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KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

## KZN Health Intranet

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## AdvertQuote

KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date:

Closing Date:

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

## ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND INSTITUTIONS FOR THE DEPARTMENT OF HEALTH**

**ZNQ 02/20-21**

**QUOTATION DOCUMENT CONTENTS**

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<b>NAME OF INSITUTION</b>	<b>:</b>	<b>ESHOWE DISTRICT HOSPITAL</b>
<b>SERVICE</b>	<b>:</b>	<b>SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)</b>
<b>CONTRACTORS NAME</b>	<b>:</b>	_____
<b>BID AMOUNT (Vat incl.)</b>	<b>:</b>	<b>R</b> _____ <b>(Vat incl.)</b>
<b>BRIEFING DATE</b>	<b>:</b>	<b><u>N/A</u></b>
<b>CLOSING DATE</b>	<b>:</b>	<b><u>15/12/2020</u></b>

<b>CENTRAL SUPPLIERS DATABASE SUPPLIER NO :</b>	_____
<b>UNIQUE REGISTRATION REFERENCE</b>	<b>:</b> _____
<b>CIDB NUMBER</b>	<b>:</b> _____
<b>CIDB CATEGORY</b>	<b>:</b> <b><u>1ME AND ABOVE</u></b>

---

**CLIENT**

Department of Health  
Project Leader: T.SIMELANE  
Telephone: 035 473 4548  
Fax : 035 474 9414

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH

ZNQ 02/20-21

THE SERVICING, REPAIR AND MAINTENANCE OF FIXED MECHANICAL PLANT, EQUIPMENT AND  
INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND  
INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICING OF OXYGEN GAS GENERATING SYSTEM  
(INTAKA)

PART ONE

INVITATION TO QUOTE

## STANDARD BID SPECIFICATION

### INVITATION

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF KING CETSHWAYO HEALTH DISTRICT  
OFFICE ON BEHALF OF ESHOWE DISTRICT HOSPITAL

BID NUMBER : **ZNQ 02/20-21**  
SITE INSPECTION DATE : **N/A**  
TIME : **N/A**  
CLOSING DATE : **15/12/2020**  
TIME : **11H00**  
DESCRIPTION OF SERVICE : **SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)**

CONTRACT PERIOD : **TWELVE MONTHS (12)**  
VALIDITY PERIOD : **60 DAYS**

BID DOCUMENTS TO BE PLACED IN A SEALED ENVELOPE, THE FRONT OF THE ENVELOPE BEING  
CLEARLY ENDORSED WITH THE BID NO. SERVICE TYPE AND DEPOSITED IN THE BID BOX SITUATED  
AT (STREET ADDRESS)

**ESHOWE DISTRICT HOSPITAL  
40 KANGELA STREET  
ESHOWE  
3815**

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be  
accepted for consideration.

The bid box is available on the following days and times: Monday to Friday 08H00 – 15H00

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE – TYPED)

THIS BID IS SUBJECTED TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE  
PREFERENTIAL PROCUREMENT REGULATION, 2011, THE GENERAL CONDITIONS OF CONTRACT  
(GCC), IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

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INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL ADMINISTRATION BUILDINGS AND  
INSTITUTIONS FOR THE DEPARTMENT OF HEALTH

NAME OF INSITUTION : ESHOWE DISRICT HOSPITAL

SERVICE : SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)

**PART TWO**

**PARTICULAR SPECIFICATION**

1. General Requirements
2. Site and Mode of Procedure
3. Scope of Contract

## 1. GENERAL REQUIREMENTS

Tenderers are to make special note of the following:

The whole Service shall be in accordance with the Occupational Health and Safety Act 85/1993 and all regulations framed therein shall be carried out to the satisfaction of the Department of Health at **ESHOWE DISTRICT HOSPITAL**

Competent workmen skilled in their trade shall carry out all work. Quality shall be of the best standard practice and all workmanship will be subject to the approval of the Department of Health.

The work shall at all times, for the duration of the contract, be carried out under the supervision of a skilled and competent representative of the Contractor, who will be able and authorized to receive and carry out instructions on behalf of the Contractor. A sufficient number of workmen shall be employed at all times to ensure satisfactory progress of the work.

