

## Quotation Advert

**Opening Date:** 2020-09-17

**Closing Date:** 2020-09-25

**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** PHC

**Date Submitted** 2020-09-16

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
268 / 20-21

**Item Category:** Goods

**Item Description:**  
1. Facility service boards ( 12 clinics )

**Quantity (if supplies)** 12

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Download from website ONLY - due to covid 19

**QUOTES SHOULD BE DELIVERED TO:** Deposit in the tender box ONLY - due to network problem

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

**Name:** Phakathi AA

**Email:** hlengiwe.mthembu@kznhealth.gov.za

**Contact Number:**

035 8317062

Finance Manager Name:





Gumede PN

Finance Manager Signature:



A handwritten signature in black ink, appearing to read 'Gumede PN', is written over a horizontal line.

No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page

Note:





**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.....
- 2.2. Identity Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):.....
- 2.4. Company Registration Number: .....
- 2.5. Tax Reference Number: .....
- 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" 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);<br>b) any municipality or municipal entity; | c) provincial legislature;<br>d) national Assembly or the national Council of provinces; or<br>e) Parliament. |
|---|---|

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### 1. AMENDMENT OF CONTRACT

- 1.1. 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.

### 2. CHANGE OF ADDRESS

- 2.1. 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.

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:  
(i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & 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.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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.

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

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

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 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.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 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.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 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. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  will not  take place
- (ii) Date  /  /  Time  Place

|                    |  |
|--------------------|--|
| Institution Stamp: | Institution Site Inspection / briefing session Official<br><br>Full Name: .....<br><br>Signature: .....<br><br>Date: ..... |
|--------------------|--|

**8. STATEMENT OF SUPPLIES AND SERVICES**

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

**11. TAX INVOICE**

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

**12. PATENT RIGHTS**

The supplier shall indemnify the **KZN Department of Health** (hereafter 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 contract.
- 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:

|  | <b>POINTS</b> |
|--|---------------|
| <b>PRICE</b>   | 80            |
| <b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>                | 20            |
| <b>Total points for Price and B-BBEE must not exceed</b> | <b>100</b>    |

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

**2. DEFINITIONS**

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (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:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) 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;

**3. POINTS AWARDED FOR PRICE**

**3.1 THE 80/20 PREFERENCE POINT SYSTEMS**

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

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

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

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

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for 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. BID DECLARATION**

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

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

6.1 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:

- 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.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

|     |  |    |  |
|-----|--|----|--|
| YES |  | NO |  |
|-----|--|----|--|

| Designated Group: An EME or QSE which is at last 51% owned by:    | EME<br>√ | QSE<br>√ |
|---|----------|----------|
| 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]**

- 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 on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for 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 |       |
| 1.        | ..... |
| 2.        | ..... |

|                                     |
|-------------------------------------|
| .....<br>SIGNATURE(S) OF BIDDERS(S) |
| DATE: .....                         |
| ADDRESS.....<br>.....<br>.....      |

Quote Number: \_\_\_\_\_

Item Description: Information service board

Department/Section: Nepheloma

Purpose of Item: TO keep community informed

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised     | Comment      |
|--|--------------|
| 1. Departmental emblem                   | See attached |
| 2. Wording & symbols reflective          | spec         |
| 3. galvanised frame and pipes            |              |
| 4. complete physical and contact details |              |
| 5.                                       |              |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |  |
|--|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |  |
| 3. Conformance:  | 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 supplier 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)   |  |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |  |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |  |

|                              |                      |                             |                       |
|------------------------------|----------------------|-----------------------------|-----------------------|
| Name of End-user (in full)   | <u>ABU NGCOBO</u>    | Name of SCM Rep (in full)   | <u>H. H. M. M. M.</u> |
| Designation / Rank (in full) | <u>RE SUPERVISOR</u> | Designation/ Rank (in full) | <u>SMD</u>            |
| Signature                    | <u>[Signature]</u>   | Signature                   | <u>[Signature]</u>    |
| Date                         | <u>28/05/2020</u>    | Date                        | <u>28/05/20</u>       |









health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

MAPHOPHOMA CLINIC

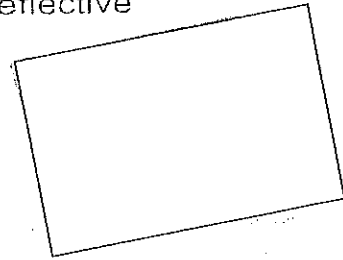
Welcome to Maphophoma Clinic / Siyakwamukela Emtholampilo  
WaseMaphophoma , LM Ward 12, Maphophoma Area next to Fundukhuphuke  
School , P/ Bag X5007 , Nongoma ,3950. Tel 0358319014 Operating Hours /  
Izikhathi Zokusebenza 8HRS and on- call services for emergencies zinsuku  
zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police :  
10111

