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health
Department
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PROVINCE OF KWAZULU-NATAL

Quotation Advert

Opening Date: 02-12-2020

Closing Date: 11-12-2020

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Madadeni hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Madadeni Hospital

Date Submitted: 01-12-2020

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
901/20-21

Item Category: Services

Item Description:

Supply and install Batho pele principle board	x 01
Supply and install Assembly point signage	x 13
Supply and install Pick up and drop off zone signage	x 02
Supply and install Hospital board services	x 02
Supply and install disabled parking signage	x 03
Supply and install Mortuary signage	x 04
Supply and install No Parking signage	x 02

Requirement: GB

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session

Date: 09-12-2020

Time: 11:00

Venue: Madadeni Hospital, Maintenance section

QUOTES CAN BE COLLECTED FROM: Companies can print out the uploaded document and bring it to the site meeting. ▴ ▾

QUOTES SHOULD BE DELIVERED TO: Quotes must be sent to Ntombikayise.Hadebe@kznhealth.gov.za or hand deliver to Madadeni Hospital, in the Admin tender box.

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

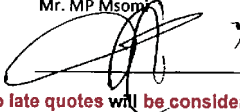
Name: Mr AL Ntlangeni

Email:





Contact Number: 034 328 8269

Finance Manager Name: Mr. MP Msomi

Finance Manager Signature:



No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page

Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: SCM.Advert@kznhealth.gov.za for uploading to the [department website](#).
3. N.B if the scanned copy submitted is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated: 13 November, 2020, 08:16 am

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Contact the Web Administrator

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: **MADADENI PROVINCIAL HOSPITAL**

DATE ADVERTISED: **02/12/2020** CLOSING DATE: **11/12/2020** CLOSING TIME: **11:00**

FACSIMILE NUMBER: **034328 8068** E-MAIL ADDRESS: **Ntombikayise.Hadebe@kznhealth.gov.za**

PHYSICAL ADDRESS: **F0001 SECION 6 MADADENI**

DESCRIPTION: SUPPLY AND DELIVER SIGNS

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

[illegible][illegible]

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THE FOLLOWING PARTICULARS MUST BE FURNISHED
(FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

VAT REGISTRATION NUMBER (If VAT vendor)

YES		NO	
-----	--	----	--

1

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: [REDACTED]

DESCRIPTION: [REDACTED]

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

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

[illegible]

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>1day, 1week</i>

Enquiries regarding the quote may be directed to:

Contact Person: **NTLANGENI**.....Tel: **0343288269**

E-Mail Address:

Enquiries regarding technical information may be directed to:

Contact Person: **MBATHA** Tel: **0343288020**

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):..... | 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.

2.8. Are you or any person connected with the bidder presently employed by the state? [TICK APPLICABLE]

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?

(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 –

- 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;

- 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.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

SCC

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.

- 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:

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; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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.

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;

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		NO	
-----	--	----	--

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		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at least 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		

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**SPECIFICATION FORM – MADADENI HOSPITAL****PRODUCT/SERVICE: SUPPLY AND INSTALL PARKING SIGN**

SCM PRACTITIONER NAME: N.C.HADEBE

(Initials and surname)

SIGNATURE: 

DATE: 28/07/2020

(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)

SPECIFICATIONS	YES	NO
-Chromadek material		
-Size :400mm x400mm		
-White background with red and black logo		
-76mm galvanize pole with a 400x 400 base plate		
-Planted by 400 x400x400 (concrete 20 mpa)		
-1.5 from the ground		
-Must be laser printed		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____



**health**Department:
Health
PROVINCE OF KWAZULU-NATAL**SPECIFICATION FORM – MADADENI HOSPITAL**PRODUCT/SERVICE: **MORTUARY SIGN WITH ARROWS**

SCM PRACTITIONER NAME: N.C.HADEBE

(Initials and surname)

SIGNATURE: N. C. Hadebe

DATE: 28/07/2020

(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)

