



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

## KZN Health Intranet

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

### AdvertQuote



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

### Quotation Advert

**Opening Date:** 2021-06-25

**Closing Date:** 2021-07-05

**Closing Time:** 11:00

#### INSTITUTION DETAILS

**Institution Name:** Ndwedwe CHC

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required:** Ndwedwe CHC

**Date Submitted:** 2021-06-25

#### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: ZNQ/NDW/71-21/22

**Item Category:** Services

**Item Description:** Repair to alarm system @ Wosiyana clinic

Quantity (if supplies)

#### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date:**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** Ndwedwe CHC - SCM Office

**QUOTES SHOULD BE DELIVERED TO:** Tender box - Ndwedwe CHC Rehabilitation centre veranda

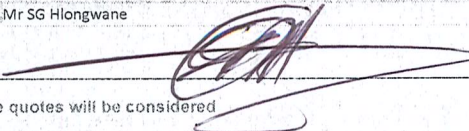
#### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Maria Kekana

**Email:** maria.kekana@kznhealth.gov.za

**Contact Number:** 032 - 532 3044

**Finance Manager Name:** Mr SG Hlongwane

**Finance Manager Signature:** 

No late quotes will be considered



DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

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

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

2.8. Are you or any person connected with the bidder presently employed by the state? TICK APPLICABLE

2.8.1. If so, furnish the following particulars: YES NO

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed:.....

Position occupied in the state institution: .....Any other particulars:.....

2.8.2. 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); | c) provincial legislature;  |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; 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.



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE: NDWEDWE CHC**

Physical Address: P100 Main road, Ndwedwe Central, 4342  
Postal Address: Private Bag X 528, Ndwedwe, 4342  
Tel: 032 532 3048 Fax: 032 532 3628 Email: [Kwazi.Dlamini2@kzohhealth.gov.za](mailto:Kwazi.Dlamini2@kzohhealth.gov.za)

MAINTENANCE DEPARTMENT

**ZNQ –  
Wosiyane clinic -**

**Repair to alarm system**

### **SCHEDULE OF RATES**

#### **4.1 ITEMS AND PRICING**

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before quoting as to the correctness and sufficiency of his quote for the contract and of the rates and prices stated in the Schedule of Rates.

#### **4.2 TAX AND DUTIES**

Prices, quoted and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, **including Value Added Tax (applicable to the current rate).**

#### **3.3 RATES**

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labor, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates.

For all floor coverings are to include for laying as described, for cleaning down backing surfaces before laying and for all square and ranking cutting and waste and fitting, fair edges where no skirting occur, protection from injury and for cleaning down etc. as described at completion.

Rates for all finings are to include for lying as described, cleaning down backing surfaces before laying, sizing backing surfaces if necessary to ensure proper adhesion, all square and raking cutting and waste and fitting, fair etc. as described at completion.

Rates for skirting, stair nosing, edging strips, etc. are to include for fixing as described, cutting to lengths, and fitting at intersections, miters, ends, etc. and for cleaning down at company

s.NO		IT		R	c	R	c
	<p>All items to be priced fully inclusive of all charges e.g. labour, plan, profit etc. but excluding Value added tax</p> <p>Contractors are advised to visit site to acquire them with site and lay out of the institution premises during the contract is not allowed &amp; arrangements for accommodation will have to be allowed for. all items are subjected to re-measure</p> <p>Tenders are referred to the project specifications for full description of materials, etc. to be used .all works shall be done strictly accordance with the specification &amp; leave in perfect working order after completion</p>	No					
1	<p>Allow to hire or employ a local residential citizen. That will help to open up job opportunities for a community of the area it's a mandatory (while you are conducting service)</p>						
2							
3	<p><b>Repair to alarm system</b> <b>NB!!!!</b></p> <p><u>Allow for fault finding &amp; report formally including Coast for repairs required. Fault finding to be done By a skulled service provider artisan or technician,</u></p> <p><u>Qualification to be attached to a tender documents For evaluation purpose</u></p> <p>Attach valid tax clearance certificate BEE certificate proof of registration to CSD CIDB Letter of good standing Attach a company grade regarding mechanical &amp; electrical A company must improvise profile of a previous work in health department if not attached an approved certificate</p>						
		No	item				

ITEM NO	DESCRIPTION: repair to alarm system	UNIT	QTY	RATE/UNIT		TOTAL	
				R	c	R	c
12	allocated to : <b>admitting</b>						
13	<b>Repair to alarm system ziton model ZP1-F8</b> A control panel is alarming & showing Supply faulty Allow everything that needs to be repair & check also replace program with PC board batteries if necessary etc Allow to repair anything that is faulty	01					
14							
15							
	Allow 12 months guarantee	No	Item				
17		No	item				
18	Tenderer must allow improvising in connection with acquiring the services of the accredited Safety, Health and environment Consultant to prepare safety plan, risk assessment schedule and do regular inspections for the duration of the contract in compliance with Occupational and Safety act. (Assessment to be forwarded to Department of Health Occupational Health and Safety in Natalia.) Tenderer will not be allowed to start work without submission of Safety Plan	No	item				
19			Item				
20	R 1 500.00 (ONE THOUSAND FIVE HUNDRED RANDS) PER DAY WILL BE CHARGED, FROM DAY I (ONE) AFTER CONTRACT EXPIRED		Item				
21	TENDERES ARE ADVISED THAT ANY WORK DONE NOT UP SATISFACTORY OF THE DEPARTMENT, TENDERER MUST RE-DO WORK AT OWNNER'S EXPENSE.		Item				
	<b>CARRIED TO COLLECTION SUMMARY</b>				R		R



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE: NDWEDWE CHC**

Physical Address: P100 Main road, Ndwedwe Central, 4342  
Postal Address: Private Bag X 528, Ndwedwe, 4342  
Tel: 032 532 3048 Fax: 032 532 3628 Email: [Xolani.Dlamini2@kznhealth.gov.za](mailto:Xolani.Dlamini2@kznhealth.gov.za)

MAINTENANCE DEPARTMENT

**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH**

**COLLECTION SUMMARY**

**Institution Wosiyane clinic**

**Project description: repair  
to alarm system**

**NOTE:**

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR  
AND RETURNED TOGETHER WITH THE QUOTATION FORM

<b>BILL</b>	<b><u>FINAL SUMMARY</u></b>	<b>PAGE NO.</b>	<b>AMOUNT</b>
1	Repair to alarm system		
2	Contingencies@10%		
	Sub Total		
	Value Added Tax@15%		
	<b>Carried to Form of Tender</b>		