| SERVICE PROVIDED                               | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA  |   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WADESIFAZANE NOKUHELELWA KWEMINDENI                                       |    |
| * ANTE-NATAL CARE CLINIC                       | ABAXOKUZAYO NABAKHULELWE   |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO<br>SESANDULELA NGCULAZI                        |   |
| * NUTRITION                                    | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * TREATMENT OF MINOR AILMENTS                  | UKWELULEKWA KWABAGULAYD<br>IZIMO EZIPHUTHUMAYO   |  |
| * EMERGENCY SERVICES                           | UKUHLOLELWA NOKWELASHWA KWESILO  |  |
| * MATERNITY AND POST NATAL CARE                | SESANDULELA NGCULAZI   |   |
| * HIV COUNSELLING, TESTING & TREATMENT         | UKUNAKEKELA KWABANANDOKUKHUBAZEKA HEZIMILO<br>KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |   |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUHLOLELWA KWEZIFO EZITHATHELANAYO<br>UKWELASHWA KWEZIFO ZOCANSI                      |   |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKWELULEKWA NOKUSOKWA KWABESILISA  |   |
| * MEDICAL MALE CIRCUMCISION                    |  |   |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

FIGHTING DISEASE. FIGHTING POVERTY. GIVING HOPE

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



Quote Number: \_\_\_\_\_

Item Description: FAMILY INFORMATION Service Board

Department/Section: N6/DEPT

Purpose of Item: for Patients/Community to get information about service provided

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: Yes  
Regulatory Body / certification required if Yes: SABS
  - 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised        | Comment |
|---|---------|
| 1. <u>KZN DOH EMBLEM and LOGO</u>           |         |
| 2. <u>CONTACT NAME and Physical Address</u> |         |
| 3. <u>Operating hours</u>                   |         |
| 4. <u>PHC PACKAGE OF SERVICE</u>            |         |
| 5. <u>Warning Signs</u>                     |         |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)
  - 3.1. Deadline for submission if Yes: Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_
  - or
  - 3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                    |                             |                       |
|------------------------------|--------------------|-----------------------------|-----------------------|
| Name of End-user (in full)   | <u>SHEKHAH</u>     | Name of SCM Rep (in full)   | <u>S. M. M. M. M.</u> |
| Designation / Rank (in full) | <u>GM</u>          | Designation/ Rank (in full) | <u>SMD</u>            |
| Signature                    | <u>[Signature]</u> | Signature                   | <u>[Signature]</u>    |
| Date                         | <u>27.05.20</u>    | Date                        | <u>16/07/18</u>       |









health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

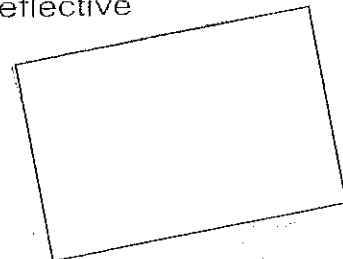
NGQEKU CLINIC

Welcome to Ngqeku Clinic / Siyakwamukela Emtholampilo KwaNgqeku , LM Ward 21, Esusweni Area next to Esusweni School, P/ Bag X5007 , Nongoma ,3950. Tel 0358319100 Operating Hours / Izikhathi Zokusebenza 8HRS and on-call services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICE PROVIDED                               | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA   | ISITHATHI   |
|--|---|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA   |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WABESIFAZANE NOKUHELELWA KWEMINDERI                                      |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE  |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO<br>SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE  |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO<br>IZINDO EZIPHUTHUMAYO                                       |  |
| * MATERNITY AND POST NATAL CARE                | UKUHELELWA NOKWELASHWA KWESILO  |   |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI  |   |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUBHAKELWA KWABANANGOKUKHUBAZEKA NEMIMBO<br>KUNHLQWA KWESIFO ESITHATHELANA NGOKOLUBA |   |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELWA KWEZIFO EZITHATHELANAYO<br>UKWELASHWA KWEZIFO ZOCANSI                      |   |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA   |   |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



**END USER SPECIFICATION FORM**

Quote Number: \_\_\_\_\_

Item Description: Health information board reflect facility name services

Department/Section: Ekubungazeleni

Purpose of Item: FOR patients/community to get information about services provided in the facility

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised       | Comment                            |
|--|------------------------------------|
| 1. <u>KZN COH Emblems and Logo</u>         | <u>See attached specification.</u> |
| 2. <u>Clinic name and physical address</u> |                                    |
| 3. <u>Operating hours</u>                  |                                    |
| 4. <u>PHC Package of services wordings</u> |                                    |
| 5. <u>Warning signs reflective</u>         |                                    |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or  
3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable.   |

|                              |                     |                             |                     |
|------------------------------|---------------------|-----------------------------|---------------------|
| Name of End-user (in full)   | <u>N.G MSIMANNO</u> | Name of SCM Rep (in full)   | <u>H.T. Msimans</u> |
| Designation / Rank (in full) | <u>0/m</u>          | Designation/ Rank (in full) | <u>SMD</u>          |
| Signature                    | <u>[Signature]</u>  | Signature                   | <u>[Signature]</u>  |
| Date                         | <u>27/05/20</u>     | Date                        | <u>16/07/20</u>     |