SPECIFICATIONS	YES	NO
- Board size 250 mm X 700mm X 3mm thick		
-Steel plate with blue background and white wording + arrows		
-Steel plate must be pop riveted on the 25mm square tubing		
-Frame size must be 250 mm X 700mm		
- Steel frame must welded on the steel pole 76 x 76mm SQ X 2 diameter		
-Must be 1.75m long		
-Must be 1.2m high from the ground level to the board mounted		
-Must be 500mm to the ground 500 x 500 concrete roofing 250mpa(400 x 400 x3mm) base plate		
-Mixture of stone, sand cement and water		
-Steel frame and pole must be painted with red oxide as first coat and two coats of oil base exterior paint colour black		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____

MORTUARY →

**health**Department:
Health
PROVINCE OF KWAZULU-NATAL**SPECIFICATION FORM – MADADENI HOSPITAL****PRODUCT/SERVICE: DISABLED PARKING SIGNAGE**

SCM PRACTITIONER NAME: N.C.HADEBE

SIGNATURE: [Signature] (Initials and surname)DATE: 26/05/2020 30/07/2020*(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)*

SPECIFICATIONS	YES	NO
-Size : Standard		
-Public parking bay and to be painted with a road marking paint on the parking color yellow		
-Yellow paint for parallel lines and two paraplegic big logo on the centre		
-Board size: 250 mm X 700 mm X 3mm thick		
-Steel plate		
-Dark blue background and white wording and arrow		
-Steel plate must be welded on the 25mm square tubing frame size 250mm X 700mm		
-Steel frame must be welded on the steel round pole size 40mm diameter		
-Must be 1.75m long		
- Must be 1.2m high from ground level to the board mounted 300mm to the ground		
-Mixture of stones, sand cement and water		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____





**health**Department:
Health
PROVINCE OF KWAZULU-NATAL**SPECIFICATION FORM – MADADENI HOSPITAL****PRODUCT/SERVICE: SIGN BOARD**

SCM PRACTITIONER NAME:

SIGNATURE: *[Signature]*DATE: ~~11/06/2019~~ 20/07/2020*(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)*

SPECIFICATIONS	YES	NO
-The sign board shall have white 6mm thick poly carbonate sheeting on front and back.		
-The cladding shall be chrome –deck on all side covering		
-The internal steel box frame be made of 25 x 25mm thick mild steel square tubing		
-The intermediate connecting bar between the two leg poles shall be made of 50.8 x 50.8mm x3mm thick mild steel square tubing		
The size of box shall be done 2.5m long x 1.4m high x 0.12 meters wide rectangular		
Sign writing shall be done on both side with all services as per specified list		
Every beginning sentence line will begin with color (English) hand the same services in one line as well as the colour of the line inscription		
The health logo must be full color and the latest picture		
The upright steel poles square poles shall be 101.06 x 101.6mm x4mm thick mild steel square tubing 2.9m long with a plate welded at the bottom (300mm x 300mm x 4mm)		
-Weld a rectangular steel plate at the top end of the square upright poles 140mm wide x 300mm long x 6mm thick with 4 hole 13-14mm diameter in each steel plate to be connected to the steel box frame with 12mm mild steel bolts and nuts with washers (12mm x 40mm)		



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

SPECIFICATION FORM – MADADENI HOSPITAL

-Sand paper and grind smoothly down all welding removal all welding spots dirt from frame work then apply universal red oxide undercoat steel prime with two coast of cold aluminum high gloss oil paint		
-excavate and dig two holes 1m x 1m square cast concrete 25MPA strength with steel frame imbedded 900m deep level and plum in concrete hole.		
-One side of the service notice bored will be written in English and the opposed side in Zulu with similar service rendered in same color line		
-All lettering on the sign bored shall be large enough that it will be visible from main road.		
The sign bored box shall have a white background and lettering shall be color.		
Electrical		
Steel information mild steel box must have two 1.2m single fluorescent light fittings installed on the inside. -install PVA covered connection draw box with cover one way fitted to the pole at the bottom 200m from ground level. With 20mm hole drilled into the upright pole. -install and connect light fitting with 1.5mm wire (red /yellow,green,blue 6m long , coiled up in the draw after testing		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

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Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

MADADENI PROVINCIAL HOSPITAL

TELEPHONE : 034 328 8000 FAX 034 329 1595

HOURS OF SERVICES: 24HRS, 7 DAYS PER WEEK

SERVICES PROVIDED

OUTPATIENT SERVICES

Medical Outpatient Department (General)
Specialist Medical Outpatient
General Surgery OPD
Urology OPD
Orthopaedics OPD
Ophthalmology
Ear, Nose, Throat
Dermatology
Psychiatry
CCMT
TB
Renal Clinic
Wound Care Unit
Endoscope

