourself and your partner every time you have sex?										Y	N		
Date completed														

Lifestyle Risk Factors <i>(Please Tick)</i>														
Alcohol	Y	N	(If Yes)	Type	Quantity	Frequency								
Smoking/tobacco	Y	N	(If Yes)	Year started	Frequency									
Other substances	Y	N	Specify											
Physical activity	Walk				Run				Active sport					
Healthy eating	Do you have enough food in your home?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in	Salt?	Y	N	Do you eat food high in	Sugar?	Y	N
							Do you eat food high in	Fat?	Y	N				
Sexual behavior	Number of current partners													
	Have you had multiple partners in the past six months?										Y	N		
	Do you protect yourself and your partner every time you have sex?										Y	N		
Date completed														

Lifestyle Risk Factors <i>(Please Tick)</i>														
Alcohol	Y	N	(If Yes)	Type	Quantity	Frequency								
Smoking/tobacco	Y	N	(If Yes)	Year started	Frequency									
Other substances	Y	N	Specify											
Physical activity	Walk				Run				Active sport					
Healthy eating	Do you have enough food in your home?	Y	N	Do you eat a heaped plate of food?	Y	N	Do you eat food high in	Salt?	Y	N	Do you eat food high in	Sugar?	Y	N
							Do you eat food high in	Fat?	Y	N				
Sexual behavior	Number of current partners													
	Have you had multiple partners in the past six months?										Y	N		
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Date completed														