Department: Health Heal	Quotation Advert	
Opening Date:	2020-09-08	[2]
Closing Date:	2020-09-18	[6]
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Benedictine hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Buxedene, Gateway & Mobile Clinic	
Date Submitted	2020-09-07	Posterior [::]
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 215 / 20-21	
Item Category:	Goods	<u>\</u>
Item Description:	1. Office Furniture	
	Document attached	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	/ SITE VISIT	
Select Type:	Not Applicable	\searrow
Date:		rmes L.E.
Time:		
Venue:		A CONTRACTOR OF THE CONTRACTOR
QUOTES CAN BE COLLECTED FROM:	Download from website ONLY due to covid 19	
QUOTES SHOULD BE DELIVERED TO:	email to gabazile.nxuunalo@kznhealth.gov.za / deposi	in the tender box
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Phakathi AA	

hlengiwe.mthembu@kznhealth.gov.za

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:

035 8317062 Gumede PN

Himtien

No late quotes will be considered

Submit Save Save As... Close Print Preview

Print this pag

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT BENEDICTINE HOSPITAL DATE ADVERTISED: 08 / 09 / 2020 CLOSING DATE: 15 / 09 / 2020 FACSIMILE NUMBER: n/a E-MAIL ADDRESS: gabazile.nxumalo@kznhealth.gov.za PHYSICAL ADDRESS: Vryheid Road, Nongoma 3950 ZNQ NUMBER: 215 / 20-21 DESCRIPTION: Office Furniture (Buxedene, Gateway & Mobile clinic) 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) email to gabazile.nxumalo@kznhealth.gov.za / deposit in the tender box next to PRO office 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 CODE......NUMBER.......FACSIMILE NUMBER CODENUMBER..... TELEPHONE NUMBER **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)

DEPARTMENT OF HEALTH
BENETH

0 2020

YES NO

PRIVATE BAG X5007

OFFICIAL PRICE PAGE FOR QUOTATIONS ZNQ NUMBER: 215 / 20-21 DESCRIPTION: Office Furniture (Buxedene and Gateway & Mobile clinic) SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions] CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.

Item No	Quantity	Description	Brand &	Country of	Price	
<u> </u>			model	manufacture	R	C
ME LEL	17: 11:1	Supply and deliver at Buxedene clinic				
'' i 1. ieri	03	Swivel chairs				
2.	02	Staff locker	:			T
3.	01	Kitchen table				Г
4.	05	Office arm chairs				
5.	01	L shape desk with 3 drawer				T
6.	01	Computer desk		1		
		Supply and deliver at Benedictine Hospital			,	
7.	01	Computer desk				
8.	04	HB Swiyel arm chairs				
9.	03	3 drawer office desk				
10.	03	4 drawer lockable filing cabinet				
11.	02	L shape desk with 3 drawers				
12.	10	LB office arm chair				_
13.	01	Boardroom table				
			William I			
			-			
	÷					
				_		
		Specifications attached				******
		Distance / KM attached				
		SBD 6.2 attached				,
(ALUE ASS			<u></u>			
		15% (Only if VAT Vendor)				
UTAL QUO	I ATION PR	ICE (VALIDITY PERIOD 60 Days)				

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:	
Contact Person: Phakathi AA Tel: 035 8317062 E-Mail Address: hlengiwe.mthembu@kznhealth.gc	Enquiries regarding technical information may be directed to: Contact Person: 035 8389100 Tel 035 8319114.

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 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. 2.2. 2.3.	- w 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	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.
	Are you or any person connected with the bidder presently employed by the state? YES NO NO
	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. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?
2.8 (Note:	.2.1. If yes, did you attach proof of such authority to the quote document? Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)
28	2.2 If no furnish reasons for non-submission of such proof:
	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:
	may be involved with the evaluation and or adjudication of this quote? O.1. If so, furnish particulars: O.2. If so, furnish particulars:
2.1	1. 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 NO
2.1	1.1. If so, furnish particulars: 2. 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
	2.1. If so, furnish particulars:
3. NE	Full details of directors / trustees / members / shareholders. 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, T	THE UNDERSIGNED (NAME)CERTIFY THAT THE INFORMATION JRNISHED IN PARAGRAPHS 2.
	ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION ROVE TO BE FALSE.
	ame of bidder Signature Position Date
"S a) b)	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); any municipality or municipal entity; Actional Assembly or the national Council of provinces; or e) Parliament.
270	y 1. H. A war a war and the course have a harce in the correspondent in control over the enterprise.

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 2.

Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et 2.1. 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
- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this 3.4. agreement, as the Principal (s) liable for the due fulfilment of this contract.
- This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required 3.5. documentation must be completed in full and submitted.