CLINICAL SUPPORT SERVICES

Psychology
Social Work
Audiology
Speech Therapy
Dietetics

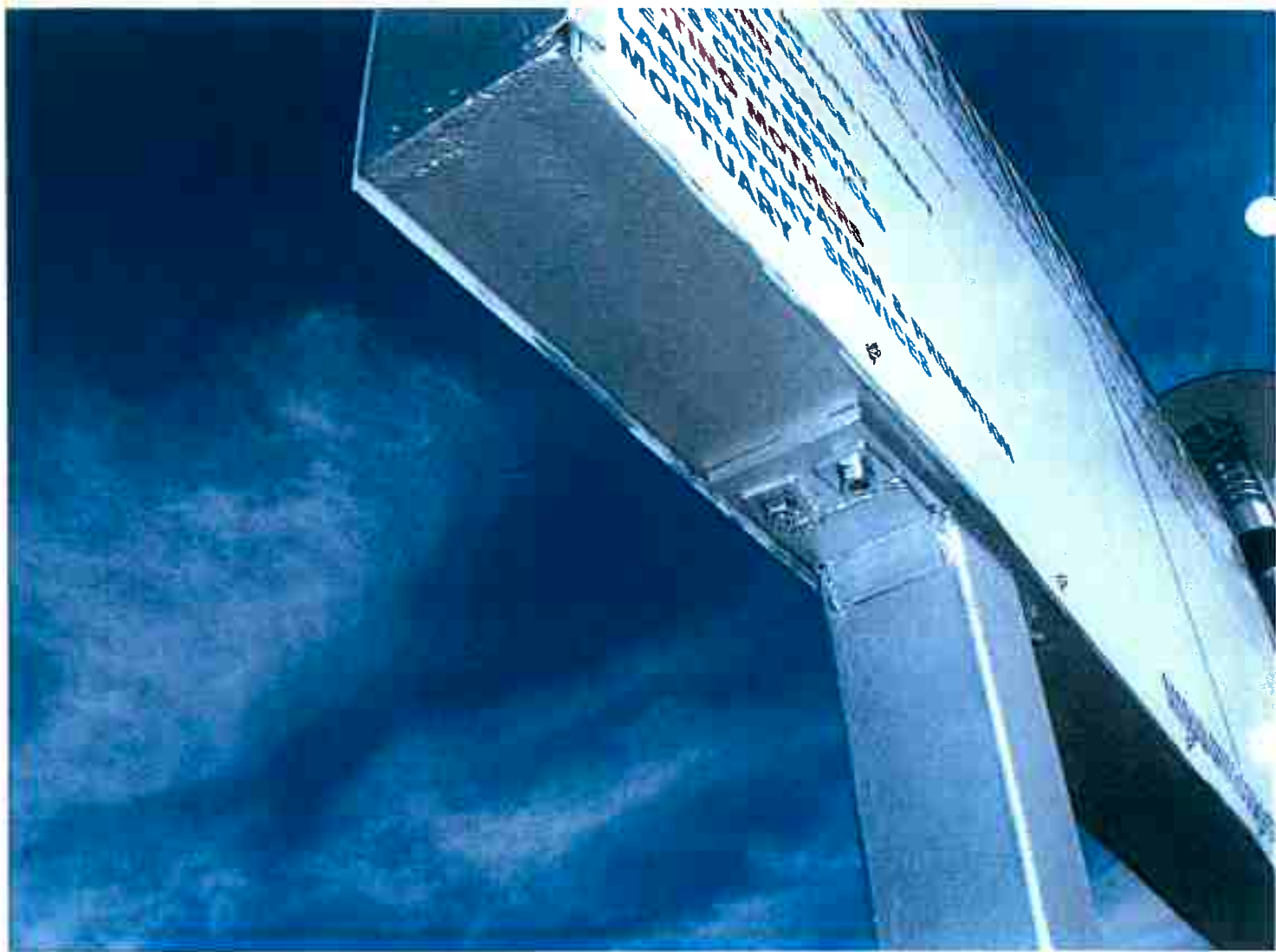
IN PATIENT SERVICES

Dental Services
Optometry
Occupational Therapy
Physiotherapy
X-Ray
Ultrasound
Flouroscopy
Pharmacy
Laboratory Services
Echocardiography Services

