health Department Health Health Province of KWAZULU MATAL	uotation Advert	
Opening Date:	2020-08-07	en.
Closing Date:	2020-08-17	226
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	St Mary's Marianhill	Y
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods I services is required	No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610	
Date Submitted	2020-08-06	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
N C-t	24/2020	
Item Category:	Goods	
Item Description:	Administratio Set -	
	Controlled Volume 150 ml	
	controlled notable 120 mil	
	x 150 units	
Quantity (if supplies)	As above	1
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Not Applicable	~
Date:		IS P
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19	
QUOTES SHOULD BE DELIVERED TO:	ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL/FAX	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Mr. S Kweyama	
Email:	Sanele. Kweyama@kznhealth.gov.za	
Contact Number:	031 717 1111	
Finance Manager Name:	Mr. S Mthethwa Mr. SMrcwABF	
Finance Manager Signature:	Mit. D. Ton Courts	
	late quotes will be considered	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

Control of the contro					
DATE:					
FACSIMILE NUMBER:					
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓					
<u> </u>					
С					
the public sector for a tion will be companies and are a specification will be LETION OF THIS all include the paral a and the neuter. d. Photocopies of the photocopies. missing or duplicated					
P h					

- 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 occupied. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
 1.3 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
- course.

- course.

 The supplier shall furnish any information, when requested.

 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. The supplier shall indennify the KZM Department of Health (ask the purchases) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part
- of infingement of patent, frademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser. If the suppler 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, they are 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. The purchaser may also consider termination of the contract. 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 fails to perform any other obligation(s) under the contract, or has engaged in corrupt or fraudulent practices in competing for or in executing the contract. The purchaser may prourie, upon such terms and in such manner as it deems appropriate, goods, works or services similar goods, works or services. Similar goods, works or services.

- Any alteration made by the bidder must be initiated. Use of correcting third 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 quotations. If it is desired to make more than one ofter against any individual item, such ofters should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- 3. 3.1
- photocopy of the page in question. Clear Indicators thereof must be stated on the schedules adached.

 SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
 Quotation shall be lodged at the address indicated not later than the dosing time specified for their receipt, and in accordance with the directives in the quotation documents. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate seated envelope, with the name and address of the tidder, the quotation number and dosing 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 compiled with, such quotations this may be rejected as being invalid.

 All quotations received in seated envelopes with the relevant quotation numbers on the envelopes are kept unopened in sale custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be seated. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number and the envelope. 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. It is received as the open the provided of the receipt of quotation and the provided as the time of quotation documents must not be included in packages containing samples. Such quotations may be rejected as being lived in.
- 3.3
- 3,5
- 3.6 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 wherethe 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.	n order to give effect to the abo	ve, the following questionnaire mus	t be co	empleted and submitted w	ith the quote.		
22	Identity Number	tative	2.5.	Company Registration N Tax Reference Number:			
2.3	. Position occupied in the Com	pany (director, trustee, shareholder	²):2.6.	VAT Registration Number	er:	***************************************	
2.8 2.8 2.8 2.8 (Note 2.8 2.9	The names of all directors / employee / persal numbers in the so, furnish the following particular to the state institution at will position occupied in the state in the public sector? 2.1. If you are presently emploting in the public sector? 2.1. If yes, did you attach processed in the public sector? 2.1. If no, furnish reasons for including the public sector? 3.1. If so, furnish particulars in the previous twelvers in the previous twelvers. 4. If so, furnish particulars 5. Did you or your spouse, or a state in the previous twelvers.	rustees / shareholders / members, nust be indicated in paragraph 3 be cted with the bidder presently emplificulars: sitee / shareholder/ member:	the bi approcument tees /	oy the state? dder is employed:Any other particulars priate authority to undertaint? the disqualification of the shareholders / members of the price of the shareholders / members	ke remunerative work quote.) or their spouses cond	YES NO K outside employr YES NO duct business with	ment the
2.1 2.1 2.1	 0.1. If so, furnish particulars 1. Are you, or any person connemployed by the state who reflect the state of the state who reflect the state of the stat	ected with the bidder, aware of any nay be involved with the evaluation s / trustees / shareholders / member	relatio and or	nship (family, friend, other adjudication of this quote e company have any inter) between any other to ? est in any other relate	bidder and any pe	ether
3	Full details of directors / tro The Department Of Health v	istees / members / shareholders. ill validate details of directors / tru re up-to-date and verified on CSD. ed over as non-compliant according	stees If the	/ members / shareholde Department cannot valida	rs on CSD, It is the s ite the information o	uppliers' responsion CSD, the quote	ibility e will
4	DECLARATION						
I, FU	THE UNDERSIGNED (NA JRNISHED IN PARAGRAI	ME) PHS 2.		CE	ERTIFY THAT TH	E INFORMAT	ION
	ACCEPT THAT THE STAT ROVE TO BE FALSE.	E MAY REJECT THE QUOTE	OR A	ACT AGAINST ME SH	IOULD THIS DEC	LARATION	
	ame of bidder	Signature		Position	 Da	te	
1*S a)	tate" means – any national or provincial depart constitutional institution within the	ment, national or provincial public entity of meaning of the Public Finance Managemer	ıt d		onal Council of provinces	ac Jo	