Quote Number: \_\_\_\_\_

Item Description: Family Information Service board

Department/Section: Nkunasana

Purpose of Item: For Patients' Community to get information about service provided in the facility

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised       | Comment |
|--|---------|
| 1. <u>KZN DOH emblems and Logo</u>         |         |
| 2. <u>CLINIC Name and Physical address</u> |         |
| 3. <u>Operating hours</u>                  |         |
| 4. <u>PHC Package of service wordings</u>  |         |
| 5. <u>Warning signs reflective</u>         |         |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |  |
|--|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |  |
| 3. Conformance:  | 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 supplier 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)   |  |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |  |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable.   |  |

|                              |                    |                             |                      |
|------------------------------|--------------------|-----------------------------|----------------------|
| Name of End-user (in full)   | <u>P.I. Ndlela</u> | Name of SCM Rep (in full)   | <u>H. N. Mthembu</u> |
| Designation / Rank (in full) | <u>0/m</u>         | Designation/ Rank (in full) | <u>SA10</u>          |
| Signature                    | <u>[Signature]</u> | Signature                   | <u>[Signature]</u>   |
| Date                         | <u>27/05/20</u>    | Date                        | <u>16/09/20</u>      |














health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

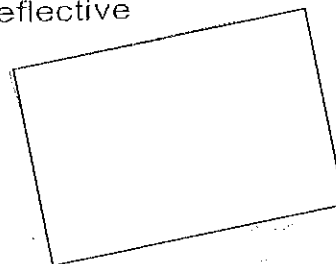
### NKUNZANA CLINIC

Welcome to Nkunzana Clinic / Siyakwamukela Emtholampilo waseNkunzana , LM Ward 18, Nkunzana Area next to Khangelamankengane Royal Palace , P/ Bag X5007 , Nongoma ,3950. Tel 0358319024 Operating Hours / izikhathi Zokusebenza 8HRS and on- call services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICES PROVIDED                              | IZINTSHELO ZASEMTHOLAMPILLO ZIBUYA GILYA   |   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILLO WEZINGAZE NABANTU ABASHA   |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILLO WADESIFAZANE NOKUHELELWA KWEMINDENT                                  |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE   |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO IZIMO EZIPHUTHUMAYO  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHELELWA NOKWELASHWA KWESILO   |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI   |  |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA HEZIMILO KUKHOLWA KWESIFO ESITHATHELANA NGOKOLUBA |  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELWA KWEZIFO EZITHATHELAMAYO UKWELASHWA KWEZIFO ZO CANCER                    |  |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA  |  |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



Quote Number: \_\_\_\_\_

Item Description: Information / service package board

Department/Section: Ben-Gatway

Purpose of Item: To inform communities on services provided.

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised      | Comment           |
|---|-------------------|
| 1. Departmental emblem                    | see attached      |
| 2. Facility physical address and contacts | photogram for     |
| 3. operating hours                        | specific details. |
| 4. services provided                      |                   |
| 5. prohibition signs                      |                   |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

- 3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_
- or
- 3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                       |                              |                     |
|------------------------------|-----------------------|------------------------------|---------------------|
| Name of End-user (in full)   | <u>BPNgcobo</u>       | Name of SCM Rep (in full)    | <u>J.F. Mthembu</u> |
| Designation / Rank (in full) | <u>PIE SUPERVISOR</u> | Designation / Rank (in full) | <u>SMID</u>         |
| Signature                    | <u>[Signature]</u>    | Signature                    | <u>[Signature]</u>  |
| Date                         | <u>28/05/2020</u>     | Date                         | <u>18/05/20</u>     |










health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**BENEDICTINE GATEWAY CLINIC**

Welcome to Ben-Gateway Clinic / Siyakwamukela Emtholampilo Wase Ben-Gateway Clinic , LM Ward 16 Ophiyaneni Area Inside Benedictine Hospital , P/ Bag X5007 , Nongoma ,3950. Tel 0358317165 Operating Hours / Izikhathi Zokusebenza 8HRS zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICE PROVIDED                               | IZINHLAKOZASEMTHOLAMPILO ZITHOLAKALAY  |   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA  |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WADESIFAZANE NOKUHELELWA KWEMINDENI                                   |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE   |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO IZIMO EZIPHUTHUMAYO  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHELELWA NOKWELASHWA KWESILD   |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI   |   |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANGOKUKHUBAZEKA NEZIMLO KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |   |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELWA KWEZIFO EZITHATHELAHAYO UKWELASHWA KWEZIFO ZOCANSI                      |   |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWADESILISA  |   |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



**END USER SPECIFICATION FORM**

Quote Number: \_\_\_\_\_

Item Description: FACILITY INFORMATION SERVICE BOARD REPORTING AND FACILITY INFORMATION and CONTACTS

Department/Section: MAURITIUS CLINIC

Purpose of Item: To inform community of services available @ facility.

