PROVINCE OF KWAZULU HATAL	Security of the second of the	
Opening Date:	2020-08-07	
Closing Date:	2020-08-17	
Closing Time:	11:00	
NSTITUTION DETAILS		
nstitution Name:	St Mary's Marianhill	_
rovince:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
lace where goods / services is required	No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610	
Date Submitted	2020-08-06]
TEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	******
	12L12020	
tem Category: tem Description:	Goods	
	Cervical Collor- Various Sizes	
	Various Sizes	
Quantity (if supplies)	Various Sizes Asabove	agangah bibli
Quantity (if supplies) COMPULSORY BRIEFING SESSION	As above	and the second of the second o
	As above	
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COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue:	As above / SITE VISIT Not Applicable	
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	As above / SITE VISIT Not Applicable FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19 ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL/FAX	
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVE	As above / SITE VISIT Not Applicable FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19 ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL/FAX	
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COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVENAME: Email:	As above / SITE VISIT Not Applicable FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19 ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL/FAX ERT MAY BE DIRECTED TO: Mr. S Kweyama Sanele.Kweyama@kznhealth.gov.za	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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NAME O	F BIDDER:						******				DATE								···-										
PHYSIC	AL ADDRESS:		****								EMAI	IL	ADDRE	SS:															
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Is the price								<u> </u>		Ali	delivery	/ C	osts mu	st be	inclu	ded	in th	e q	uote	pric	е								
ltem	Quantity	Descrip	tion										T	Brat	d &	med	del				unti				Pri	ce			
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	X 120 UNITS	-			ERVIO	CALCO	 311	AR ME	אוות	1			1						_						\vdash				-
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	X 120 UNITS	†	•		CERVI	CAL C	OL	LAR LA	ARGE				1						1										
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	QUOTATION PRI	· · · · · · · · · · · · · · · · · · ·			-	5)																							+
1.1 The 1.2 The 1.3 The vend 1.4 The cove bidd 1.5 The devc 1.6 This 1.7 Only 1.8 Lale	CIAL CONTRACT COI institution is under no o price quoted must indu department reserves th lors. bidder must ensure the er's risk. bidder must accept full hing on under this agre- quotation will be evalu- offics that comply with quotes will not be com- louders that opply with quotes will not be com- louders by all on the com- louders will not be com- louders supplied must louders.	bligation to acc de VAT (if VAT e right to evalu correctness & s) & accept tha responsibility if earners, as the accept that or greater that idered.	cept the lor (vendor), uate all qua- validity of it any mistri or the propertion & correction on a rectification of the lor in specification	west or a colations e f quote: th lakes rega per execu (s) fiable ectness of ation will t	excluding the price of the price of the price of the duty of the d	ce(s), rate price (s) Timent of e fulfilmer on, wed,	(s) 8 & cal all ol	k preferenc kulations v bagations o	e quoted will be at conditions	l the	i.22 z. 2.1 2.2	Per lin con que con	riod not ex the event of nsidered. It oting (cover nsidered PECIAL IN JOTATION aless incon d vice vers nder no cir iginal bid d	ceeding of a bick untherr r-quoti STRUC I sistent counsta	o 10 y ier ha nore a ng) for TION with o with w noes n	ears. ving n verifi this t s ANI expr xds in thatse may	nultipli cation id, in D NOT essity in parti pever be us-	e qu will such fice indic indic may ed, t	oles, o be don instar S TO S ated of the quest an e	nly the lonces SUPI there sculin origin	he chi ident only PLIEF wise b ne ger ion/oi nal sig	eape ify if the c ts R ts R ty the definition	slace bidde heape EGAF conti shall i ns be re mu	cordin rs her est blo RDING ext, the includ retyp ist ap	g to spoon diagram G THE (se singu e the fa ed or re pear or	ecific ding COA ular emin edra	cation e comp to spe MPLET shall in shall in fled, F sh pho	will be panies exification TION Of notice to dithe no hotoco locopie	on will be F THIS the plural euler. pies of the
1.10 Abid	ider not registered on the elivery costs must be in	ne Central Sup	pliers Dat	labase or	verificatio	n has faile	d w	ill not be co estination.	onsidered	d.	2.4	Q	otation su sotation su	bmitted	Jaum	be co	mplet	e in	all resp	ecis			.,				////	a =1	

- 1.11 All delivery costs must be included in the quote price, for delivery at the prescribed destination.
 1.2 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.
 1.13 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
 1.14 If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due

- for each delivery point.

