








AdvertQuote

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health
 Department
 Health
 PROVINCE OF KWAZULU-NATAL


Quotation Advert

Opening Date: 2020-10-05 
Closing Date: 2020-10-12 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: St Aidans Mission hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required 33 ML SULTAN ROAD,DURBAN 4000
Date Submitted 2020-10-02 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
 00212/20
Item Category: Services 
Item Description: 1 YEAR CONTACT SERVICE AND REPAIRS OF THE FIRE DETECTION AND ALARM SYSTEM.AS PER ATTACHED SPECIFICATION

Quantity (if supplies)

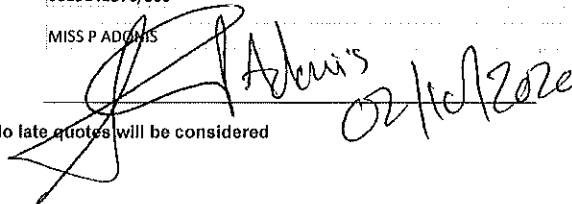
COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit 
Date : 2020-10-07 
Time: 11:00
Venue: ST AIDANS HOSPITAL

QUOTES CAN BE COLLECTED FROM: ST AIDANS HOSPITAL

QUOTES SHOULD BE DELIVERED TO: ST AIDANS HOSPITAL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	MRS NP ZUMA
Email:	staidans.scmadmin@kznhealth.gov.za
Contact Number:	0313142376/333
Finance Manager Name:	MISS P ADONIS
Finance Manager Signature:	

No late quotes will be considered

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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:02 October, 2020, 09.03 am

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Contact the Web Administrator

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ST AIDANS HOSPITAL
DATE ADVERTISED: 2020/10/05 CLOSING DATE: 2020/10/12 CLOSING TIME: 11:00
FACSIMILE NUMBER: no fax E-MAIL ADDRESS: stadians.scadmin@kznhealth.gov.za
PHYSICAL ADDRESS: 33 ML SULTAN ROAD

ZNQ NUMBER: 00212/20

DESCRIPTION: SERVICE AND REPAIRS OF THE FIRE DETECTION AND ALARM SYSEM AS PER SPECIFICATION

CONTRACT PERIOD: 12 MONTHS (if applicable) VALIDITY PERIOD 60 Days SARS PIN.....

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
.....
.....

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)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

[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]