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. 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: \_\_\_\_\_

2. What is the specification of the required item? WRITTEN IN ENGLISH AND ISIZULU

| List specifications to be advertised       | Comment |
|--|---------|
| 1. <u>KWAZULU-NATAL EMBLEM AND LOGO</u>    |         |
| 2. <u>CLINIC NAME AND PHYSICAL ADDRESS</u> |         |
| 3. <u>OPERATING HOURS</u>                  |         |
| 4. <u>PRICE PACKAGE OF SERVICES</u>        |         |
| 5. <u>WARNING SIGNS SEE ATTACHED PAGE</u>  |         |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or  
3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable.   |

|                              |                     |                             |                    |
|------------------------------|---------------------|-----------------------------|--------------------|
| Name of End-user (in full)   | <u>OP Mauritius</u> | Name of SCM Rep (in full)   | <u>HT Mthembu</u>  |
| Designation / Rank (in full) | <u>OP/M</u>         | Designation/ Rank (in full) | <u>SMD</u>         |
| Signature                    | <u>[Signature]</u>  | Signature                   | <u>[Signature]</u> |
| Date                         | <u>2020/05/27</u>   | Date                        | <u>16/07/20</u>    |



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

MAHASHINI CLINIC

Welcome to Mahashini Clinic / Siyakwamukela Emtholampilo waseMahashini , LM Ward 21, Mahashini Area next to KwaDlamahlahla Royal Palace , P/ Bag X5007 , Nongoma ,3950. Tel 0358319022.. Operating Hours / Izikhathi Zokusebenza 8hrs plus on- call services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICES PROVIDED                              | ZINIBHALO ZASIKHATHI OHLAMPILLO ZITHOLAKALYA                                       |  |
|--|--|--|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILLO WEZINGAZE NABANTU ABASHA   |  |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILLO WADESIFAZANE NOKWILELWA KWEMINDENI                                   |  |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAKUKUZAYO NABAKHULELWE   |  |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO IZIMO EZIPHUTHUNAYO  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHLOLELWA NOKWELASHWA KWESILO  |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI   |  |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA NEZIMILO KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKWILELWA KWEZIFO EZITHATHELANAYO UKWELASHWA KWEZIFO ZOCANSI                       |  |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA  |  |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



Quote Number: \_\_\_\_\_

Item Description: Facility information (service package board)

Department/Section: Bongatway clinic Purpose of Item: To keep community informed of services

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised         | Comment                             |
|--|-------------------------------------|
| 1. <u>KZN Departmental Emblem</u>            | <u>See attached spec. pictogram</u> |
| 2. <u>Facility details and service hours</u> |                                     |
| 3. <u>Prohibited signs</u>                   |                                     |
| 4. <u>Service package</u>                    |                                     |
| 5. <u>Include Pre-ART and PREP services</u>  |                                     |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                       |                              |                    |
|------------------------------|-----------------------|------------------------------|--------------------|
| Name of End-user (in full)   | <u>B. Bongatway</u>   | Name of SCM Rep (in full)    | <u>H/T/M/...</u>   |
| Designation / Rank (in full) | <u>PLC SUPERVISOR</u> | Designation / Rank (in full) | <u>SMD</u>         |
| Signature                    | <u>[Signature]</u>    | Signature                    | <u>[Signature]</u> |
| Date                         | <u>26/05/2020</u>     | Date                         | <u>16/04/20</u>    |