 1.14 If samples / compulsory sitle inspection / briefing session are required, the supplier will be informed in due course.

 1.15 The supplier shall furnish any information, when requested.

 1.16 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.

 1.17 The supplier shall indemnify the XZN Department of Health (akx the purchases) against all third-party claims of intringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

 1.18 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 courrent prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract.

 1.19 The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract (ails to perform any other obligation(s) under the contract.

 1.20 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 may decide to impose a such simal goods, works or services.

- Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a

- Any alteration made by the bidder must be initiated.
 Use of correcting fluid is prohibited
 Quotation will be opened in public as soon as practicable after the closing time of quotation.
 Where practical, prices are made public at the time of opening optolations.
 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.
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
- 3. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
 3.1 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.
 3.2 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 data indicated on the envelope. The envelope shall not contain documents retains to any quotation other than that shown on the envelope. The envelope shall not contain documents retains to any quotation of the than that shown on the envelopes. With sprovision is not complied with, such quotationshilds may be rejected as being invalid you will be coloring time of the quotation numbers on the envelopes are kept unopened in safe austody until the coloring time of the quotation-hilds. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation-hild number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number envilence in the envelope.

 3.4 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.

 3. No quotation-hild sent through the post will be considered if it is received after the closing date and time sipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery, as the proof of declivery.

- as being invalid.

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

any municipality or municipal entity;

- 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.	ln	order to give effect to the above, t	he following questionnaire must b	e co	mpleted and submitted with the quote.	
- 1	22	Full Name of bidder/representative Identity Number: Position occupied in the Companion	y (director, trustee, shareholder²):	2.5.	Company Registration Number:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	2.8, 2.8,1	The names of all directors / truste employee / persal numbers must Are you or any person connected .ff so, furnish the following particu Name of person / director / trustee	ees / shareholders / members, the be indicated in paragraph 3 below with the bidder presently employ lars:	v. ed b	dividual identity numbers, tax reference y the state? dder is employed:	TICK APPLICABLE
:	2,8,2 2.8.2	Position occupied in the state insti	tution:	pprop	Any other particulars: riate authority to undertake remunerativ ?	
:	2.8.2 2.9. 2.9.1	.2. If no, furnish reasons for non Did you or your spouse, or any o state in the previous twelve mont if so, furnish particulars:	-submission of such proof: f the company's directors / truste hs?	es / s	shareholders / members or their spouse	s conduct business with the YES NO
	2 10	may be involved with the evaluat 1. If so, furnish particulars: Are you, or any person connecte	ion and or adjudication of this quo	ote? ation	iship (family, friend, other) between any (YES NO
	2.12.	1 If so furnish particulars:	ustees / shareholders / members ontract?	of the	e company have any interest in any other	
i	3. NB:	to ensure that their details are u	lidate details of directors / trust b-to-date and verified on CSD. If	the [I members I shareholders on CSD. It is Department cannot validate the informa ional Treasury Instruction Note 4 (a) 201	ition on CSD, the quote will
	4	DECLARATION				
	I, TI FUF	HE UNDERSIGNED (NAME) RNISHED IN PARAGRAPHS) 2.	• • • • •	CERTIFY THA	T THE INFORMATION
		CCEPT THAT THE STATE M OVE TO BE FALSE.	IAY REJECT THE QUOTE C	R A	CT AGAINST ME SHOULD THIS	DECLARATION
		e of bidder	Signature		Position	Date
	*Stat a)	e" means — any national or provincial department, constitutional institution within the mean Act, 1999 (Act No. 1 of 1999);	national or provincial public entity or ing of the Public Finance Management	c) d) e)		ivinces; or

^{*}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.