Offers must comply strictly with the specification. 3.6.

Only offers that meet or are greater than the specification will be considered. 3.7.

Late quotes will not be considered. 3.8.

- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3,9.
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered. 3.10.

All delivery costs must be included in the quote price, for delivery at the prescribed destination. 3.11.

- 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.

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. words importing the masculine gender shall include the feminine and the neuter.
- Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation 4.2. may be used, but an original signature must appear on such photocopies.
- The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. 4.3.
- Quotation submitted must be complete in all respects. 4.4.
- Any alteration made by the bidder must be initialled. 4.5.
- Use of correcting fluid is prohibited 4.6.
- Quotation will be opened in public as soon as practicable after the closing time of quotation. 4.7.
- Where practical, prices are made public at the time of opening quotations. 4.8.
- If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in 4.9. question. Clear indication thereof must be stated on the schedules attached.

SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the 5.1. directives in the quotation documents.
- Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 5.2. sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 5.3. until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 5.4. date and time of quotation will be considered.

- 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. (i)	Bidders who fail to attend the compulsory meeting will be disqu The institution has determined that a compulsory site meeting Date / / Time:Place	alified from the e will not	evaluation process. take place
(ii) Instit	ution Stamp:	Institution Site	e Inspection / briefing session Official
i e		Full Name: Signature:	
	And the control of th	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;

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- (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;

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- (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.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. 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
- 14.2. 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.
- 14.3. 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.

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

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

- 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;
- (d) "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:
 - B-BBEE Status level certificate issued by an authorized body or person;
 - A sworn 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;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

POINTS AWARDED FOR PRICE 3.

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P\min}{P\min} \right)$$
Where

Ps

Points scored for price of bid under consideration

Pt

Price of bid under consideration

Pmin

Price of lowest acceptable bid

POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR 4.

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for 4.1 attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
.8	2
Non-compliant contributor	0

5	RID	DECL	ARA:	TION

Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following: 5.1

B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1 6.

B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7.	SUB-CONTRACTING	(Tick applicable	box)	
7.1	Will any portion of the contract be sub-contracted?	YES	NO	
7.1.1	If yes, indicate:			
8.	i) What percentage of the contract will be subcontracted ii) The name of the sub-contractor iii) The B-BBEE status level of the sub-contractor Whether the sub-contractor is an EME or QSE	***********	oox)	
	iv) Specify, by ticking the appropriate box, if subcontracting with an enterp Preferential Procurement Regulations, 2017:	rise in terms of YES	NO	
	Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √	
	Black people			
	Black people who are youth			
	Black neonle who are women	İ	l	

Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9.	DECLARATION 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	COMPANY CLASSIFICATION [TICK APPLICABLE BOX]
<u>f</u> 	 Manufacturer Supplier 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	I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based or the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm fo the preference(s) shown and I / we acknowledge that:
	i) The information furnished is true and correct;
	ii) The preference points claimed are in accordance with 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 contractor may 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 conditions of contract 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 incurred or suffered as a result of that person's conduct;
	 (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
	(d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and
	(e) forward the matter for criminal prosecution.
	WITNESSES SIGNATURE(S) OF BIDDERS(S)
	1DATE:
	2

<u>hea</u>lth Department: Health PROVINCE OF KWAZULU, NATAL Quote Number: will burnore marrac Item Description: Department/Section: Pre-qualification criteria if any: 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes: 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: _ What is the specification of the required item? Comment List specifications to be advertised DOUT HOX USDXSSI Pealesta 1 Natural 1500 X800 × 750 3. 4. 5. Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2) 3. Place 3.1. Deadline for submission if Yes: Date ____/____ _____Time_____ 3.2. Specify that samples must be made available when requested in writing. Yes 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 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. tion criteria / enecial terms and conditions to be advertised?

5.	What is the evaluation of	criteria / special terms and conditions to be advertised?					
Lis	t evaluation criteria / speci	al terms and conditions to be advertised (if applicable)					
1.	Prographication criteria Does the offer meet the pre-qualification criteria?						
2.	2. Administrative Does the offer comply to stipulated administrative requirements?						
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 su from all liabilities under the contract?						
5.	Features:	What characteristics does the product or service have?					
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)					
7 .	Durability:	What is the useful life for the product? How will the product hold up under extended use?					
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)					
		The ability and capacity of the vendor to execute the contract					
9.	Ability & Capacity	Preferential Procurement System (80/20) if applicable					
l 10	Preference points	Preferential Production Coston (Costo) in applicable					