health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

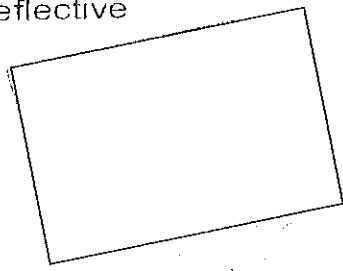
**HLENGIMPILO CLINIC**

Welcome to Hlengimpilo Clinic / Siyakwamukela Emtholampilo WaseHlengimpilo Clinic , LM Ward 12 Hlengimpilo Area next to Muziyaqokwa School , P/ Bag X5007 , Nongoma ,3950. Tel 0358319016 Operating Hours / Izikhathi Zokusebenza 8HRS and on- call services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICES PROVIDED                              | UMTHOLAMPILO WASEHLENGIMPILO   | IZIKHATHI ZOKUSEBENZA   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA  |  NO GUNS       |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WABESIFAZANE NOKUHELELWA KWEMBENDI                                    |  NO WEAPONS    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXOKUZAYO NABAKHULELWE   |  NO ALCOHOL   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO SESANDULELA NGCULAZI                       |  NO SMOKING  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  NO DOGS     |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO IZIMO EZIPHUTHUMAYO  |  NO FIREARMS |
| * MATERNITY AND POST NATAL CARE                | UKUHELELWA NOKWELASHWA KWESILO   |  NO WEAPONS  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI   |  NO ALCOHOL  |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA HEZIMILD KUHLOLWA KWESIFO ESITHATHIHLANA NGCULUBA |  NO WEAPONS  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELWA KWEZIFO EZITHATHELAHAYO UKWELASHWA KWEZIFO ZOCANSI                      |  NO WEAPONS  |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA  |  NO WEAPONS  |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective





# END USER SPECIFICATION FORM

Quote Number: \_\_\_\_\_  
 Item Description: FACILITY INFORMATION SERVICE BOARD

Department/Section: NTOICO Purpose of Item: FOR PATIENTS (COMMUNITY TO GET INFORMATION ON SERVICES PROVIDED)

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. 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: \_\_\_\_\_

2. What is the specification of the required item? WRITTEN IN ENGLISH & ZULU

| List specifications to be advertised         | Comment |
|--|---------|
| 1. <u>KZN DOH EMBLEM &amp; LOGO</u>          |         |
| 2. <u>CLINIC NAME &amp; PHYSICAL ADDRESS</u> |         |
| 3. <u>OPERATING HOURS</u>                    |         |
| 4. <u>PHC PACKAGE OF SERVICES</u>            |         |
| 5. <u>WARNING SIGNS SEE ATTACHED PAGE</u>    |         |

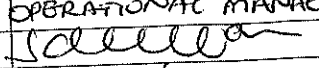
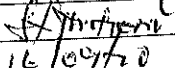
3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)
- 3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_
  - or
  - 3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |                            |  |
|--|----------------------------|--|
| 1.   | Pre-qualification criteria | Does the offer meet the pre-qualification criteria?  |
| 2.   | Administrative             | Does the offer comply to stipulated administrative requirements?   |
| 3.   | Conformance:               | 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 supplier 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)   |
| 9.   | Ability & Capacity         | The ability and capacity of the vendor to execute the contract   |
| 10.  | Preference points          | Preferential Procurement System (80/20) if applicable.   |

|                              |   |                              |   |
|------------------------------|---|------------------------------|---|
| Name of End-user (in full)   | SAMPHELSIWE MDLWU   | Name of SCM Rep (in full)    | H. A. M. M. M.  |
| Designation / Rank (in full) | OPERATIONAL MANAGER   | Designation / Rank (in full) | SM/IO   |
| Signature                    |  | Signature                    |  |
| Date                         | 07/05/2020  | Date                         | 16/07/20  |














health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

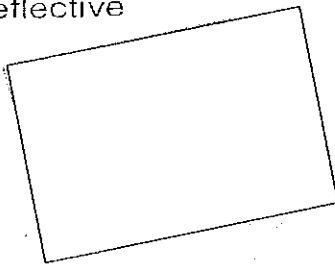
**NJOKO CLINIC**

Welcome to Njoko Clinic / Siyakwamukela Emtholampilo KwaNjoko , LM Ward 05, Njoko Area next to Ekuthokozeni School , P/ Bag X5007 , Nongoma ,3950. Tel 0358319012. Operating Hours / Izikhathi Zokusebenza 24HRS zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICE PROVIDED                               | IZINHLALO ZASEMTHOLAMPILLO ZITHOLOKALAY  |   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA  |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WABESIFAZANE NOKUHELELWA KWEMINDENI                                       |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE   |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO<br>SESANDULELA NGCULAZI                        |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO<br>IZIMO EZIPHUTHUMAYO   |  |
| * MATERNITY AND POST NATAL CARE                | UKUHOLELWA NOKWELASHWA KWESILO   |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI   |  |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELWA KWABANANDKUKHUBAZEKA NCZIMILG<br>KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHOLELWA KWEZIFO EZITHATHELANAYO<br>UKWELASHWA KWEZIFO ZOCANSI                       |  |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA  |  |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



**END USER SPECIFICATION FORM**

Quote Number: \_\_\_\_\_  
 Item Description: Facility Information Service board  
 Department/Section: PHC Nollozana Purpose of Item: \_\_\_\_\_

