

KZN HEALTH

## **KZN Health Intranet**

The state of the s	
Search this site	Q

HOME

CORPORATE INFORMATION

COMPONENTS

DIRECTORY

DISTRICT OFFICES

**HEALTH FACILITIES** 

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PRO		<del></del>
	HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date	<b>B</b> :	2021-05-03
Closing Date	:	2021-05-18
Closing Time	:	11:00
INSTITUTIO	ON DETAILS	
Institution Na	ıme:	Edendale hospital
Province:		KwaZulu-Natal
Department of	or Entity:	Department of Health
Division or s	ection:	Central Supply Chain Management
Place where	goods / services is required	Surgery Department
Date Submitt	ed	2021-04-29
ITEM CATE	GORY AND DETAILS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Quotation Nu	mber:	ZNQ:
		1765/20-21
Item Categor	y:	Goods
		3D - fit Technology foam dressing, non adhesive with alphasan silver 20 x 20 ionic silver
Quantity (if so	applies)	19 boxes (box/5)
COMPULSO	ORY BRIEFING SESSIO	N / SITE VISIT
Select Type:		Not Applicable
Date :		grand and the control of the control
Time:		
/enue:		
· oragi		
QUOTES CAN	BE COLLECTED FROM:	Download from intranet
JUOTES SHO	ULD BE DELIVERED TO:	Edendale hospital main gate blue tender box behind security house
NQUIRIES	REGARDING THE ADV	ERT MAY BE DIRECTED TO:
lame:		Thando Mazeka
Email:		Steven, Shange@kznhealth.gov.za
Contact Numb	per:	033-3954565
inance Mana	ger Name:	Mr Dan Thangalan
	-	Ann Sent Hairgardi
		*\ \ \ \

# STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: Edendale Hospital DATE ADVERTISED: 03/05/2021 CLOSING DATE: 18/05/2021 CLOSING TIME: 11:00 FACSIMILE NUMBER: \_\_\_\_\_\_E-MAIL ADDRESS Steven.Shange@kznhealth.gov.za PHYSICAL ADDRESS: lot 89 Selby Msimango, road ,Plessislaer ,Pietermaritzburg,3201 ZNQ NUMBER: ....1765/20-21 DESCRIPTION: 3D-fit technology foam dressing, non adhesive with alphasan silver 20x20 ionic silver CONTRACT PERIOD. Once off ...... VALIDITY PERIOD 60 Days SARS PIN...... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) BLUE TENDER BOX AT EDENDALE HOSPITAL MAIN GATE Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL	DDICE	DACE	ピヘロノ	ጓያ ሀጣቸ ፣	ATIONIC.
JEFILIAL	FRILE	FAUL	CUK (	JUL 1 1	411/38/3

ZNQ NUMBER:	1765/20	)-21	 	

		FOR QUOTATIONS technology foam dressing, non-adhesiv		R: 17 00/20-21 asan silver 20x2		
SIGNATURE	OF BIDDER	Rt I hereby agree to all terms and conditions]			.,	
CAPACITY L	INDER WHI	CH THIS QUOTE IS SIGNED		***************************************		
Item No	Quantity	Description	Brand & model	Country of manufacture	Price R	С
1	19 boxes	3D-fit technology foam dressing, non adhesive				
		non adhesive with alphasan silver 20x20 lonic silver (box/5	)			
		Sample Required on closing date				
		Non- Submission of sample on closing date				
		will automatically disqualify your Quotation				
	1					
		SPECIFICATION ATTACHED				
<del></del>						
						-
						_
		15% (Only if VAT Vendor) RICE (VALIDITY PERIOD 60 Days)				
		<u> </u>				
Ooes This Off s The Price F		Vith The Specification? Does The Article Con State Delivery Period		.N.S. / S.A.B.S. Specifi 1week	cation?	
			- · · · · · · · · · · · · · · · · · · ·			
•		e <u>quote</u> may be directed to: Enquiries	regarding tech	nical information may	be directed t	to:
	5 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			Tel:		