		Name of SCM Rep (in full)	HT Nombe
Name of End-user (in full)	BL-540000	Designation/ Rank (in full)	MD
Designation / Rank (in full)	BHE ZORENION		- Stranton
Signature	ETT JUL	Signature	(RIDE EN)
Date	20 09 (2020	Date	Page 1 of 1

Standard End-User Specification Form

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		Department
Realin	7. 1000000000000000000000000000000000000	Health PROVINCE OF KWAZU

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Quote	Number:				ŧ		
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Depa	rtment/Section:	<u>Gen</u>	Gatera	1 Charc	Purpose of It	em: <u>1 V</u>	·
1.	Pre-qualification	criteria il	any:			SANS SANAS.	ISO, CIDB, etc.)? Yes / No:
F	Regulatory Body / c	certification	on tednicea it te	S		, ANG, OAN, O	ISO, CIDB, etc.}? Yes / No:
	1.2. Is a compuls if Yes, specify: Dat	ory site te	nspection / bri	efing session req 1ePla	uired? Yes / No ce		
	1.3. Is local prod if Yes, specify:	uction a	nd content parl	of the quote? Ye	es / No	,	
					ns,2017 if applicab	le? Yes / No.	The second of th
	if Yes, specify:						**************************************
	1.5. Liability Covif Yes, specify:	er insur	anice: Les / 140				
	if Yes, specify:						
	What is the spec	rification	of the require	d item?			
2.	15 t' - t- h	a advartic	ad			Comment	
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3.	SADEUSINE	yez	K-KP	bronge cr	perfect		
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5.			· · · · · · · · · · · · · · · · · · ·				
					#== 2 1 or 3 2\		
3,	Does a sample	need to l	oe submitted?	Yes / No(select op	tion 3.1 or 3.2)	Place	
	3.1. Deadline for	r submiss	ion if Yes: Date		_ IIme,	1 lacc	•
or	Section 18				tad in welling. V	or No	,
-	3.2. Specify that	samples	must be made	available when req	uested in writing. Yo	es o,	
4.	Penalties to be	noted by	the suppliers:	11 at the goods	or to perform the	services within	the period(s) specified in the
	4.1. If the supp	lier fails	to deliver any o	or all of the goods	her remedies under	the contract, do	the period(s) specified in the educt from the contract price, med services using the current
	contract, th	e purcha:	er snan, williou	the delivered urice	of the delayed goo	ods or unperfor	med services using the current
	as a penal	ty, a sum	Calculated for each	th day of the delay	until actual delivery	or performance	e.
_	in () the even	luation c	riteria / special	terms and condi	tions to be advertis	sed?	
5.	What is the eva	. / specia	Herms and COD	ditions to be adver-	(1200 (11 abbuses)-1		
	Pre-qualification	criteria					
1.		Gilena	Door the offer	comply to stipulate	ed administrative rec	uirements?	
2.	Administrative		Was the produ	ct made or service	performed to specif	fications?	
3.			Will/does the p	roduct/service fulfi	lits performance ob	ligation, in a ma	nner that releases the supplier
4.	Performance:		from all liabilitie	se under the contic	1Ct /		
5.	Features:					peed for mainte	enance? (quarantee)
6.							nance? (guarantee)
7							
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9		itv ·	The ability and	I capacity of the ve	indor to execute the	COTINGO	
I	Preference poir		Preferential Pr	ocurement System	n (80/20) if applicabl	<u>e </u>	<u> </u>
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г.	lame of End-user (in full)	T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	scopo	Name of SCM F		14 (* / / /
ĮΓ	vaine of End-deer (IIVI G I	1-7-5-410-	Device stien/ Po	nk (in full)	1 SAMO .