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised | Comment |
|--------------------------------------|---------|
| 1. KZN DOH Emblam & Logo             |         |
| 2. Clinic Name + Physical address    |         |
| 3. CLINIC contact details            |         |
| 4. -operating hours, WARNING SIGNS   |         |
| 5. PHC PACKAGE of service, POLES     |         |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)
  - 3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_
  - or
  - 3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |  |
|--|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |  |
| 3. Conformance:  | 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 supplier 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)   |  |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |  |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |  |

|                              |                            |                             |                       |
|------------------------------|----------------------------|-----------------------------|-----------------------|
| Name of End-user (in full)   | <u>MODY S. MAJOLA</u>      | Name of SCM Rep (in full)   | <u>H. N. M. M. M.</u> |
| Designation / Rank (in full) | <u>OPERATIONAL MANAGER</u> | Designation/ Rank (in full) | <u>SMU</u>            |
| Signature                    | <u>[Signature]</u>         | Signature                   | <u>[Signature]</u>    |
| Date                         | <u>27/05/2020</u>          | Date                        | <u>16/07/20</u>       |










health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

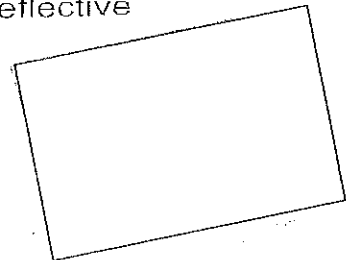
NDLOZANA CLINIC

Welcome to Ndlozana Clinic / Siyakwamukela Emtholampilo WaseNdlozana ,  
LM Ward 11 Maye Area next to Ndlozana School , P/ Bag X5007 , Nongoma  
,3950. Tel 0358319114 Operating Hours / Izikhathi Zokusebenza 8HRS and on- call  
services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade :  
035 870 0188/072 649 5481 , Police : 10111

| SERVICE PROVIDED                               | ZINKELO/ASETHOLAMPILO ZITHOLAKALAY  |   |
|--|---|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA   |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WABESIFAZANE NOKUHELEWA KWEMINDENI                                       |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ADAXUKUZAYO NABAKHULELWE  |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO<br>SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE  |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO<br>IZIND EZIPHUTHUMAYD  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHELELEWA NOKWELASHWA KWESILO   |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI  |   |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA NEZIMILO<br>KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |   |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELEWA KWEZIFO EZITHATHELAHAYO<br>UKWELASHWA KWEZIFO ZOCANSI                     |   |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA   |   |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



Quote Number: \_\_\_\_\_

Item Description: Facility information board

Department/Section: Usuthu

Purpose of Item: To inform community of the services

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised     | Comment                    |
|--|----------------------------|
| 1. Galvanised poles and frame            | see attached specification |
| 2. wording and symbols be reflective     |                            |
| 3. Departmental emblem                   |                            |
| 4. complete physical and contact details |                            |
| 5.                                       |                            |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                       |                             |                    |
|------------------------------|-----------------------|-----------------------------|--------------------|
| Name of End-user (in full)   | <u>Bf Raaboo</u>      | Name of SCM Rep (in full)   | <u>H. M. Mema</u>  |
| Designation / Rank (in full) | <u>Pho supervisor</u> | Designation/ Rank (in full) | <u>SMP</u>         |
| Signature                    | <u>[Signature]</u>    | Signature                   | <u>[Signature]</u> |
| Date                         | <u>28/05/2020</u>     | Date                        | <u>16/07/20</u>    |














health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

USUTHU CLINIC

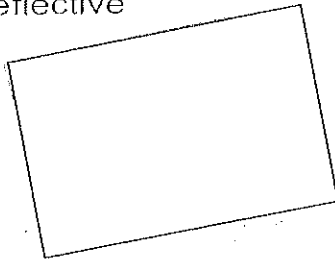
Welcome to Usuthu Clinic / Siyakwamukela Emtholampilo Usuthu , LM Ward 15, Usuthe Area next to Enyokeni Royal Palace , P/ Bag X5007 , Nongoma ,3950. Tel 0358319040. Operating Hours / Izikhathi Zokusebenza 8hrs plus on- call services for emergencies zinsuku zonke . Ambulance : 10177 -- Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICE PROVIDED                               | IZIMBHOVA SEKHOLAMPILO ZITHOVAZALI  |   |
|--|---|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA   |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WADESIFAZANE NOKUHELELWA KWEMINDENI                                      |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE  |   |
| * NUTRITION                                    | UKUYIKELA KUMRTWANA ENGAKAZALWA NGESIFO<br>SESANDULELA NGCULAZI                       |  |
| * TREATMENT OF MINOR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE  |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWABAGULAYO<br>IZIMO EZIPHUTHUMAYO  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHELELWA NOKWELASHWA KWESILO  |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANDULELA NGCULAZI  |  |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA NEZIMILO<br>KUHLOLWA KWESIFO ESITHATHELANA NGGKOLUBA |  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHELELWA KWEZIFO EZITHATHELANAYO<br>UKWELASHIWA KWEZIFO ZOCANSI                     |  |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA   |  |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