District Medical Services
Regional Medical Services
General Surgery
Urology
Orthopaedic Services
Ophthalmology Services
Psychiatry Services
Intensive Care Unit

AMBULANCE SERVICES 10111





PRODUCT/SERVICE: **PICK-UP AND DROP OFF ZONE SIGN**

SCM PRACTITIONER NAME: N.C.HADEBE

SIGNATURE:  (Initials and surname)

DATE: 28/07/2020

(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)

SPECIFICATIONS	YES	NO
- Chromadek material		
-Size: 400mm XV 600mm		
-White background with red and white logo		
-76mm galvanized pole		
-With 400 X 400 base plate		
-Planted by 400 x 400 x 400 (Concreate 20MPA)		
-Must be 1.5m from the ground		
-Laser printed		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____





health

Department:
Health
PROVINCE OF KWAZULU-NATAL

SPECIFICATION FORM – MADADENI HOSPITAL

PRODUCT/SERVICE: **SUPPLY AND INSTALL BATHO PELE BOARD**

MADADENI REGIONAL HOSPITAL SCM DIRECTORATE

SIGNATURE:  (Initials and surname)

DATE: 27/07/2020

(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)

SPECIFICATIONS	YES	NO
-Framing 25x 25 square 2mm stick(board SRE)		
-Galvanized (caromadeck)		
-Board 1.2w x 1.6 h		
-Posts: 76x76 square 2mm stick x2		
-Pole size 500 must be on a ground with 500x 500 concrete 20mpa NB 400x400x2mm stick		
-Base plate for the pole		
-Words will be coloured as per attach sample		
-Wording will be laser printed white background		
-Pole 1.6 from the ground (board height)		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ Position: _____ Date: _____

SUPPLIER/TRADING NAME OR STAMP:

: _____

BATHO PELE PRINCIPLES

CONSULTATION

UKUBONISANA

SERVICE STANDARDS

AMAZINGA NAMAQOPHELO
EMISEBENZI ESIZA
UMPHAKATHI

ACCESS

OBANI ABANGAHLOMULA

COURTESY

UKUPHATHWA KAHLE
NANGENHLONIPHO

INFORMATION

ULWAZI

OPENNESS AND TRANSPARENCY

UKUSEBENZA NGENDLELA
ESOBALA

REDRESS

UKUNXEPHEZELA
NOKUQONDISA
UKUNGENELISEKI

VALUE FOR MONEY

ZUZA UKWANELISEKA NGEMALI
YAKHO

ENCOURAGING INNOVATION
REWARDING EXCELLENCE

UKUKHUTHAZA AND
UKUZITHUTHUKISA

NOKUBONGA LABO
ABASEBENZA NGOKUZIMISELA

CUSTOMER IMPACT

UMTHELELA
KUMAKHASIMENDE

LEADERSHIP AND
STRATEGIC DIRECTION

UBUHOLI NOMHLAHLANDLELA

**health**Department:
Health
PROVINCE OF KWAZULU-NATAL**SPECIFICATION FORM – MADADENI HOSPITAL****PRODUCT/SERVICE: ASSEMBLY POINTS SIGNAGE****SCM PRACTITIONER NAME: N.C.HADEBE****SIGNATURE:** N.C. Hadebe (Initials and surname)**DATE:** 28/07/2020*(Specification to be written by the SCM Practitioner. Potential suppliers will only complete columns YES or No as per the product/service they will provide and sign the form at the bottom)*

SPECIFICATIONS	YES	NO
-Board size: 400 mm X 600mm X 3mm thick		
-Steel plate		
-Green background and white wording and logo		
-Steel plate must be welded on the 25 x 25 mm square tubing frame size 400mm X 600 mm		
-Weld the steel frame on the steel round pole size 400mm X 2.1m long		
-Must be 1.2 m high from ground level to the board mounted 300mm to the ground		
-Mixture stones, sand ,cement and water		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned (initials and surname): _____

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

Signature: _____ **Position:** _____ **Date:** _____**SUPPLIER/TRADING NAME OR STAMP:**

: _____



**Emergency
assembly
point**