All apparatus, component parts, fittings and materials employed in the execution of the Contract shall be new and unused and shall be the latest type or pattern of the particular manufacture employed. S.A.N.S. mark bearing items shall be used wherever possible.

The minor repairs must be guaranteed against defective parts and workmanship for a period of twelve (12) months after the date of issue of the Completion Certificate. This period shall run concurrently with the maintenance period.

Rates are to include for commissioning and testing of the complete installation and handing over in working order ready for use.

Tenderers are advised to visit the site and acquaint themselves fully with the site conditions and nature and full extent of work involved prior to submitting their tender. Claims on the grounds of insufficient information in such respects or otherwise will not be entertained by the Administration.

The Administration reserves the right to make emergency repairs to keep the equipment in operation without voiding the Contractor's Guarantee, nor relieving the Contractor of his responsibility during the guarantee period when, after proper notice, the Contractor fails to attend to such emergency repairs. All costs incurred by the Administration under these circumstances will be for the account of the Contractor.

## **2. SITE AND MODE OF PROCEDURE**

The work contained in this contract will be carried out on the site of the existing **ESHOWE DISTRICT HOSPITAL**

The Bidder is advised that the existing premises will be occupied throughout the period of the contract, and that the minimum amount of disruption to services is of the utmost importance.

Damage to the existing buildings - Bidders to note that any damages done or occurring to any of the buildings will be repaired at the expense of the contractor/ Bidder.

### **SATISFACTORY INSTALLATION**

The whole of the Service shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Electrical Specification, ICASA, Telecommunications regulations, the South African Bureau of Standards Code of Practice for the Wiring of Premises SABS 0142 and the Occupational Health and Safety Act and Regulations 85/1993 as amended.

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General Electrical Specification are available at the office of the Secretary for Health – KwaZulu-Natal and can be obtained on request.

### **CERTIFICATE OF COMPLIANCE**

On completion of the service, a copy of the "Structural Compliance Certificate" must be submitted to the office of the Secretary for Health: Kwa-Zulu Natal. **(N/A)**

### **GENERAL**

The Bidders / Contractors will be responsible for all masonry/civil work associated with the minor repairs and making good of all work related to the installation. The patching and painting must be to the satisfaction of the KwaZulu-Natal Department of Health

## **3. SCOPE OF CONTRACT**

- **SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA) ESHOWE DISTRICT HOSPITAL**

### **CONDITIONS OF CONTRACT AND PRELIMINARIES**

#### **PERIOD OF CONTRACT**

**Twelve Months (12)** as the Contract Period for the completion of the Work from date of Site handover. The awarded contract must resume work after **Seven (7)** working days, after receiving an official order from the Department

#### **CONTRACT GUARANTEE:**

The Successful Bidder will NOT be required to submit a contract guarantee.

#### **GUARANTEE PERIOD**

The guarantee period for the completion of the Structural / Mechanical / Electrical work and all materials must be a minimum of Twelve (12) Calendar Months from the date of first delivery.

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NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)

PART THREE

TECHNICAL SPECIFICATION

#### **4. TECHNICAL SPECIFICATION**

##### **GENERAL**

This TECHNICAL SPECIFICATION shall be read in conjunction with all other sections of the SPECIFICATION and cognisance shall be taken of the clauses relevant to this particular installation, whether any specific clauses are referred to or not.

**The following items to be quoted on:**

##### **SCOPE OF WORK TO BE DONE**

##### **1. VISITATION CHECKLIST**

- ... Check oxygen purity
- ... Check and record flow metres readings
- ... Check compressor 1 & 2 running hours
- ... Check running compressor dryer temperature
- ... Check running compressor element output temperature
- ... Check that all alarms are connected
- ... Drain of compressor air tank (if applicable)
- ... Check operation of automatic drain VIP valve (if applicable)
- ... Check that backup compressor is connected in automatic position (if applicable)
- ... Check both compressor level
- ... Check and drain all coalescent filters drains
- ... Clean air and oil radiator in main and backup compressors
- ... Clean both compressors air filters
- ... Visual check of possible oil leak and air leak
- ... Check backup generator operations (if applicable)
- ... Check operation of GPRS System (if applicable)
- ... Check plant to required standard
- ... Drain condensate from compressor 1 and compressor 2 oil receivers
- ... Test compressor 1 and compressor 2 dryers and elements temperature shut down function
- ... Collect customer log book copies