## **DECLARATION OF INTEREST**

2.8.1. If so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder / member:  Name of person / director / trustee / shareholder / member:  Name of person / directors / trustee / shareholder / member:  Name of person / directors / trustees / shareholder / members or their spouses conduct buside emplor in the public sector?  2.8.2.1. If yes, did you attach proof of such authority, where applicable, may result in the disqualification of the guote.)  2.8.2.2. If no, furnish reasons for non-submission of such proof:  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 wis 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 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 permiployed by the state who may be involved with the evaluation and or adjudication of this quote?  YES   No. 2.11. 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 who 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 on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department canno	1,	blood relationship, may make limited quote or proposal). In employed by the state, or to	ersons employed by the state <sup>1</sup> , or p an offer or offers in terms of this in view of possible allegations of favo persons connected with or related to tion to the evaluating/adjudicating a the state; and/or	vitation to quote (include uritism, should the result to them, it is required th	es a price quotation, advertise ting quote, or part thereof, b	sed competitive quote, se awarded to persons
2.1. Full Name of bidder/representative	-	evaluation and or adjudicat	ion of the quote(s), or where it is ki	nown that such a relation	nship exists between the pe	rson or persons for or
2.3. Identity Number:	2.	In order to give effect to the at	pove, the following questionnaire mu	ıst be completed and su	bmitted with the quote.	
2.3. Position occupied in the Company (director, trustee, shareholders): 2.6. VAT Registration Number:  2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applient propers or promoted with the bidder presently employed by the state?  2.8. Are you or any preson connected with the bidder presently employed by the state?  2.8. 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:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employ in the public sector?  2.8.2.1. If yes, did you attach proof of such authority to the quote document?  2.8.2.2. If no, furnish reasons for non-submission of such proof.  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 wis state in the previous twelve months?  2.9. 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 an may be involved with the evaluation and or adjudication of this quote?  YES   No. 2.11. If so, furnish particulars:  2.11. If so, furnish particulars:  2.12. Do you, or any person connected with the bidder, waver of any relationship (family, friend, other) with a person employed by the state who may be involved with the evaluation and or adjudication of this quote?  YES   No. 2.11. If so, furnish particulars:  2.11. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members in any other related companies who remains the state in the previous connected with the bidder, aware of any relationship (family, friend, other) betwee	2.1.	Full Name of bidder/represen	tative		tration Number:	1444444444444
2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if apple 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?  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:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed in the public sector?  2.8.2.1. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed in the public sector?  2.8.2.1. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed in the public sector?  2.8.2.1. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed by the state of the public sector?  2.8.2.1. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed by the state on the previous twelve months?  2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business wistate in the previous twelve months?  2.9.1. If so, furnish particulars:  2.10. Do you, or any person connected with the bidder, aware of any relationship (family, friend, other) with a person employed by the state an may be involved with the evaluation and or adjudication of this quote?  YES   Ni						
2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if apple 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? 2.8.1.1 is o, furnish the following particulars:  Name of person / director / frustee / shareholder/ member:  Name of state institution at which you or the person connected to the bidder is employed:  Position occupied in the state institution:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employing in the public sector?  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 wistate in the previous twelve months?  2.9.1. It 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 an may be involved with the bidder, aware of any relationship (family, friend, other) between any other bidder and any penployed by the state who may be involved with the bidder, aware of any relationship (family, friend, other) between any other bidder and any penployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members / shareholders on CSD. It is the suppliers' response to ensure that their details are up-to-date and verified on CSD. If the Department of Health will validate details of directors / trustees / members / shareholders on CSD. It is the supplie	2.3.		• • •	):2.6. VAT Registration	n Number:	***********
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?  2.8.1 if so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  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:  2.8.2.1 if you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employing in the public sector?  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:  2.8.2.2 if no, furnish reavons for non-submission of such proof:  2.8.2.2 if no prunish particulars:  2.9.1 if so, furnish particulars:  2.10.1 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state an may be involved with the evaluation and or adjudication of this quote?  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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.12.1. If so, furnish particulars:  2.12. Do you or any of the directors / frustees / shareholders / members of the company have any interest in any other related companies where they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / frustees / members / shareholders.  NB: The Department Of Health will validate details of directors / frustees / members / share	2.7.			heir individual identity n	umbers, tax reference numb	pers and, if applicable.
2.8. Are you or any person connected with the bidder presently employed by the state?  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:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employing in the public sector?  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 wis state in the previous twelve months?  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 an may be involved with the evaluation and or adjudication of this quote?  2.10. It so, furnish particulars:  2.11. It so, furnish particulars:  2.12. Do you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. It 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 who remains particulars:  3. Full details of directors / trustees / members / shareholders on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4. DECLA		employee / persal numbers m	nust be indicated in paragraph 3 bel	OW.		