Department Health PROVINCE OF KWAZULU-NATAL		Neartment ·	
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PRO	VINCE OF KWAZULU NATAL						
Quote	Number:						
ltem C	Description: 1-1	<u>B</u> Si n-Gateu	NIVEL C	eurm (<u>hair</u>	Ad	difficm 1 Equipment
Depar	tment/Section: <u>Be</u>	n-Gateu	ray Chri	IC.	Purpose of Item		
1. F	re-qualification criteria i	if any:		05H	on to a SARS SAN	ıs, sanas, I	SO, CIDB, etc.)? Yes / No:
R	egulatory Body / certificati	ion required it	TES				SO, CIDB, etc.)? Yes / No:
1	.2. Is a compulsory site if Yes, specify: Date/	inspection /	briefing ses Time;	sion requir Place	ed? Yes / No		
1 i	i.3. Is local production a f Yes, specify:	and content p	oart of the qu	ote? Yes /	No .		
i	1.4. Provisions of section f Yes, specify:	on 4(1)(a) of t	he PPPFA R	egulations		Yes / No	
	if Yes, specify:						
2.	What is the specificatio	n of the requ	ired item?			Comment	
List	specifications to be adverti	ised					
	Colour—blad Richard Sw	COLUMN TO	CCico O	in the	ń r		
2.	Savourd On	11061 C	TTICE O	<u>~~~</u>			
3.	Dimensions	100 436	e Vecr				
4.							
5.							
	Does a sample need to	1l: 111 0	da Voe I Not	select optio	n 3,1 or 3.2)	٠.	•
3.	Does a sample need to 3.1. Deadline for submis	be supmitte	u; [es][40(I T	_{ime} : Pla	ce	
	3.1. Deadline for submis	ision if Yes: D	ate/				
or	3.2. Specify that sample		. 9.11	-b-w-roque	ated in writing Yes	or No	
	3.2. Specify that sample	s must be ma	ide available i	when reque	Sted in Witting. 100		
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4.	Penalties to be noted by	y the supplie	rs:		to sectors the se	ovices within	the period(s) specified in th
٠.	4 1: If the supplier fails	to deliver ar	ny or all of th	he goods o	r to perform the se	contract de	the period(s) specified in the duct from the contract price ned services using the curre
	contract, the purcha	aser shall, wit	hout prejudice	e to its othe	Lite Henrey acode	or unnerfore	ned services using the curre
	as a penalty, a sur	m calculated	on the delive	red price o	the detayed yours	performance.	ned services using the curre
	nrime interest rate	calculated for	each day of t	the delay ut	til actual delivery or	perioritiano	
5	What is the evaluation	criteria / spe	cial terms ar	id conditio	ns to be advertised	11	
Lic	What is the evaluation it evaluation criteria / speci	alterne and i	CODOMINOUS IO	DE auvorio	201 (11 mp h		
	Pre-qualification criteria					omonto?	
1.	Administrative	D the act	ffor comply to	efinulated (administrative reguir	EITIETIES!	
2.	Conformance:	Was the pr	oduct made o	r service pe	erformed to specifica	ijOΠS /	oper that releases the supplie
3.		Millidges ft	ne product/se	rvice fulfil it:	s репоплансе обнус	ation, in a mai	nner that releases the supplie
4.	Performance:						
5.	Features:	What chara	acteristics doe	es the produ	oct or service have?	ad for maintai	nance? (quarantee)
						eu loi mante	oder extended use?
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7.		111	in the connic	maintain Of	SUDDOLL THE PLUGGE	01 001111001	customer supporty
8.		The ability	and capacity	of the vend	OL to exercise the co	ntract	•
9.		THE ability	Drocuremen	nt System (30/20) if applicable.		
11	Preference points	Preferentia	ar Linenterner	. it Oyotom (•
	and the second						4
					Name of SCM Rep	(in full)	HIT NITHEMBS
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	M A ligada	Name of SCM Rep (in full)	HIT NITHEMBS.
Name of End-user (in full)	M. E 100000	Designation/ Rank (in full)	SMO C
Designation / Rank (in full)	Moummerko	Signature	of 1 m diem
Signature Date	22/04/2020	Date	/8/08/21 Page 1 of 1

