

## Quotation Advert

Opening Date: 2020-09-09  
Closing Date: 2020-09-23  
Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Don McKenzie hospital  
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: Don Mckenzie Hospital  
Date Submitted: 2020-09-09

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
01-09-20/21  
Item Category: Services  
Item Description: Supply and install outdoor roller PVC blinds.  
Specification attached  
Quantity (if supplies): n/a

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit  
Date: 2020-09-14  
Time: 11:00 a.m.  
Venue: Don McKenzie Hospital recreation hall

QUOTES CAN BE COLLECTED FROM: Don Mckenzie Hospital Supply Chain Management officer

QUOTES SHOULD BE DELIVERED TO: Don Mckenzie Hospital tender box near guard room

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Makhosi Ngubane  
Email: Makhosazana.Ngubane@kznhealth.gov.za  
Contact Number: 031-7771155  
Finance Manager Name: Mr N.Mdingi  
Finance Manager Signature: 

No late quotes will be considered





## DECLARATION OF INTEREST

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 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
  - 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 above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number:.....  
 2.2. Identity Number: ..... 2.5. Tax Reference Number: .....  
 2.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):..... 2.6. VAT Registration Number: .....

2.7. 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. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES  NO

2.8.1. If so, furnish the following particulars:

Name of person / director / 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:.....

2.8.2. 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

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

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

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

2.9. 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

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

2.10. 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 quote? YES  NO

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

2.11. 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 evaluation and or adjudication of this quote? YES  NO

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

2.12. 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

2.12.1. If so, furnish particulars:.....

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

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

### 4. DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Name of bidder

.....  
Signature

.....  
Position

.....  
Date

<sup>1</sup>State<sup>1</sup> 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<sup>2</sup> 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.



**KWAZULU-NATAL PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

**DIRECTORATE:**

**SYSTEMS MANAGEMENT**

Private Bag X1006, BOTHA'S HILL 3660

Zulu Reserve Road, BOTHA'S HILL 3660

Tel: 033 341 4830 Fax: 033 341 0986

## **SPECIFICATION : OUTDOOR PVC ROLLER BLINDS**

### **SUPPLY AND FIT**

**Quantity: 10 pieces**

**Colour: Brown**

**Size per panel: see sketch attached and sketch breakdown below**

### **SKETCH BREAKDOWN :**

<b>SIDE A - 3000MM (WIDTH)</b>	<b>x 2400MM (HEIGHT)</b>	<b>= Quantity 1 piece</b>
<b>SIDE B - 4000MM (W)</b>	<b>x 2800MM (H)</b>	<b>= Quantity 3 pieces</b>
<b>3000MM (W)</b>	<b>x 2800MM (H)</b>	<b>= Quantity 1 piece</b>
<b>SIDE C - 4000MM (W)</b>	<b>x 2400MM (H)</b>	<b>= Quantity 2 pieces</b>
<b>3000MM (W)</b>	<b>x 2400MM (H)</b>	<b>= Quantity 1 piece</b>
<b>SIDE D - 3000MM (W)</b>	<b>x 2400MM (H)</b>	<b>= Quantity 2 pieces</b>

### **ALL BLINDS MUST BE:**

**100% waterproof**  
**550g solid pvc and**  
**750g clear window**  
**Acrylic pvc**  
**Blocks wind and rain**  
**Keeps your spaces dry and warm**  
**YKK Heavy duty zips**  
**Stainless steel pully systems**  
**Bottom hold down system**  
**With Top and side tracks**  
**Electro thermo welded**  
**With interwoven base cloth**  
**UV treated**  
**Must have rain flaps**

Specification – Outdoor pvc blinds – flu clinic

GROWING KWAZULU-NATAL TOGETHER



**KWAZULU-NATAL PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

**GENERAL NOTES**

General

- Site meeting is compulsory
- Contractor must come on site to discuss the Scope of Work with the client once a contract has been issued an order
- All contractors' staff must be identifiable and hospital is not held responsible for contractor's material or equipment
- Contractor must at all times adhere to health, safety and security regulations
- Contractor must adhere to all Covid19 regulations and safety procedures
- Contractor to sign in and out in the contractor's register when on site
- Please note completion certificate and guarantee of work to be handed to the client once completed in order for payment to be processed.
- All parts must be original

Mr S.E. DLAMINI   
ARTISAN MAINTENANCE

DATE

  
SUPPORTED BY G.B. ZAMISA  
ASSISTANT DIRECTOR: SYSTEMS

DAT

