health Department: Health Health Revivere of KWAZULU-NATAL	uotation 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:
	183-2020-21
Item Category:	Goods
Item Description:	SUPPLY AND DELIVER CRUTCHES
	NB: SEE ATTACHED STANDARD QUOTATION
Quantity (if supplies)	LIST ATTACHED
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 ADVER	RT MAY BE DIRECTED TO:
Name:	NG TSHENDU
Email:	scm.ctk@kznhealth.gov.za
Contact Number:	039 834 7S19
Finance Manager Name:	NB SIMELANE
	#
Finance Manager Signature:	ate guotes 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: 183/2020/21
DESCRIPTION: SUPPLY AND DELIVER CRUTCHES
CONTRACT PERIOD. ONCE OFF (if applicable) VALIDITY PERIOD 60 Days SARS PIN
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
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 CODENUMBER 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)

[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]

OFFICIAL F	PRICE PAGE	FOR QUOTATIONS	ZI	NQ NUMBER:	183-2020-21	
DESCRIPTI	ON: SUP	PLY AND DELIVER CR			******	******
SIGNATUR [By signing t	E OF BIDDER this document	I hereby agree to all terms and condition	ons]	DATE		***************************************
CAPACITY	UNDER WHIC	CH THIS QUOTE IS SIGNED				
Item No	Quantity	Description	1	rand & rodel	Country of manufacture	Price R (
01	100 UNITS	SUPPLY AND DELIVER WOODE		"		
		CRUTCHES (ADUL	Γ)		W PAIIII	
02	100 UNITS	ALLUMINIUM ELBOW CRUTCH				<del> </del>
03	20 FRAMES	ALLUMINIUM WALKING FRAM		***************************************	.,	
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MALLET ADV	DED TAY 6.1	FOX (Only if WAT West 1)	<u> </u>			
		5% (Only if VAT Vendor) CE (VALIDITY PERIOD 60 Days)			, , , , , , , , , , , , , , , , , , ,	
TOTAL QUI	JIATION PRI	CE (VALIDITY PERIOD 60 Days)	······································			
Does This Off	fer Comply Wi	th The Specification? Doe	s The Article Conform 1	To The S A N S	/SARS Consideration	n2
s The Price F	irm?		e Delivery Period E.G.			912
			4			
Enquiries re	egarding the	quote may be directed to:				~~~~

Contact Person: NG TSHENDU Tel: 039.834.7516

E-Mail Address: Scm.ctk@kznhealth.gov.za