Standard End-User Specification Form

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7			
Description:	Omputer Clesk		Additional equipm
eartment/Section:	Computer clask	Purpose of Item:	Flooring Equit
Pre-qualification criteria i	fany:		ISO CIDD atc \2 Yes / No:
1.1 Is the item required to	o have a regulatory body certifica	tion (e.g. SABS, SANS, SAI	NAS, ISO, CIDB, etc.// Tes/Tes/
Regulatory Body / certification	on required if Yes:		
1.2. Is a compulsory site if Yes, specify: Date/.	inspection / briefing session requ	ired? Yes / No e	
4.2 In local production 3	nd content part of the quote? Yes	/ No	
4.4 Provisions of section	n 4(1)(a) of the PPPFA Regulation	s,2017 if applicable? Yes /	No.
it Yes, specify.			
4 E Lishility Cover insur	ance? Yes / No		
if Yes, specify:			
What is the specification	of the required item?		
	- ~ d	Comi	ment .
T(1)	-come - a removed	10 mm	
Porco factor	- Workstohon.		
form tactor			
3.1. Deadline for submiss 7 3.2. Specify that samples	s must be made available when requ	ested in writing. Yes	or No
3.2. Specify that samples Penalties to be noted by 4.1. If the supplier fails contract, the purcha	the suppliers: to deliver any or all of the goods ser shall, without prejudice to its oth	ested in writing. Yes or to perform the services er remedies under the contra	within the period(s) specified in the act, deduct from the contract price, performed services using the current
3.2. Specify that samples Penalties to be noted by 4.1. If the supplier fails contract, the purcha	the suppliers: to deliver any or all of the goods ser shall, without prejudice to its oth	ested in writing. Yes or to perform the services er remedies under the contra	within the period(s) specified in the act, deduct from the contract price, performed services using the current
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Quote Number:	0			
em Description:	COMPUTER	DESK	1	ADDITIONAL EQUIPMENT
epartment/Section:	BUXED	DECK ENE CLINIC	Purpose of Item:	ADDITIONATE EQUIPMENT
. Pre-qualification criter	ia if any:		: :	· · · · · · · · · · · · · · · · · · ·
1.1. Is the item require Regulatory Body / certific	d to have a regul cation required if Y	atory body certific es:	ation (e.ģ. SABS, SANS, S	SANAS, ISO, CIDB, etc.)? Yes / No:
1.2. Is a compulsory s if Yes, specify: Date	ite inspection / bi	riefing session req imePla	uired? Yes / No	
1.3. Is local production if Yes, specify:				•
			ns,2017 if applicable? Ye	s / No.
1.5. Liability Cover in if Yes, specify:	surance? Yes / N	0		
2. What is the specifical	tion of the require	ed item?	· · · · · · · · · · · · · · · · · · ·	omment
List specifications to be adve	ertised	1.4505		
1. FORM PACT	TUR ; WUKI	27 M A	XIVMM	
2. Parcel Ding	ENTIDY ?	6 / 14/14	<u> </u>	
4.				
5.				
3. Does a sample need			1	
Penalties to be noted 4.1. If the supplier fa contract, the pure	by the suppliers hils to deliver any chaser shall, witho	: or all of the goods ut prejudice to its ot	uested in writing. Yes s or to perform the service her remedies under the con of the delayed goods or until actual delivery or perf	es within the period(s) specified in the ntract, deduct from the contract price unperformed services using the curren
m 1945 - 45 - 45 - combination	n critaria / cnecis	al terms and condi	tions to be advertised?	
List evaluation criteria / spe	ecial terms and col	nditions to be adver	tised (if applicable)	
Pre-qualification criter	ia I Does the offer	r meet the pre-qualii	Cation Citiesta?	-1.0
2. Administrative :	Does the offer	comply to stipulate	d administrative requireme	nts r
3. Conformance:	Was the prod	uct made or service	performed to specifications	s? , in a manner that releases the supplier
4. Performance:	from all liabilit	ies under the contra	act? :	1
5. Features:	107 1	tion door the pro	ductor service have?	
6. Reliability:	Cr In a non-	a product do hetwe	on failures and the Deed TO	or maintenance? (guarantee)
7. Důrábility:	10th - tip thous	anful life for the pror	hict? Howwill the Droduct I	DOID IT DITUES EXTERIORS ASS.
8. Serviceability:	How easy is i	t to repair, maintain	or support the product or s	etvices (customer adport)
9. Ability & Capacity	The ability an	id capacity of the ve	ndor to execute the contract	ot <u> </u>
10. Preference points	Preferential F	Procurement System	ı (80/20) îfjapplicable	
Service Committee Service			;	
		71. C. po (A	Name of SCM Rep (in	full)
Name of End-user (in full)) \ \	17 21 BITH	Designation/ Rank (in f	
Designation / Rank (in ful		HE MANAGER	Signature Signature	,
Signature		yfebr (some)		
Date	17/67/	2022	Date	Page 1 c
Standard End-User Spec	ification Form		į	, age i e