any municipality or municipal entity; *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.

health Department: Health PROVINCE OF KWAZULU-NATAL

Date

Standard End-User Specification Form

END-USER SPECIFICATION FORM

PR	OVINCE OF KWAZULU-NATAL	101 /2 m	•			
Quot	e Number:	124/2020				
ltem	Description: Ad	min set – controlled volume 150m	I			
Depa	rtment/Section: Pac	ediatric ward Purpose of	f Item: IV treatment administra	tion		
	Pre-qualification criteri	·				
1 F	.1. Is the item required Regulatory Body / certifications	d to have a regulatory body certification required if Yes:	cation (e.g. SABS, SANS, SAN	AS, ISO, CIDB, etc.)?(Yes / No:		
1	.2. Is a compulsory sit	te inspection / briefing session rec	quired? Yes (No) ace			
		and content part of the quote? Ye				
i	f Yes, specify:	on 4(1)(a) of the PPPFA Regulation		o N/A'		
i	f Yes, specify:	urance? Yes / No	MARKET M//T			
		on of the required item?				
List	specifications to be ac	lvertised	Comme	nt		
1.	Measured volume fluid a	administration set				
2.	Spike to attact to vacolit	re				
3.	Chamber calibrated from	n 0 to 150ml				
4.	Bacteria retentive air inl	et				
5.	Automatic shut off valve					
6.		bing with roller controller for accurate	e unrestricted flow			
7.	Sterile peel pouch					
or	3.1. Deadline for submis	be submitted? Yes / No(select opt sion if Yes: Date 17 / 08 / 20	Time : CO Place 44			
			G ,			
4.	Penalties to be noted by	v the suppliers:				
			perform the services within the	period(s) specified in the contract		
4.1. 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 second seco						
	penalty, a sum calc	culated on the delivered price of the	delayed goods or unperformed	I services using the current prime		
		ted for each day of the delay until ac				
		•	, ,			
5.	What is the evaluation of	criteria / special terms and conditi	ons to be advertised?			
		cial terms and conditions to be adver				
1.	Pre-qualification criteria	Does the offer meet the pre-qualifi	cation criteria?			
2.	Administrative	Does the offer comply to stipulated administrative requirements?				
3.	Conformance:	Was the product made or service performed to specifications?				
4.	Performance:	Was the product/service fulfil its performance obligation, in a manner that releases the				
"	. 0	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.						
8.						
9.						
10.						
10.	1. Totoronoo polino					
Na	me of End-user (in full)	1. 5 Du Fall A.	Name of SCM Rep (in full)	na melize		
L		1 4.6 VIIUNUACH				
	signation / Rank (in full)	G.E PHINGULA.	Designation/ Rank (in full)	SCM-Supernsor		
Sig	nature	1 agread	Signature	1 (1912)		

Date

20 20 Page 1 of 2