FIGHTING DISEASE. FIGHTING POVERTY. GIVING HOPE

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective



Quote Number: \_\_\_\_\_

Item Description: Service board chromade R complete with frame and pots

Department/Section: Enhlekiseni

Purpose of Item: To keep informed community for services

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. 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: \_\_\_\_\_

2. What is the specification of the required item?

| List specifications to be advertised      | Comment             |
|---|---------------------|
| 1. <u>Complete with frames &amp; pots</u> | <u>See attached</u> |
| 2. <u>Reflective wording and symbols</u>  | <u>Spec.</u>        |
| 3. <u>Facility details</u>                |                     |
| 4. <u>Departmental emblem</u>             |                     |
| 5.  |                     |

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                                |                             |                     |
|------------------------------|--------------------------------|-----------------------------|---------------------|
| Name of End-user (in full)   | <u>P.P. Pragaobu</u>           | Name of SCM Rep (in full)   | <u>H.T. Mthembu</u> |
| Designation / Rank (in full) | <u>Chief Executive Officer</u> | Designation/ Rank (in full) | <u>SMD</u>          |
| Signature                    | <u>[Signature]</u>             | Signature                   | <u>[Signature]</u>  |
| Date                         | <u>28/05/2020</u>              | Date                        | <u>10/07/20</u>     |










health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

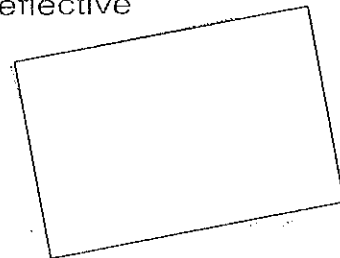
ENHLEKISENI CLINIC

Welcome to Enhlekiseni Clinic / Siyakwamukela Emtholampilo Enhlekiseni Clinic , LM Ward 10 Enhlekiseni Area next to Esweni School , P/ Bag X5007 , Nongoma ,3950. Tel 0358319028 Operating Hours / Izikhathi Zokusebenza 8HRS and on- call services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade : 035 870 0188/072 649 5481 , Police : 10111

| SERVICES PROVIDED                              | IZINGQAZAMPILO/AMPILO/IZIPHUTHUMAYO  |   |
|--|--|---|
| * CHILD HEALTH & YOUTH SERVICES                | UMTHOLAMPILO WEZINGAZE NABANTU ABASHA  |    |
| * ANTE-NATAL CARE CLINIC                       | UMTHOLAMPILO WABESIFAZANE NOKUHLELWA KWEMINDENI                                    |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION   | ABAXUKUZAYO NABAKHULELWE   |   |
| * NUTRITION                                    | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO SESANBULELA NGCULAZI                       |  |
| * TREATMENT OF MINDR AILMENTS                  | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE   |  |
| * EMERGENCY SERVICES                           | UKWELULEKWA KWADAGULAYO IZIMO EZIPHUTHUMAYO  |  |
| * MATERNITY AND POST NATAL CARE                | UKUHLOLELWA NOKWELASHWA KWESILO  |  |
| * HIV COUNSELLING, TESTING & TREATMENT         | SESANBULELA NGCULAZI   |   |
| * MANAGEMENT OF CHRONIC DISEASES               | UKUNAKEKELA KWABANANOKUKHUBAZEKA NEZIMILU KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUDA |   |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS | UKUHLOLELWA KWEZIFO EZITHATHELANAYO UKWELASHWA KWEZIFO ZOCANSI                     |   |
| * MEDICAL MALE CIRCUMCISION                    | UKWELULEKWA NOKUSOKWA KWABESILISA  |   |

MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective







# END USER SPECIFICATION FORM

Quote Number: \_\_\_\_\_

Item Description: \_\_\_\_\_

Department/Section: \_\_\_\_\_ Purpose of Item: \_\_\_\_\_

**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. 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: \_\_\_\_\_

**2. What is the specification of the required item?**

| List specifications to be advertised                | Comment                           |
|---|-----------------------------------|
| 1. <i>Material used frame and poles</i>             | <i>See attached specification</i> |
| 2. <i>Wordings and symbols be reflective</i>        |                                   |
| 3. <i>Departmental emblem</i>                       |                                   |
| 4. <i>Complete details (physical &amp; contact)</i> |                                   |
| 5. <i>Emergency numbers</i>                         |                                   |

