SharePoint

Zuma Ntombikayise 🕶 🦻



KZN HEALTH

KZN Health Intranet

Search this site

۵

CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

	HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:		2020-12-02	jes
Closing Date:		2020-12-11	
Closing Time:		11:00	
INSTITUTIO	N DETAILS		
Institution Name:		St Aidans Mission hospital	V
Province:		KwaZulu-Natal	
Department o	r Entity:	Department of Health	
Division or section:		Central Supply Chain Management	
Place where o	goods / services is required	33 ML Suitan road	
Date Submitte	ed	2020-12-01	i i i
ITEM CATE	GORY AND DETAILS		
Quotation Nu	mber:	ZNQ: 00244/20	
item Category	rı	Select	* >
ltem Descripti		24 Mouths contract for banking of cash	200 200 200 200 200 200 200 200 200 200
Quantity (if sι	ipplies)	A Marie at the first of the first of the second second second and according to the second sec	2.2507 - Santon California A. Amerika in manda dalaman
COMPULSO	ORY BRIEFING SESSION	SITE VISIT	
Select Type:		Not Applicable	∇
Date :			
Time:	•		
Venue:		* TO PROMET A PER AND	8000 1 800 1 90 5 6 6 6 7 7 7 7 6 6 6 6 6 6 6 6 6 6 6 6
QUOTES CAN	BE COLLECTED FROM:	St AIDANS HOSPITAL	
QUOTES SHO	ULD BE DELIVERED TO:	ST AIDANS HOSPITAL	
ENQUIRIES	REGARDING THE ADVE	RT MAY BE DIRECTED TO:	J
Name:		Mrs N.P ZUMA	are contain beautiful security of the security
Email:		staidans.scmadmin@health.gov.va	
Contact Numb		0313142376/333	

Einanco	Manager	Nama

Finance Manager Signature:

Ms P Adonis

No late quotes will be considered

Site Updated:01 December, 2020, 10:23 am

The materials on this website may be copied for non-commercial use as long as our copyright notice and website address are included.

Copyright © KwaZulu-Natal Department of Health, 2000

Contact the Web Administrator

7	Department: Health PROVINCE OF KWAZULU-NATAL END-USER SPECIFICATION FOR	M
مسر الملكية	ote Number:	
Iter	n Description:	
De	partment/Section: Finance(Revenue) Purpose of Item: Daily banking	contract (24months)
1.	Pre-qualification criteria if any:	
	1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO Regulatory Body / certification required if Yes:	, CIDB, etc.)? Yes / No:
	1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date// Time:Place	
	1.3. Is local production and content part of the quote? Yes / No if Yes, specify:	
	1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No if Yes, specify:	
	1.5. Liability Cover insurance? Yes / No if Yes, specify:	
2.	What is the specification of the required item?	
Lis	specifications to be advertised	Comment (Y/N)
	Twice a week pick up—TUESDAY and THURSDAY—excluding Public Holidays and Sundays OR on mutually agreed terms.	
	Pick up time between 08h00 and 14h00 to accommodate on the day banking	
	Deposit book to be returned to institution within 2days of every deposit	
	Contract to be included liabity insurance of R 10 000.00	
	Smoke and dye technology	
	Temporal proof of evident bags-Key Bags and Key bag seals	
	Interlocking on vehicles	
	Registration certification with relevant security board must be attached	
	To allow evaluation committee to inspect	<u> </u>
FIX FIX	IS CONTRACT WILL BE IN FORCE FOR TWO YEARS(24 MONTHS) AT A FIXED PRICE PER YEAR (ED PRICE 2020 (ED PRICE 2021 DICATE COST PER YEAR ON THE ATTACHED QUOTATION FORM	₹ie:
TH ON	IS CONTRACT IS IN FORCE FROM THE DAY OF ACCEPTANCE OF THE SIGNED DOCUMENTS, I E PROVISIONAL DEPARTMENT OF HEALTH INSTITUTE A TRANSVERSAL CONTRACT, YOUR C IE CALENDER MONTH (30 DAYS) NOTIFICATION OF CONTRACT, AS DOHTRANSVERSAL CONT PERCEDETHIS INSTITUTIONAL CONTRACT.	OMPANY WILL GIVEN
3.	Does a picture sample/ catalogue need to be submitted? Yes / No(select option 3.1 or 3.2) 3.1. Deadline for submission if Yes: Date/ Time: Place	
or	3.2. Specify that samples must be made available when requested in writing. Yes or No	
	Penalties to be noted by the suppliers: 4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed a prime interest rate calculated for each day of the delay until actual delivery or performance.	from the contract price,
5.	What is the evaluation criteria / special terms and conditions to be advertised?	· · · · · · · · · · · · · · · · · · ·
Lis	t evaluation criteria / special terms and conditions to be advertised (if applicable)	

1. Pre-qualification criteria Does the offer meet the pre-qualification criteria?

	Department: Health PROVINCE, OF KWAZULU-NATAL	END-USER SPECIFICATION FORM
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	- 1 (the resolution of the second ferroman of	
7.	a vist of vist	
8.	Serviceability: How easy is it to repair, maintain or support the product or service? (customer support)	
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	DLAMINI HN	Name of SCM Rep (in full)	Month Zurne
Designation / Rank (in full)	FMO	Designation/ Rank (in full)	Sulply chain ofin
Signature		Signature	16/18.
Date	19/10/2020	Date	19/10/2020

Standard End-User Specification Form