END-USER SPECIFICATION FORM

P	ROVINCE OF KWAZULU-NATAL	•	•						
Quot	e Number: ZNC	11 1010							
ltem	em Description: X120 UNITS FOR CERVICAL COLLAR MEDIUM								
Depa	epartment/Section: St Mary's District Hospital: Marianhill Purpose of Item: PATIENT CARE								
1.	Pre-qualification criteria if	any:							
	1.1. Is the item required to Regulatory Body / certification	have a regulatory body certification (e.g. SABS, SANS, required if Yes:	SANAS, ISO, CIDB, etc.)? <u>Yes</u> / No:						
	1.2. Is a compulsory site if Yes, specify: Date	nspection / briefing session required? Yes /_No							
		d content part of the quote? Yes / <u>No</u>							
	1.4. Provisions of section if Yes, specify: <u>REVISED SCM I</u>	4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes	s / No						
	1.5. Liability Cover insura if Yes, specify:	nce? Yes / <u>No</u>							
2.	What is the specificatio	n of the required item?							
List	specifications to be advertised		Comment						
1.	Must be made from medium d	oneity foam 10mm thick							
2.	Must be covered with cotton w								
3.	Velcro posterior fastening	Over mean							
4.	Anatomically shape								
	Medium size								
5.		oted on the packaging: Trade name of the product, si	70						
6.	and correct specification								
	and correct specification								
3.	Does a sample need to be	submitted? Yes / No(select option 3.1 or 3.2)							
	3.1. Deadline for submissio	n if Yes: Date 11 / C6 /2010 Time11H00 Place ST MARY'S DIS	TRICT HOSPITAL (MARIANHILL)						
Or		·							
	3.2. Specify that samples m	ust be made available when requested in writing. Yes	01						
4.	Penalties to be noted by the	e suppliers:							
	4.1. If the supplier fails to de	eliver any or all of the goods or to perform the services with	n the period(s) specified in the contract, the purchaser						
	shall, without prejudice	to its other remedies under the contract, deduct from the lelayed goods or unperformed services using the current p	contract price, as a penalty, a sum calculated on the						
	until actual delivery or		The interest rate calculated for each day of the delay						
	until dottal delivery of p	orio mando.							
5.	What is the evaluation c	riteria / special terms and conditions to be advert	ised?						
		al terms and conditions to be advertised (if applicable							
1.	Pre-qualification criteria								
2.	Administrative	Does the offer comply with stipulated administrative	requirements?						
3.	Conformance:	Was the product made or service performed to spec	cifications?						
4.	Performance:	Will/does the product/service fulfil its performance of							
		supplier from all liabilities under the contract?							
5.	Features:	What characteristics does the product or service ha							
6.	Reliability:	How long can a product go between failures and the							
7.	Durability:	What is the useful life for the product? How will the							
8.	Serviceability:	How easy is it to repair, maintain or support the pro-							
9.	Ability & Capacity	The ability and capacity of the vendor to execute the	e contract						
10.	Preference points	Preferential Procurement System (80/20) if applicat	le						

Name of End-user (in full)	Miss S C Khumalo	Name of SCM Rep (in full)	M- NO	mphire
Designation / Rank (in full)	S.C.M Logistics	Designation/ Rank (in full)	em	Supar Mson
Signature	An.	Signature	Mo	25
Date	06/08/2020	Date	678	12020

Standard End-User Specification Form



END-USER SPECIFICATION FORM

PROVINCE OF KWAZULU-NATAL	•	•
Quote Number: ZNQ	112/200	
Item Description: X80 UNITS FOR	CERVICAL COLLAR SMALL	
Department/Section: St Mary's I	District Hospital: Marianhill Purpose of Item:	: PATIENT CARE
Pre-qualification criteria if a	ny:	
1.1. Is the item required to I Regulatory Body / certification	have a regulatory body certification (e.g. SABS, SANS, SAN required if Yes:	AS, ISO, CIDB, etc.)? <u>Yas</u> / No:
1.2. Is a compulsory site ins if Yes, specify: Date	spection / briefing session required? Yes / <u>No</u> J Time Place	
1.3. Is local production and if Yes, specify:	content part of the quote? Yes / No	
1.4. Provisions of section 4 if Yes, specify: REVISED SCM DE	(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No <u>EIGATION 0F 2008</u>	0
1.5. Liability Cover insurance	ce? Yes / <u>No</u>	
if Yes, specify:		
2. What is the specification	of the required item?	
List specifications to be advertised	of the required items	Comment
Must be made from medium der	nsity foam 19mm thick	
Must be covered with cotton wo		
Velcro posterior fastening		
Anatomically shape		
5. Small size		
	ed on the packaging: Trade name of the product, size	
and correct specification		
3.1. Deadline for submission <i>Or</i>	ubmitted? Yes / No(select option 3.1 or 3.2) if Yes: Date 17/08/2016 Time11H00 Place ST MARY'S DISTRICT ast be made available when requested in writing. Yes or	THOSPITAL (MARIANHILL)
4.1 If the supplier fails to del	iver any or all of the goods or to perform the services within the	period(s) specified in the contract, the purchase
shall, without prejudice to	o its other remedies under the contract, deduct from the contr	ract price, as a penalty, a sum calculated on th
•	layed goods or unperformed services using the current prime i	interest rate calculated for each day of the dela
until actual delivery or pe	erformance.	
5. What is the evaluation cri	teria / special terms and conditions to be advertised	?
	I terms and conditions to be advertised (if applicable)	
	Does the offer meet the pre-qualification criteria?	
l !	Does the offer comply with stipulated administrative requ	irements?
1 1 1 1	Was the product made or service performed to specifical	
	Will/does the product/service fulfil its performance obliga	

