| health  | uotation Advert  | Commence of the Commence of th |
|---|--|--|
| Department: Her the PROVINCE OF KWAZULU-NATAL | dotation Advers  |  |
| Opening Date:                                 | 2020-11-02   |  |
| Closing Date:                                 | 2020-11-09   | <u> </u>   |
| Closing Time:                                 | 11:00  |  |
| INSTITUTION DETAILS                           |  |  |
| Institution Name:                             | Head Office Quotations   | V  |
| Province:                                     | KwaZulu-Natal  |  |
| Department or Entity:                         | Department of Health   |  |
| Division or section:                          | Central Supply Chain Management  |  |
| Place where goods / services is required      | Natalia  |  |
| Date Submitted                                | 2020-10-30   | 3  |
| ITEM CATEGORY AND DETAILS                     |  |  |
| Quotation Number:                             | ZNQ:   |  |
| 6   | (40 <del>090</del> 20/21-H   | (J)  |
| Item Category:                                | Services   |  |
| Item Description:                             | To supply, deliver & install toilet pan system complete floor moun<br>(Vaal), replace pan connector and sewer line with PVC and also cha<br>toilet master on 2nd floor North Tower male toilet at Natalia Buildi | inge   |
|   | CIDB Grading GB  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Quantity (if supplies)                        |  |  |
| COMPULSORY BRIEFING SESSION                   | / SITE VISIT   |  |
| Select Type:                                  | Both   | Y  |
| Date:   | 2020-11-04   |  |
| Time:   | 09:30am  |  |
| Venue:  | atalia Building (Outside workshop office)  |  |
|   |  |  |
| QUOTES CAN BE COLLECTED FROM:                 |  |  |
| QUOTES SHOULD BE DELIVERED TO:                | 310 Jabu Ndlovu street, Old Boys Model School, PMB 3201  |  |
| ENQUIRIES REGARDING THE ADV                   | ERT MAY BE DIRECTED TO:  |  |
| Name:   | Jabulani Hlongwane   |  |
| Email:  | jabulani.hlongwane@kznhealth.gov.za  |  |
| Contact Number:                               | 033 815 8345   |  |
| Finance Manager Name:                         | Mr T Asby  |  |
| Finance Manager Signature:                    |  |  |

No late quotes will be considered

| Submit   Save   Save As   Close   Aprint 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 30 October 2020, 03 09 pm

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Contact the Web Administrator

## STANDARD QUOTE DOCUMENTATION OVER R30 000.00

| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL DATE ADVERTISED: 02/11/2020  PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIETERMARITZBURG, 3201          | SCM                               |
|--|-----------------------------------|
| ZNQ NUMBER: 640/20/21-H  |                                   |
| DESCRIPTION To supply, deliver & install toilet pan system complete floor mounted (Vaal)   |                                   |
| CONTRACT PERIODVALIDITY PERIOD 60 Days   |                                   |
| SARS PIN   |                                   |
| CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.   |                                   |
| UNIQUE REGISTRATION REFERENCE  |                                   |
| DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) 310 JABU NDLOVU STREET, PIETERMARITZBURG, SCM OFFICES, TENDER ADVISORY   |                                   |
| Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will consideration.   | not be accepted for               |
| 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 T PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, A CONDITIONS OF CONTRACT. | HE PREFERENTIAL INY OTHER SPECIAL |
| 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 CODENUMBERFACSIMILE 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)   | YES NO                            |
| IF YES, WHO WAS THE CERTIFICATE ISSUED BY?   | K APPLICABLE BOX]                 |
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)   | MITTED IN ORDER                   |
|  | YES NO                            |

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

| OFFICIAL PRICE PAGE FOR QUOTATIONS  |       |  |
|---|-------|--|
| SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions] | DATE. |  |

| Item No | Quantity  | Description                                    | Brand & | Country of  | Price |          |
|---------|-----------|--|---------|-------------|-------|----------|
| item No | Quantity  | Description -                                  | model   | manufacture | R     |          |
| 1       | 01        | To supply, deliver & install toilet pan system |         |             |       | 1        |
|         |           | complete floor mounted (Vaal), replace pan     | ·       |             |       | -        |
|         |           | connector and sewer line with PVC and also     |         |             |       | 4        |
|         |           | change toilet master on 2nd floor North Tower  |         |             |       | _        |
|         | 1         | male toilet at Natalia Building                |         |             |       | 4        |
|         |           | Site inspection date & time 4/11/2020 @ 09:30  | i       |             |       |          |
|         |           | Venue: Natalia Building                        |         |             |       | -        |
|         |           | Outside workshop office                        |         |             | _     | +        |
|         |           | CIDB Grading: GB                               |         |             |       | 1        |
|         |           |  |         |             |       | $\dashv$ |
|         |           |  |         |             |       |          |
|         |           | Original documents required in a sealed        |         |             |       | -        |
|         |           | envelope with current CSD summary report       |         |             |       | -        |
|         |           | reflecting banking details, certified copy     |         |             | -     | -        |
|         |           | of B-BBEE certificate by verified agency and   |         |             | -     | -        |
|         |           | accredited by SANAS , Tax Clearance            |         |             |       | -        |
| -       |           | certificate or SARS pin                        |         |             |       |          |
|         |           |  |         |             |       |          |
|         |           | Responses to be delivered:310 Jabu Ndlovu      |         |             |       |          |
|         |           | street,old boys Model,Quotation tender box     |         |             | -     |          |
|         |           | Or   |         |             | -     | _        |
|         |           | quotations.scmho@kznhealth.gov.za              |         |             |       | -        |
| VALUE   | ADDED TAY | Or   |         |             |       |          |

