health
Department Hosith PROVINCE OF KWAZULU-KATA
Opening Date:
Closing Date:
Closing Time:

Quotation Advert

PROVINCE OF KWIAZULU-KATAL		
pening Date:	2020-06-24	##
Closing Date:	2020-07-01	
Closing Time:	11:00	
NSTITUTION DETAILS		
nstitution Name;	Ngwelezane hospital	∇
rovince:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	NGWELEZANA HOSPITAL	
ate Submitted	2020-06-23	
TEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: A138/20-21	
tem Category:	Goods	$\overline{\mathbf{v}}$
tem Description:	SUTURE; BLUE MONOFILAMENT NYLON 2/0 NON ABSORBABLE CONVENTIONAL CUTTING 90MM 3/8 CIRCLE 100CM METRIC 3 BOX/12	
Quantity (if supplies)	300 UNITS	
COMPULSORY BRIEFING SESSION	SITE VISIT	
elect Type:	Not Applicable	$\overline{\mathbf{v}}$
Date :		me
ime:		
renue:		
QUOTES CAN BE COLLECTED FROM:	NGWELEZANA HOSPITAL SCM COUNTER	
QUOTES SHOULD BE DELIVERED TO:	NGWELEZANA HOSPITAL TENDER BOX NEXT TO OPD	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
lame:	NS MNGOMEZULU/NZ DLADLA/ RT GUMEDE	
mail:	tholakele.mkhumbuzi@kznhealth.gov.za	
Contact Number:	03 901 7228/035 901 7180	
inance Manager Name:	THEYUMALO	
inance Manager Signature:	Jellusto	_

No late uotes will be considered



health

Department:

Health

PROVINCE OF KWAZULU-NATAL

NGWELEZANA HOSPITAL

ZNQ - A:138/20-21

ITEM: BLUE MONOFILAMENT NYLON 2/0 NON ABSORBABLE CONVENTIONAL CUTTING 90MM 3/8 CIRCLE 100CM METRIC 3

Closing Date & Time 01 JULY 2020 @ 11 A.M

Contract Period : ONCE OFF

Validity Period : 60 DAYS

Contact Person : NZ DLADLA/ N.S MNGOMEZULU

Telephone no. : 035 901 7228/7180

DOCUMENTS MUST BE DEPOSITED IN THE QUOTATION BOX SITUATED IN:

THANDUYISE ROAD, NGWELEZANA TOWN SHIP	THE QUOTATION BOX IS AVAILABLE ON THE
EMPANGENI,3880	FOLLOWING DAYS AND TIMES: MONDAYS TO
	FRIDAYS 07:30 - 16:00
	-
COMPULSORY DOCUMENTS TO BE ATTACHED. (IND	ICATE WITH A TICK) FAILURE TO ATTACH
DOCUMENTS WILL LEAD TO DISQUALIFICATION AND	
ALLOCATED WHERE AN ORIGINAL OR CERTIFIED B	
ALLOCATED WHERE AR ORIGINAL OR CERTIFIED D	LE CERTIFICATE IS NOT ATTACHED.
ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE	
OHIGHNAL AND VALID TAX CLLARANCE CERTIFICATE	•
CERTIFIED COPY OF A VALID B-BBEE CERTIFICATE	
CENTIFIED COPT OF A VALID B-BBEE CENTIFICATE	
ND ODIONAL TAYOUTADANOE AND DODGE CONTINUE	
NB: ORIGINAL TAX CLEARANCE AND BBBEE CERTIF	
DOCUMENT WHICH IS CLOSING ON THE SAME DATE	AND COPIES OF TAX CLEARANCE & CERTIFIED
B-BBEE CERTIFICATE MAY BE ATTACHED TO THE O	THER DOCUMENTS. PLEASE INDICATE THIS ZNQ
NO: WHERE ORIGINALS ARE ATTACHED, ZNQ-A:	
THE THE OTHER PARTY AND A PART	•••••
NAME OF TENDERER:	
NAME OF TENDERER:	
OCUTO AL OLUBBILICHO D'ATADAGE DEGICE	
CENTRAL SUPPLIERS DATABASE REGISTRATION (C	(SD)
NO.:	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: NGWELEZANA HOSPITAL FACSIMILE NUMBER: 035 794 1905/1015 E-MAIL ADDRESS: nomathandazo.mngomezulu@kznhealth.gov.za PHYSICAL ADDRESS: THANDUYISE ROAD, NGWELEZANA TOWNSHIP, EMPANGENI 3880 ZNQ NUMBER: A138/20-21 BLUE MONOFILAMENT NYLON 2/0 NON ABSORBABLE CONVENTIONAL CUTTING 90MM 3/8 CIRCLE 100CM METRIC 3 CONTRACT PERIOD ONCE OFF **VALIDITY PERIOD 60 Days** SARS PIN..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) THANDUYISE ROAD, NGWELEZANA TOWNSHIP, EMPANGENI 3880 (NEXT TO PATIENT ADMITTING PASSAGE) 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 CODENUMBER..... **CELLPHONE NUMBER** E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor)