Standard End-User Specification Form

END-USER SPECIFICATION FORM

Qu	ote Number:							
lte	n Description:	L SHAPE DESIL WITH 3 DRAWERS						
De	partment/Section: _	BUXEDENS Clinic Purpose of Item: ADDITIONAL EQUIPMENT						
1.	Pre-qualification crite	ria if any:						
	1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes:							
	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:							
		ction 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No						
	1.5. Liability Cover in if Yes, specify:	surance? Yes / No						
2.	What is the specificat	tion of the required item?						
	t specifications to be adve							
1.	Executive delle 3	32 MM Modelity to flor 32 MM leps. 410x450x566						
2.	includes exten	man. Extension 11 DN left hand side 15 VOX 800 X 730 Deskillell						
3.	Emblishi Liel-	functional under top desk for exp 800 x600x32 LHS link						
4.	Workspile	Natural Oak in Colour 120 1200x 500x 730 And						
5.		NUtrial Oak in Coloni/ top 1200x600x730 free						
2	D							
3.		to be submitted? Yes / No(select option 3.1 or 3.2)						
	3.1. Deadline for subm	ission if Yes: Date/TimePlace						
or	3.2 Specify that compl	les must be made available when requested in writing. Yes or No						
	o.z. opeony mat sampi	es must be made available when requested in writing. Yes or No						
4.	Penalties to be noted	by the suppliers:						
	4.1. If the supplier fail	s to deliver any or all of the goods or to perform the services within the period(s) specified in the						
	contract, the purch	naser shall, without prejudice to its other remedies under the contract, deduct from the contract price,						
	as a penaity, a su	im 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.						
_	Markett, at the at							
5.	wnat is the evaluation	criteria / special terms and conditions to be advertised?						
		cial terms and conditions to be advertised (if applicable)						
1. 2.	Pre-qualification criteria Administrative							
3.	Conformance:	Does the offer comply to stipulated administrative requirements?						
4.	Performance:	Was the product made or service performed to specifications?						
┺.	renomance.	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.	Reliability: "3-	How long can a product go between failures and the need for maintenance? (guarantee)						
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?						
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						
10.		Preferential Procurement System (80/20) if applicable						
		The state of the s						
NI-	mo of End (15 = 2 % 6.31)							
	me of End-user (in full)	OBUITO H. OBYTH Name of SCM Rep (in full)						
De	signation / Rank (in full)	DEPARTURAL MANAGER Designation/ Rank (in full)						
Sig	nature	Signature)Signature						
Da	te	Date						

Page 1 of 1



Standard End-User Specification Form

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Quote Number:	10 00			,			
Item Description:	SB office	ARM CH	ATIL :	ADDITIONAL STRIPMEN			
Department/Section:	BUXEDENE	CLINIC	Purpose of Item:	MODIFICATE CHAINER			
1. Pre-qualification crit	1. Pre-qualification criteria if any:						
1,1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes:							
1.2 le a compulsor	y site inspection / bri	efing session req	uired? Yes / No				
if Yes, specify: Date_	Tin	ne:Pla	ce				
			:				
1.3. Is local product	tion and content part	of the quote? Ye	s / NO				
1.4 Provisions of s	ection 4(1)(a) of the	PPPFA Regulation	ns,2017 if applicable? Yes	/ No			
if Yes, specify:			<u> </u>	The Control of the Co			
1.5. Liability Cover	insurance? Yes / No		1				
if Yes, specify:							
2. What is the specific	cation of the require	d item?					
Little - is estimate to be o	duadicad		i Cor	nment			
1 (a hay 1 2) hi	Clare authorse	d for 24/7 1		6 our: MARRON			
2 louble rolling tons	Lacable 1 Mile.	ragaeo	modale up to				
3. god heavy	duty 59 se	, CAN GEEN	ims date up to				
4. 120 Cg wells	WP						
Does a sample nee	ed to be submitted?	Yes / No(select op	tion 3.1 or 3.2)				
3.1. Deadline for su	ibmission if Yes: Date		_ time riace				
or Specify that sa	mples must be made	available when req	uested in writing. Yes	or No			
	ed by the suppliers:	N - £ &b - +0.0do	or to perform the services	within the period(s) specified in the			
an a panalty	a cum calculated on t	he delivered price	of the delayed goods or a	ipchonned contract ==			
prime interest	rate calculated for eac	h day of the delay	until actual delivery or perfor	rmance.			
			1	•			
5. What is the evalual List evaluation criteria /	tion criteria / special	ditions to be advert	ions to be advertised? ised (if applicable)				
Pre-qualification cri	teria Does the offer i	neet the pre-qualif	ication criteria?				
2. Administrative	Does the offer	comply to stipulate	d administrative requirement	is?			
3. Conformance:	181-11-2-2-21-4	d made or conjice	norformed to specifications?	'			
4. Performance:	Will/does the p	roduct/service fulfiles under the contra	its performance obligation, i	n a manner that releases the supplier			
5. Features:	Mhat sharosta	rictics does the pro	duct or service have?				
6. Reliability:	Heurland son	product an hetwe	en failures and the need for	maintenance? (guarantee)			
7. Durability:	10th of in the 110th	atul life for the proc	hict? Howlwill the broduct no	DIG RD fillities exteringen noc:			
8. Serviceability:	How easy is it	to repair, maintain	or support the product or se	TVICE? (Customer support)			
9. Ability & Capacity	The ability and	capacity of the ve	ndor to execute the contract (80/20) if applicable				
10. Preference points	Preferential Pr	ocurement System	(80/20) II applicable				
Long But the Comment			i	e de la companya del companya de la companya del companya de la co			
	0		·				
Name of End-user (in f	ull) Sibusio	H 8134A	Name of SCM Rep (in fu				
Designation / Rank (in		DE-MANAGED	Designation/ Rank (in ful	1) SMO			
Signature	1000000	M. 1 1 1 2 4	Signature	Stanform			
Date		2 19 20 20 20	Date	18/08/20			
Date		Trww-	1	Page 1 of 1			