| 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. E.G. 1day, 1week                        |

| Enquiries regarding the <u>quote</u> may be directed to: |   | Enquiries regarding technical information may be direct |  |  |
|--|---|---|--|--|
|  | Contact Person: Jabulani Hlongwne Tel: 033-815 8345 | Contact Person: Ms N.T Nsele Tel033 395 ?               |  |  |

## **DECLARATION OF INTEREST**

| 1          | Name of bidder Signature  "State" means – a) any national or provincial public entity or  | c) provincial legislature;<br>d) national Assembly or the national Coun  |  |   |
|------------|---|--|--|---|
|            |   | Position   | <br>Date   | ų.                                      |
| I<br>I     | ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR PROVE TO BE FALSE.  | CACT AGAINST ME SHOULD   | THIS DECLARATION   |   |
| F          | FURNISHED IN PARAGRAPHS 2.  |  |  |   |
| 4<br>1     | , THE UNDERSIGNED (NAME)  | CERTIFY  | THAT THE INFORMATION   | С                                       |
|            | IB: The Department Of Health will validate details of directors / trusted<br>to ensure that their details are up-to-date and verified on CSD. If the<br>not be considered and passed over as non-compliant according to N   | e Department cannot vandate me m   | TOTALIBLE OF COD, and quare                                      | ilit<br>wi                              |
| 2.         | <ul><li>.12. Do you or any of the directors / trustees / shareholders / members of or not they are bidding for this contract?</li><li>.12.1. If so, furnish particulars:</li></ul>  | the company have any interest in any   | other related companies whet YES NO                              | he                                      |
| 2.         | 11. Are you, or any person connected with the bidder, aware of any relation employed by the state who may be involved with the evaluation and   | or adjudication of this quote:   | TES NO   | Cir                                     |
| 2.         | 10. Do you, or any person connected with the bidder, have any relationsl<br>may be involved with the evaluation and or adjudication of this quote   | nip (family, friend, other) with a perso<br>?  | TES NO   |   |
| 2.9        | 9. Did you or your spouse, or any of the company's directors / trustees state in the previous twelve months?  | / snareholders / members or their sp   | YES NO   | _                                       |
| Note       | e: Failure to submit proof of such authority, where applicable, may result i  | n the disqualification of the duote.   | ourse conduct business with t                                    | the                                     |
| 0.0        | in the public sector?   | nt?  | YES NO   |   |
|            | Name of person 7 director 7 trustee 7 shareholder member.  Name of state institution at which you or the person connected to the behavior occupied in the state institution:  1.2. If you are presently employed by the state, did you obtain the approximately.  | Any other particulars:   |  |   |
| 2.8<br>2.8 | 3.1.If so, furnish the following particulars:   |  |  | ======================================= |
|            | <ul> <li>The names of all directors / trustees / shareholders / members, their i employee / persal numbers must be indicated in paragraph 3 below.</li> <li>Are you or any person connected with the bidder presently employed</li> </ul>   |  | ence numbers and, if applicabl<br>[TICK APPLICABLI<br>  YES   NO | e,<br>E]                                |
| 2.2<br>2.3 | . Identity Number:  | VAT Registration Number:   |  |   |
| 2.1.       | Full Name of bidder/representative. 2.4. Identity Number: 2.5   | Company Registration Number:   |  |   |
| 2.         | In order to give effect to the above, the following questionnaire must be   | completed and submitted with the qu  | uote.  |   |
| -          | the bidder is employed by the state; and/or the legal person on whose behalf the bidding document is signed, evaluation and or adjudication of the quote(s), or where it is known on whose behalf the declarant acts and persons who are involved with  | tust such a reignoushib exists betwee  | cit the beingin of beinging in a                                 | e<br>or                                 |
|            | Any legal person, including persons employed by the state <sup>1</sup> , or person blood relationship, may make an offer or offers in terms of this invitation limited quote or proposal). In view of possible allegations of favouritism employed by the state, or to persons connected with or related to ther declare his/her position in relation to the evaluating/adjudicating authorical properties. | n to quote (includes a price quotation)<br>n, should the resulting quote, or part i<br>m, it is required that the bidder or hi | thereof, be awarded to persons                                   | S                                       |
| 1.         |   | 3 Having a killollip mai polosile simp   | hojou by the blate, him  | а                                       |

### SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### AMENDMENT OF CONTRACT

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. 1.1.