##### **2. FREQUENCY MAINTENANCE ON COMPRESSOR 1 AND COMPRESSOR 2**

- ... Change oil
- ... Change oil filters
- ... Change air filters
- ... Clean air and oil coolers
- ... Clean dryer condensers
- ... Service WSD condensate filters
- ... Change oil separators GA5-11(Belt driven)
- ... Change oil separators GA11 Upwards
- ... Check condition of V-belts
- ... Change V-belt if required
- ... Change kits admission valves
- ... Change kits minimum pressure valves
- ... Test all safety valves
- ... Lubricate motor bearings

- ... Over haul compressors

### 3. APPLIES TO 07C2 MODELS

- ... Replace filter kit-LE 5 piston compressor
- ... Replace valve kit – LE5 piston compressor
- ... Service check valve – LE 5 piston compressor
- ... Service unloader valve – LE 5 piston compressor
- ... Change oil – LE 5 piston compressor
- ... Check and clean air dryer if required

### 4. GENERAL

- ... Change medical air filter kit elements
- ... Replace coal tower filter if required
- ... Replace concentrator inlet filter if required
- ... Replace oxygen outlet active carbon filter if required
- ... Replace oxygen outlet bacteriological filter element if required
- ... Replace coal tower activated carbon
- ... Service concentrator and automatic drain VIP valves – replace kits if necessary
- ... Replace/ calibrate the oxygen analyser if required (Delete inapplicable )
- ... Calibrate the flow meter if required
- ... Pressure test GGS gas receivers
- ... Test all receiver safety valves
- ... Replace fire extinguishers with a serviced one
- ... Replace OSC oil/water separator oleophilic bag (if applicable)
- ... Replace OSC oil/water separator oleophilic + active carbon bags (if applicable)
- ... Annual training of hospital responsible staff
- ... Collect medical oxygen sample for a full lab analysis

**Note to Contractors:**

- 4.1. Servicing on all equipment to be completed within TWO (2) week from receiving an official order.
- 4.2. Original service schedules to be signed on a daily basis, by technician and mortuary manager and the Completed schedules must be left with the mortuary manager onsite.
- 4.3. Please take note that during the servicing of equipment, these service schedules replaces the normal Job cards.
- 4.4. This office to be notified in advance to arrange for an onsite inspection after completion of the Servicing so as to finalize the payment. **No payment will be done should incomplete service Schedules are handed in on completion.**
- 4.5. No additional work to be done on servicing order, a detailed quotation for after service repairs must be Submitted whereby if approved a separate order will be issued to cover the repairs
- 4.6. Contractors to attach proof of experience for the similar nature of work.

## **SERVICE SCHEDULES**

**4.6 SERVICE SCHEDULES FOR MAJOR SERVICE OF INTAKA MUST BE COMPLETED ONSITE DURING THE ACTUAL SERVICING OF INTAKA AS PER MANUFACTURERS RECOMMENDATIONS. AND MUST BE HANDED OVER TO CHIEF ARTISAN AFTER COMPLETION OF SERVICES**

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NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)

PART FOUR

QUOTATION FORM: (LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT TO BE  
ALLOWED FOR IN THE FINAL PRICE OFFER)

1. Preamble to Schedule of Prices
2. Official Quotation Documents
  - Schedule of Prices – Materials, Components/Ancillary Parts and Sub Contract work