1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply with stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	Miss S C Khumalo	Name of SCM Rep (in full)	Mr Iva Mehre
Designation / Rank (in full)	S ₂ C ₂ M Logistics	Designation/ Rank (in full)	Scm-Subervisca
Signature	dh.	Signature	(RY)
Date	06/08/2020.	Date	6/8/2020
Standard End Hear Specifical	tion Form		Page 1 of

Standard End-User Specification Form



P	ROVINCE OF KWAZULU-NATAL	,		•
Quot	te Number: ZNG	12/2020		
ltem	Description: X120 UNITS FO	OR CERVICAL COLLAR LARGE		
Depa	artment/Section: St Mary's	District Hospital: Marjanhill	Purpose of Item	: PATIENT CARE
1.	Pre-qualification criteria if	any:		
	1.1 is the item required to	have a regulatory body certification	(e.g. SABS, SANS, SAN	IAS, ISO, CIDB, etc.)? Yes / No:
	Regulatory Body / certification		(0.8. 0)	
	4.0 la a compulação i	nspection / briefing session required	2 Yes / No	
	if Yes, specify: Date	Time Place		
		d content part of the quote? Yes / <u>No</u>		
	1.4. Provisions of section if Yes, specify: REVISED SCM:	4(1)(a) of the PPPFA Regulations,201 BELIGATION OF 2008	7 if applicable? Yes / N	o
	1.5. Liability Cover insura	nce? Yes / No		
	if Yes, specify:			
2.	What is the specificatio	n of the required item?		Comment
 	specifications to be advertised Must be made from medium d	onsity foam 10mm thick		Comment
1.	Must be covered with cotton w	roven mach		
2.				
3.	Velcro posterior fastening			
4.	Anatomically shape			
5.	Large size	to the westerning Trade name	of the product cize	
6.	_	oted on the packaging: Trade name	of the product, size	
	and correct specification			
3.	Does a sample need to be	submitted? Yes / No(select option 3.1	or 3.2)	•
	3.1. Deadline for submission	n if Yes: Date 17 /08 / 20 Time 11H0	O Place ST MARY'S DISTRIC	T HOSPITAL (MARIANHILL)
Or				
	3.2. Specify that samples m	ust be made available when requested	in writing. Yes or	
4.	Penalties to be noted by the	e suppliers:		
	4.1. If the supplier fails to de	eliver any or all of the goods or to perfor	m the services within the	period(s) specified in the contract, the purchase
	shall, without prejudice	to its other remedies under the contract	t, deduct from the cont	ract price, as a penalty, a sum calculated on the
			using the current prime	interest rate calculated for each day of the delay
	until actual delivery or p	эеготапсе.		
5.	What is the evaluation c	riteria / special terms and conditi	ons to be advertised	?
		al terms and conditions to be adver		
1.	Pre-qualification criteria	Does the offer meet the pre-qualif		
2.	Administrative	Does the offer comply with stipula	ted administrative requ	uirements?
3.	Conformance:	Was the product made or service		
4	Performance:	Will/does the product/service fulfil	its performance obliga	ation, in a manner that releases the
		supplier from all liabilities under th	e contract?	
5.	Features:	What characteristics does the pro		
6.	Reliability:	How long can a product go betwe		
7.	Durability:	What is the useful life for the prod		
8.	Serviceability:	How easy is it to repair, maintain	or support the product	or service? (customer support)

Name of End-user (in full)	Miss S C Khumalo	Name of SCM Rep (in full)	MI NR MChizo
Designation / Rank (in full)	S.C.M Logistics	Designation/ Rank (in full)	Scon-SuperVISOR
Signature	ar.	Signature	(Onto
Date	06/08/2020	Date	6/8/2020
Ot deed End Hear Considered	ion Edm		Page 1 of

The ability and capacity of the vendor to execute the contract

Preferential Procurement System (80/20) if applicable

Standard End-User Specification Form

9.

Ability & Capacity

10. Preference points

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