**3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)**

3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

**4. 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.

**5. What is the evaluation criteria / special terms and conditions to be advertised?**

| List evaluation criteria / special terms and conditions to be advertised (if applicable) |  |
|--|--|
| 1. Pre-qualification criteria  | Does the offer meet the pre-qualification criteria?  |
| 2. Administrative  | Does the offer comply to stipulated administrative requirements?   |
| 3. Conformance:  | 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 supplier 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)   |
| 9. Ability & Capacity  | The ability and capacity of the vendor to execute the contract   |
| 10. Preference points  | Preferential Procurement System (80/20) if applicable  |

|                              |                       |                             |                    |
|------------------------------|-----------------------|-----------------------------|--------------------|
| Name of End-user (in full)   | <i>BPT 96060</i>      | Name of SCM Rep (in full)   | <i>H. M. M. M.</i> |
| Designation / Rank (in full) | <i>PHE SUPERVISOR</i> | Designation/ Rank (in full) | <i>SMD</i>         |
| Signature                    | <i>[Signature]</i>    | Signature                   | <i>[Signature]</i> |
| Date                         | <i>28/05/20</i>       | Date                        | <i>16/09/20</i>    |



health












Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**BUXEDENE CLINIC**

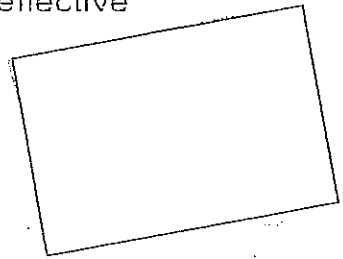
Welcome to Buxedene Clinic / Siyakwamukela Emtholampilo WaseBuxedene ,  
LM Ward 08, Buxedene Area next to Sibusiso School , P/ Bag X5007 , Nongoma  
,3950. Tel 0358389100 Operating Hours / Izikhathi Zokusebenza 8HRS and on-call  
services for emergencies zinsuku zonke . Ambulance : 10177 – Fire Brigade :  
035 870 0188/072 649 5481 , Police : 10111

**SERVICE PROVIDED**

**IZINGILELO ZASEMTHOLAMPILLO ZITHOLAKALAY**

|   |   |   |
|---|---|---|
| * CHILD HEALTH & YOUTH SERVICES   | UMTHOLAMPILLO WEZINGAZE NABANTU ABASHA  |    |
| * ANTE-NATAL CARE CLINIC  | UMTHOLAMPILLO WABESIFAZANE NOKUHELELYA KWEMINDENI                                     |    |
| * PREVENTION OF MOTHER TO CHILD TRANSMISSION                              | ABAXOKUZAYO HABAKHULELWE  |   |
| * NUTRITION   | UKUYIKELA KUMNTWANA ENGAKAZALWA NGESIFO<br>SESANOLELELA NGCULAZI                      |  |
| * TREATMENT OF MINOR AILMENTS   | UKUNAKEKELWA KWABAKHULELWE NABABELETHILE  |  |
| * EMERGENCY SERVICES  | UKWELULEKWA KWABAGULAYO<br>IZIMO EZIPHUTHUMAYO  |  |
| * MATERNITY AND POST NATAL CARE   | UKUHLOLELWA NOKWELASHIWA KWESILO  |  |
| * HIV COUNSELLING, TESTING & TREATMENT                                    | SESANOLELELA NGCULAZI   |  |
| * MANAGEMENT OF CHRONIC DISEASES  | UKUNAKEKELA KWABANAMOKUKHUBAZEKA NEZIMILO<br>KUHLOLWA KWESIFO ESITHATHELANA NGOKOLUBA |  |
| * TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS                            | UKUHLOLELWA KWEZIFO EZITHATHELAMAYO<br>UKWELASHIWA KWEZIFU ZOCANSI                    |  |
| * MEDICAL MALE CIRCUMCISION   | UKWELULEKWA NOKUSOKIYA KWABESILISA  |  |
| MANAGEMENT RESERVES THE RIGHT TO SEARCH EVERYBODY ENTERING THESE PREMISES |   |   |

Services Board 2450mm x 2450mm  
Chromadek signboard complete with 38x38 galvanised frame  
and 76mm galvanised poles with 50mm galvanised stays.  
Wording and symbols must be reflective





health

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: Hlengwe.Mthembu@kznhhealth.gov.za

| CLINIC NAMES          | K/M AWAY FROM BENEDICTINE HOSPITAL |
|-----------------------|------------------------------------|
| SOVANE CLINIC         | 120KM                              |
| NKUNZANA CLINIC       | 50KM                               |
| NJOKO CLINIC          | 66KM                               |
| EKUBUNGAZELENI CLINIC | 30KM                               |
| DENGENI CLINIC        | 56KM                               |
| USUTHU CLINIC         | 30KM                               |
| MAHASHINI CLINIC      | 50KM                               |
| NGOEKU CLINIC         | 14KM                               |
| HENGIMPILO CLINIC     | 62KM                               |
| BUXEDENI CLINIC       | 64KM                               |
| MAPHOPHOMA CLINIC     | 44KM                               |
| ENHLEKISENI CLINIC    | 43KM                               |
| MTHWADLANA CLINIC     | 62KM                               |
| NDLOZANA CLINIC       | 84KM                               |