**SCHEDULE OF PRICES:**  
**PREAMBLE TO THE SCHEDULE OF PRICES**

1. All prices shall be quoted in the currency of the Republic of South Africa and will be fixed. Only where exchange rates have been stated in the quotation document, as at two weeks (14 days) prior to closing date of this quotation, will such exchange rate fluctuation be taken into account in the variation of the cost of the imported items/equipment.
2. The Tenderer shall enter a price against each item in the schedule of prices. If the Tenderer fails to enter a price against any item in the schedule of prices the relevant cost of such item shall be regarded as being covered by other prices in the schedule of prices.
3. **The prices quoted against each item of these schedules shall cover the full inclusive cost of everything required for the execution of the work under the item plus an apportionment of any cost involved in meeting the obligations and liabilities imposed by the conditions of contract and in complying with the specifications.**
4. The prices quoted for the supply of plant and equipment shall include for all handling, loading, transporting and off-loading required for the delivery of the plant and equipment to the site, including in the case of off-site storage for double handling at the store.
5. The prices quoted for erection and installation shall include for all handling, loading, transporting and off-loading, to take plant and equipment to place on site where required, erection, installation, painting, commissioning, operating, testing, adjusting, handing over in proper working order and guarantee for a period of 12 months, all as specified.
6. The tendered rates and amounts must exclude Value Added Tax (VAT) but must include all levies, other taxes and duties on items to which they apply. Separate provision has been made in the Summary of Schedule of Prices for the purpose of VAT.
7. Amounts allowed for contingencies will be spent in part or as a whole at the sole discretion of the Department of Health's "Representative".
8. The Schedule of Prices shall be completed and signed in **black ink**. Corrections must be done by deleting, re-writing and initialing next to the amendment.
9. Electrical and Mechanical work is not measured according to the Standard Procedures of Building Work.
10. Itemized list of Materials/ Spares Parts/Equipment showing unit cost, contractors mark up and subtotal.
11. Vat and Grand Total.
12. The Contractor's attention is drawn to the following, which under no circumstances will be acceptable and will result in the automatic disqualification of the quotation.
  - Use of correcting fluid i.e. Tippex on the quotation documents.
  - Faxed quotations
  - Photocopies of quotations

**SCHEDULE OF PRICES:**  
**WORK TO BE DONE AND SCHEDULE OF PRICES:**

ITEM	DESCRIPTION	UNIT	QTY	RATE/ UNIT	AMOUNT
	<p><b><u>NOTE:</u></b>  All rates for items contained in this Schedule of Prices must be computed <b>excluding</b> the applicable Sales Tax.</p> <p><b>All rates quoted shall be inclusive of transport, Labor, Profit and the cost to obtain Material or Equipment and necessary Certificates.</b></p> <p>The Administration reserves the right to Negotiate prices in the Bill of Quantities</p> <p>Bidders are advised that the buildings will be occupied during the duration of this contract.</p> <p><b><u>PLEASE NOTE:</u></b> Sizes given are for quotation purposes only, Contractor responsible for final measurements.</p> <p><b><u>PROPRIETARY ARTICLES:</u></b>  All equipment and material used in this contract shall be that which is specified or other approved.</p> <p><b><u>CONTRACT GUARANTEE:</u></b>  The Bidders must allow for all charges in connection with acquiring the Contract guarantee, which is to be furnished.</p>				
	<p><b><u>INSTITUTION:</u> <u>ESHOWE DISRICT HOSPITAL</u></b></p> <p><b><u>SERVICE</u> : <u>SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)</u></b></p>				
1	Servicing of oxygen gas generating system (intaka)	Item	01	R	R
2	Issue service certificate	Item	01	R	R
	<b><u>PROVISIONAL SUMS</u></b>				
3	Allow for Consumable Items	Item	01	R	R

# **SCHEDULE OF PRICES**

## **LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT**

6.3.1	LABOUR	TOTAL HOURS	RATE/HR	AMOUNT
a)	Artisans	.....	R.....	R.....
b)	Apprentice	.....	R.....	R.....
	1 <sup>st</sup> Year	.....	R.....	R.....
	2 <sup>nd</sup> Year	.....	R.....	R.....
	3 <sup>rd</sup> Year	.....	R.....	R.....
	4 <sup>th</sup> Year	.....	R.....	R.....
c)	Semi-skilled	.....	R.....	R.....
d)	Unskilled	.....	R.....	R.....
6.3.2	SUBSISTENCE	TOTAL DAYS	RATE / 24HR DAY	
a)	Artisans	.....	R.....	
b)	Apprentice	.....	R.....	
c)	Semi-skilled	.....	R.....	
d)	skilled	.....	R.....	
6.3.3	TRAVEL	TOTAL Km	RATE/Km	
6.3.3.1	From contractor's premises to site		Petrol Diesel <u>Delete as applicable</u>	
a)	..... trips (skilled)	.....	R..... R.....	R.....
	@ ..... km per trip	.....	R..... R.....	R.....
b)	..... trips (Semi-skilled)	.....	R..... R.....	R.....
	@ ..... km per trip	.....	R..... R.....	R.....
6.3.3.2	From accommodation to site			
a)	..... trips (skilled)	.....	R..... R.....	R.....
	@ ..... km per trip	.....	R..... R.....	R.....
b)	..... trips (semi-skilled)	.....	R..... R.....	R.....
	@ ..... km per trip	.....	R..... R.....	R.....
6.3.4	TRANSPORT	TOTAL Km	RATE	
b)	Cranage to and on site @ sub contract rate	R.....	x 1.10	R.....