EVIDEUS ERS DEGLE CATION FORM

Quote Number:			Cura				
Item Description:	KItcher	IMBLE 1	NITH CHATIKS			<u></u>	
Department/Section:	JUXEDENE	<u>Clir</u> vi C	Purpose of Item:	<u>Ao</u> F	Willowall Surnisteire	<u> 10</u>	<u>u</u> rve
1. Pre-qualification criteria i	f any:		:	•	•		
1.1. Is the item required t Regulatory Body / certificati	o have a regulator on required if Yes:	y body certifica	tion (e.g. SABS, SANS	s, SANAS,	ISO, CIDB, etc.)?	Yes /]	No:
1.2. Is a compulsory site if Yes, specify: Date/	inspection / briefi /Time_	ng session requ :Place	ired? Yes / No e			_	
1.3. Is local production a if Yes, specify:	nd content part of	the quote? Yes	/ No				
1.4. Provisions of section if Yes, specify:	n 4(1)(a) of the PP	PFA Regulation	s,2017 if applicable? Y	res / No		7:	
1.5. Liability Cover insur if Yes, specify.	ance? Yes / No						
2. What is the specification	n of the required it	em?	·				
List specifications to be advertis	şed .			Comment	51.5 + 0.0	'V(-	C/ 0.^
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2. Wovolen 15	gre -	· · · · · · · · · · · · · · · · · · ·					
	wood to	<u> </u>				t	
5.			:	,			
5.			<u></u> !				
3.1. Deadline for submiss or 3.2. Specify that samples	sion if Yes: Date		Time:_Place		$\overline{}$		
Penalfies to be noted by If the supplier fails contract, the purchase as a cenalty, a sum	the suppliers: to deliver any or a ser shall, without pr	all of the goods of ejudice to its other delivered price of	÷ ;	ices within ontract, de r unperforn	the period(s) spe duct from the cor ned services using	10,000	P,
5. What is the evaluation c	riteria / special ter	ms and condition	ons to be advertised?				
List evaluation criteria / specia	I terms and condition	ons to be advertis	ed (if applicable)				
Pre-qualification criteria	Does the offer med	et the pre-qualific	ation criteria? administrative requirem	ents?			
2. Administrative :	Men the product m	ande or service n	erformed to specificatio	ns?			
Conformance: Performance:	Will/does the prod from all liabilities u	uct/service fulfil it	s performance obligation	on, in a mar	ner that releases t	the su	pplier
5. Features:	What characteristi	cs does the produ	uct or service have?				
6. Reliability	How long can a no	oduct as between	n failures and the need	for mainter	ance? (guarantee)	
7. Durability:	What is the useful	life for the produ	ct? How will the produc	t hoid up ur	Jaer extended use	?	
8. Serviceability:	How easy is it to r	epair, maintain oi	r support the product or	service? (c	customer support)		
9. Ability & Capacity	The ability and ca	pacity of the vend	for to execute the contr	act			
10. Preference points	Preferential Procu	rement System (80/20) if applicable				
					•		
i sa parti derita servici.					in the state of the state of	t i series	•
			1	. fully	11-11		<u>. a</u>
Name of End-user (in full)	SIBUSISO H.	STBMA	Name of SCM Rep (ir		M. 1. 11 /8#	EM.	Dic
Designation / Rank (in full)	OPERATIONAL	MONAGER	Designation/ Rank (in	TUII)	<u> 5M0,</u>		
Signature	CKHAIN)	Sercimus'	Signature		f finting	<u>~~</u>	
Date		ンウ	Date		15/20/8/10		
Standard End-User Specifica	tion Form		i		· · · · · · · · · · · · · · · · · · ·	Pag	e 1 of 1