[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]

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES NO

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

any municipality or municipal entity;

- 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 ab	ove, the following questionnaire	e must be	completed and submi	itted with the quote.		
2.1.	Full Name of bidder/represent	ative	2.4.	Company Registrati	ion Number:		
	Identity Number:				nber:		
2.3.	Position occupied in the Comp	pany (director, trustee, sharehol		VAT Registration No	umber:		
2.7.	The names of all directors / tr			ndividual identity numl	bers, tax reference numb	ers and. i	f applicable.
	employee / persal numbers m	ust be indicated in paragraph 3	below.	·		APPLICA	
	Are you or any person connec		mployed b	y the state?		YES	NO
2.8.1	I.If so, furnish the following part Name of person / director / trus						
	Name of state institution at whi	ich vou ar the person connecte	d to the bi	dder is employed:	***************************************	************	
	Position occupied in the state i	nstitution:	u 10 010 01	Anv other particu	ılars:		· · · · · · · · · · · · · · · · · · ·
2.8.2	2. If you are presently employe						
	in the public sector?	•	.,	•		YES	T NO T
	2.1. If yes, did you attach proo						
	Failure to submit proof of such a						
2.8.2	2.2. If no, turnish reas	sons for non-submission of suc	h proof:				
2.9.	Did you or your spouse, or an state in the previous twelve m		trustees /	snarenoiders / memb	ers or their spouses cond	YES	
291	i. If so, furnish particulars:					TES	NO
	. Do you, or any person connec					by the sta	ate and who
		uation and or adjudication of thi		, , , ,	, , , ,	YES	NO
	.1. If so, furnish particulars:						
2.11	. Are you, or any person connec						
0.44		ay be involved with the evaluati		•		YES	NO
	.1. If so, furnish particulars: Do you or any of the directors					d compan	iog whothor
2,12	or not they are bidding for this		Ders or un	e Company nave any n	interest in any other relate	YES	NO NO
2.12	.1. If so, furnish particulars:					LILOI	INO
	•						
	Full details of directors / trus The Department Of Health will			I mambara I abaraba	Idore on CCD. It is the si	unnlinga' re	ononaihilitu
ND.		e up-to-date and verified on CS					
	not be considered and passed	l over as non-compliant accord	ing to Nat	ional Treasury Instruc	tion Note 4 (a) 2016/17.	000, 0	o quoto mii
4	DECLARATION	• • • • • • • • • • • • • • • • • • •		,	(,, , , , , , , , , , , , , , , , , , ,		
-	•	IT)			CEDTIEN THAT TH	c miron	A A TION
	HE UNDERSIGNED (NAM RNISHED IN PARAGRAPH			• • • • • • • • • • • • • • • • • • • •	CERTIFY THAT TH	EINFUR	MATION
	CEPT THAT THE STATE		re or a	CT AGAINST ME	SHOULD THIS DEC	[ARATI	ON
	OVE TO BE FALSE.	MIT ICEDET THE QUO.	L ON /	Or Horanior ind	onoced incoes		
	e of bidder	Signature		osition		• · · · · · · · · · · · · · · · · · · ·	
Hall	o or bidder	Oignature	r	OSIGOTI	Date		
	e" means –			C. Orthodola			
a)		nt, national or provincial public entity eaning of the Public Finance Manager		provincial legislature; national Assembly or the	national Council of provinces; of	or .	
	Act. 1999 (Act No. 1 of 1999):	Tanking of the Fabric Fillione (Manager	e)				

^{*}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.

- 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) (ii)	The institution has determined that a compulsory site meeting Date/ Place	NO take 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;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (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 (hear after 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.

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;
- "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;
 - A swom affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 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;
- "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

9.	DECLAR	RATION 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		PANY CLASSIFICATION [TICK APPLICABLE BO) Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	y		
9.7	Total r	number of years the company/firm has been in bus	siness:		
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 the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm the preference(s) shown and I / we acknowledge that:				
	i) The information furnished is true and correct;				
	ii) T	he preference points claimed are in accordance w	vith 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 contract 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 condition 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 incurre	d or suffered as a result of that person's conduct;		
(c) cancel		cancel the contract and claim any damages wharrangements due to such cancellation;	nich it has suffered as a result of having to make less favourable		
	(d)	who acted on a fraudulent basis, be restricted to	nareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ of the street the audi alteram partem (hear the other side) rule has been		
	(e)	forward the matter for criminal prosecution.			
	WITN	NESSES			
	1		SIGNATURE(S) OF BIDDERS(S) DATE:		
	2		ADDRESS		