**SUB-TOTAL (B) R \_\_\_\_\_**

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NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL

SERVICE : SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)

**PART FIVE**

**OFFICIAL ONSITE BRIEFING ATTENDANCE CERTIFICATE**

**CERTIFICATE OF TENDERER'S ATTENDANCE AT COMPULSORY  
PRE-TENDER BRIEFING MEETING**

**NAME OF INSITUION** : ESHOWE DISTRICT HOSPITAL

**SERVICE** : SERVICING OF OXYGEN GAS GENERATING SYSTEM (INTAKA)

**CLOSING DATE** : 15/12/2020

**TENDER NUMBER** : ZNQ 02/20-21

This is to certify that I \_\_\_\_\_

A representative of (Tenderer) \_\_\_\_\_

of Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Telefax No.: \_\_\_\_\_

Attended the Pre-Tender Briefing Meeting on (date) \_\_\_\_\_

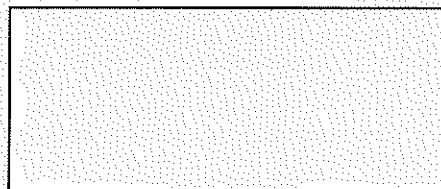
And at the following venue (mark in appropriate block):

**ESHOWE DISTRICT  
HOSPITAL**

**TENDERER'S REPRESENTATIVE** \_\_\_\_\_

**EMPLOYER'S REPRESENTATIVE** \_\_\_\_\_

**DEPARTMENTAL STAMP:**



## **PART SIX**

### **DECLARATION OF INTEREST (Bidder to complete)**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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 bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favoritism, should the resulting bid, 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 authorized 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 bid(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 bid.

**2 In order to give effect to the above, the following questionnaire must be completed and submitted With the bid.**

2.1 Full Name of bidder or his or her representative: .....

2.2 Identity Number: .....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member): .....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:

.....

2.5 Tax Reference Number: .....

2.6 VAT registration Number: .....

2.6.1 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.

<sup>1</sup>"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.

<sup>2</sup>"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.

2.7 Are you or any person connected with the bidder presently employed by the State? **YES/NO**

2.7.1 If so, furnish the following particulars:

Name of person / sector/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: .....

7.2 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**

7.2.1 If yes, did you attach proof of such authority to the bid document?  
**YES/NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

7.2.2 If no, furnish reasons for non-submission of such proof: .....

3 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**

3.1 If so, furnish particulars:  
.....

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 bid?  
**YES/NO**

2.9.1 If so, furnish particulars.  
.....

2.10 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  
Valuation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.  
.....

2.11 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**

2.11.1 If so, furnish particulars:  
.....

**3 Full details of directors/trustees/members/shareholders.**

Full Name	Identity Number	Personal Income Tax Reference Number	State Number/Persal Number	Employee Number

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.  
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION  
PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

## **PART SEVEN**

### **EXECUTION PLAN**

- 1.1** The bidder will be required to provide an efficient and effective service. Therefore, The bidder is required to submit proof that he/she has required capacity to execute The contract tendered for successfully. The bidder must references or states his/her Experience as a company to undertake the contract. References of past experience Of owners /employees of new entities must accompany the bid document. Alternatively, the bid must submit a projects execution plan that the company will Utilise to successfully execute the contract in term of Manpower, machinery, process control, infrastructure, etc. (refer to attach as Annexure B)
- 1.2** It is a bid condition that prior to an award of the bid being made and/ or during the Evaluation process, the Department of Health reserves the right to conduct Inspections of the premises of the most acceptable bidder. Therefore premises of The bidder shall be open, at reasonable hours, for inspection by a representative of The Department of Health or organization acting on its behalf.

## ANNEXURE B

### EXECUTION PLAN

The bidder must provide an execution plan on how the contract is going to be effected successfully: (Please refer to clause 23).

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**PREVIOUSLY AWARDED AND COMPLETED PROJECTS ON THE SAME NATURE OF WORK**

[illegible]