#### **CHANGE OF ADDRESS**

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.

### GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- The institution is under no obligation to accept the lowest or any quote. 3.1.
- The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all 3.2. quotations excluding VAT as some bidders may not be VAT vendors.
- The bidder must ensure the correctness & validity of quote: 3.3.
  - that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & (i) 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.
- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange 3.12. variations) will not be considered.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 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.

#### **SAMPLES** 4

- 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.
- If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such. (i)
- If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion. (ii)
- 4.2. Samples must be made available when requested in writing or if stipulated on the document.
- 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.

| 5.          | COMPULSORY SITE INSPECTION / BRIEFING SESSION  |                       |                                     |  |  |
|-------------|--|-----------------------|-------------------------------------|--|--|
| 5.1.        | Bidders who fail to attend the compulsory meeting will be disqua   | lified from the evalu | ation process.                      |  |  |
| (i)<br>(ii) | i) The institution has determined that a compulsory site meeting ii) Date 04 / 11 / 2020 Time 09 : 30 Place Natalia Building (Outside Workshop Office) |                       |                                     |  |  |
| Ins         | stitution Stamp:   | Institution Site Insp | pection / briefing session Official |  |  |
|             |  | Full Name:            |                                     |  |  |
|             |  | Signature:            | <b></b>                             |  |  |
|             |  |                       |                                     |  |  |

Date:

### 6. STATEMENT OF SUPPLIES AND SERVICES

6.1. 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.

### 7. SUBMISSION AND COMPLETION OF SBD 6.1

7.1. 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.

#### 8. TAX COMPLIANCE REQUIREMENTS

- 8.1. 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.
- 8.2. 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.

### 9. TAX INVOICE

- 9.1. 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.

#### 10. PATENT RIGHTS

10.1. 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.

## 11. PENALTIES

11.1. 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. The purchaser may also consider termination of the contract.

### 12. TERMINATION FOR DEFAULT

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.

#### FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

| 9.  | DECLA  | RATION WITH REGARD TO COMPANY/FIRM   | Л                                      |                      |                   |          |
|-----|--|--|--|----------------------|-------------------|----------|
| 9.1 | Name   | of company/firm:   |  |                      | -                 |          |
| 9.2 | VAT r  | egistration number:  |  |                      | -                 |          |
| 9.3 | Comp   | any registration number:   |  |                      |                   |          |
| 9.4 | TYPE   | OF COMPANY/ FIRM [TICK APPLICABLE B  | OX]                                    |                      |                   |          |
|     |  | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation  |  | <u> </u>             | , <del></del> -   | =_       |
|     | <u> </u>   | Company (Pty) Limited  |  |                      |                   | -        |
| 9.5 | DESC   | RIBE PRINCIPAL BUSINESS ACTIVITIES   |  | . 1                  |                   | *        |
|     |  |  |  |                      |                   |          |
| 0.6 |  | DANIV CLACCIFICATION ITION ADDITION I  |  |                      |                   | •••••    |
| 9.6 |  | PANY CLASSIFICATION (TICK APPLICABLE   | BUAJ                                   |                      |                   | *        |
|     |  | Manufacturer<br>Supplier   | on growings                            |                      | e v e             |          |
|     | 5  | 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 | the B-   | the undersigned, who is / are duly authorised the BBE status level of contributor indicated in pareference(s) shown and I / we acknowledge that  | ragraphs 1.4 and 6.1 of the foregoin   |                      |                   |          |
|     | i) 7   | The information furnished is true and correct;   |  |                      |                   |          |
|     | ii) -  | The preference points claimed are in accordan  | ce with the General Conditions as in   | ndicated in paragrap | h 1 of this form; |          |
|     |  | n the event of a contract being awarded as a note required to furnish documentary proof to the   |  |                      |                   | tor may  |
|     | 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 — |  |  |                      | the conditions of | contract |
|     | (a)  | disqualify the person from the bidding proce   | ess;                                   |                      |                   |          |
|     | (b)  | recover costs, losses or damages it has inc  | curred or suffered as a result of that | person's conduct;    |                   |          |
|     | (c)  | cancel the contract and claim any damage arrangements due to such cancellation;  | s which it has suffered as a result o  | of having to make le | ess favourable    |          |
|     | (d)  | recommend that the bidder or contractor, i who acted on a fraudulent basis, be restrict of state for a period not exceeding 10 year applied; and | ted by the National Treasury from o    | btaining business fr | om any organ      |          |
|     | (e)  | forward the matter for criminal prosecution.   |  |                      |                   |          |
|     |  | NESSES   | 1 1                                    | E(S) OF BIDDERS      |                   |          |
|     | 1.   |  | DATE:                                  |                      |                   |          |
|     | 2.   | ······································   | ADDRESS                                |                      |                   |          |