



### Quotation Advert

Opening Date: 2020-08-14

Closing Date: 2020-08-24

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name: Christ the King hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: CHRIST THE KING HOSPITAL

Date Submitted: 2020-08-14

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 182-2020-21

Item Category: Goods

Item Description: SUPPLY AND DELIVER BROWN PAPER BAGS  
NB: SEE ATTACHED STANDARD QUOTATION

Quantity (if supplies): 180 000 UNITS

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: CHRIST THE KING HOSPITAL

QUOTES SHOULD BE DELIVERED TO: CHRIST THE KING HOSPITAL.TENDER BOX NEXT TO THE SECURITY OFFICE

#### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NG TSHENDU

Email: scm.ctk@kznhealth.gov.za

Contact Number: 039 834 7519

Finance Manager Name: NB SIMELANE

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: CHRIST THE KING HOSPITAL  
DATE ADVERTISED: 14-08-2020 CLOSING DATE: 24-08-2020 CLOSING TIME: 11:00  
FACSIMILE NUMBER: 039 834 2131 E-MAIL ADDRESS: scm.ctk@kznhealth.gov.za  
PHYSICAL ADDRESS: CHRIST THE KING HOSPITAL, 1 PETER HAUFF DRIVE,,IXOPO,3276

ZNQ NUMBER: 182/2020/21

DESCRIPTION: SUPPLY AND DELIVER BROWN PAPER BAGS 125MMX50MMX230MM

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)  
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**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]**

DESCRIPTION: **SUPPLY AND DELIVER BROWN PAPER BAGS 125MMX50MMX230MM**

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

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

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
01	180 000	SUPPLY AND DELIVER BROWN PAPER BAGS				
	UNITS	125MMX50MMX230MM				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

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

<p>Enquiries regarding the quote may be directed to:          Contact Person: <b>NG.TSHENDU</b> ..... Tel: <b>039 834 7516</b>          E-Mail Address: <b>scm.ctk@kznhealth.gov.za</b></p>	<p>Enquiries regarding technical information may be directed to:          Contact Person: <b>A.GANGADIN</b> ..... Tel: <b>039 834 7559</b></p>
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