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Quote Number:					
Item Description:	Fuff locke	<u>-r'</u>	1	Ak	delinant & auto-
Department/Section:	outredene		Purpose of Item:	11 <u>C2</u>	detional Equipme
1. Pre-qualification criteria	if any:		:		en albb \2 Yes / No:
1,1. Is the item required Regulatory Body / certifica	to have a regulatory bo tion required if Yes:	dy certificati	ion (e.ģ. SABS, SANS	S, SANAS, I	SO, CIDB, etc.}? Yes / No:
1.2. Is a compulsory sit if Yes, specify: Date	e inspection / briefing so	ession requi :Place	red? Yes / No		
1.3. Is local production if Yes, specify:	and content part of the	quote? Yes /	/ No	,	
1.4. Provisions of secti	on 4(1)(a) of the PPPFA	Regulations	,2017 if applicable? `	Yes / No	
1.5. Liability Cover insuit Yes, specify:			<u>.</u> :		
	on of the required item?			Occupant	
List specifications to be adver	tised			Comment	Mir Juony and
1. 4 door head	ry duty ste	<u>ol 10ch</u>	ers 1800mn(H) <u> </u>	dur Juony and
2. 1300mmC	V) X USZINM	1012) W	236m(H	7.	
3. Stable for p	adlock the	er Spre	18.16)	
	(W) X 420r	ررس کری	1 pre 20 34)	
5.					
3.1. Deadline for submis	be submitted? Yes / No ssion if Yes: Date/_	o(select option	n 3.1 or 3.2) ime:_Place	·	
or 3.2. Specify that sample	es must be made available	e when reque	sted in writing. Yes	or No	
	the oundiard		:		2 - 2 - 3 - 2 - 3 - 2 - 3 - 2 - 3 - 3 -
4. Penalties to be noted b	the stationar age on all of	the goods o	r to perform the serv	ices within	the period(s) specified in the
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on a nomelty a cu	m calculated on the deliv	vered brice of	i the delayed goods o	y gubenour	ICU SCI NIGOD BOWING THE TE
nime interest rate	calculated for each day of	f the delay un	til actual delivery or p	erformance.	
			i i		
5. What is the evaluation	criteria / special terms a	and conditio	ns to be advertised?		
List evaluation criteria / spec	ial terms and conditions to	o be advertise	ed (if applicable)		
1. Pre-qualification criteria	Does the offer meet the	e pre-qualifica	ition crițeria?		
2. Administrative :	Does the offer comply t	to stipulated a	administrative requirer	nents?	
3. Conformance:	Was the product made	or service pe	rtormed to specification	on in a man	ner that releases the supplier
4. Performance:	Will/does the product/s from all liabilities under	ervice fulfil its	s bettotitigues oplidan	ui, iis a man	Her wateroroacou
5. Features:	What characteristics do	oes the produ	ct or service have?		-
6. Reliability:	How long can a produc	rt an hetween	failures and the need	for mainten	ance? (guarantee)
7. Durability:	What is the useful life f	for the produc	t? How will the produc	ot hoia up ur	ldet extended neet
8. Serviceability.	How easy is it to repair	r, maintain or	support the product of	r service? (c	ustomer support)
9. Ability & Capacity	The ability and capacit	ty of the vendo	or to execute the cont	ract	
10. Preference points	Preferential Procureme	ent System (8	0/20) if applicable		
<u> </u>					
and the state of t					nga ngangangan nganggan ngang
		,	<u>i</u>		
Name of End-user (in full)	Sibunjo 11. J	7R1-1A	Name of SCM Rep (i		
Designation / Rank (in full)	OPERATIONAL M	IANAGER	Designation/ Rank (in	n full)	
	10 reign to the	2 / 1	Signature		
Signature	12/12/20	1. (Timi)	Date		
Date	1 121/2/101	(L) -	,	I	

Standard End-User Specification Form



ELECTION COLUMN TO THE PARTY OF
Department: Health

PROVINCE OF KWAZULU-NATAL

BENEDICTINE HOSPITAL

Supply Chain management
Vryheid Main Road, Nongoma
Private Bag X5007, Nongoma, 3950
Tel.:035 831 7157, Fax.035 831 3241
Email: Hlengiwe.Mthembu@kznhealth.gov.za

CLINIC NAMES	K/M AWAY FROM BENEDICTINE HOSPITAL
SOVANE CLINIC 1	120KM
NKUNZANA CLINIC 5	50KM
NJOKO CLINIC 6	66KM
LENI CLINIC	30KM
DENGENI CLINIC 5	56KM
USUTHU CLINIC 3	30KM
MAHHASHINI CLINIC 5	50KM *
NGQEKU CLINIC 1	14KM
HLENGIMPILO CLINIC 6	62KM
BUXEDENI CLINIC 6	64KM
MAPHOPHOMA CLINIC 4	44KIVIII
ENHLEKISENI CLINIC 4	43KM
MTHWADLANA CLINIC	62KM
NDLOZANA CLINIC	84KM