2.8.1. If so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder/ member:  Name of person / director / trustee / shareholder / member:  Name of person / director / trustee / shareholder / member:  Name of person / directors / trustee / shareholder / member:  Name of person / directors / trustees / shareholder / members or their spouses conduct buside emplor in the public sector?  2.8.2.1. If yes, did you attach proof of such authority, where applicable, may result in the disqualification of the guote.)  2.8.2.2. If no, furnish reasons for non-submission of such proof:  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 wis 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 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 permiployed by the state who may be involved with the evaluation and or adjudication of this quote?  YES   No. 2.11. 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 who 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 on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department canno	2.8.	Are you or any person conner	cted with the bidder presently emplo		•	
Name of state institution at which you or the person connected to the bidder is employed:  Position occupied in the state institution:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employing the public sector?  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 state in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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 penployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. 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 whor not they are bidding for this contract?  2.12. It so, furnish particulars:  3. Full details of directors / trustees / members / shareholders on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I. ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARAT	2.8.1	. If so, furnish the following par	ticulars:			I
Position occupied in the state institution:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside emplor in the public sector?  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 wistate in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. 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 whore not they are bidding for this contract?  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.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders.  A DECLARATION  I, THE UNDERSIGNED (NAME).  CERTIFY THAT THE INFORMAT 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 person / director / true	stee / shareholder/ member:			
2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employing the public sector?  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 wistate in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. 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 who or not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  1, THE UNDERSIGNED (NAME) CERTIFY THAT THE INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE						
in the public sector? 2.8.2.1. If yes, did you attach 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 wistate in the previous twelve months? 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 may be involved with the evaluation and or adjudication of this quote? 2.10.1. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any permployed by the state who may be involved with the evaluation and or adjudication of this quote? 2.11. 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 who ro not they are bidding for this contract? 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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.	0.00	Position occupied in the state i	institution:	Any other par	ticulars:	
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 wistate in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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 permployed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.	2.8.2		ed by the state, did you obtain the a	appropriate authority to t	indertake remunerative wor	
(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 state in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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?  2.11. 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 whore not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quonot be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  I, THE UNDERSIGNED (NAME).  FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.	282		of of such authority to the guate doc	imant?		YES NO
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 wi state in the previous twelve months? 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 may be involved with the evaluation and or adjudication of this quote? 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 permoloyed by the state who may be involved with the evaluation and or adjudication of this quote? 2.11. 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 who or not they are bidding for this contract? 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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. 4 DECLARATION 1, THE UNDERSIGNED (NAME). CERTIFY THAT THE INFORMAT FURNISHED IN PARAGRAPHS 2. 1 ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.					a of the quote \	
2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business wi state in the previous twelve months?  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 an may be involved with the evaluation and or adjudication of this quote?  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 p employed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who re not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.						
state in the previous twelve months?  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 may be involved with the evaluation and or adjudication of this quote?  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?  2.11. 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 who ro not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.						
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 an may be involved with the evaluation and or adjudication of this quote?  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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who or not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote 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 INFORMAT FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.					······································	
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 may be involved with the evaluation and or adjudication of this quote?  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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who re not they are bidding for this contract?  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' responsion to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)	2.9.1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.20   1.10
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 pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. 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 whor not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)	2.10.	Do you, or any person connec	cted with the bidder, have any relation	onship (family, friend, otl	her) with a person employed	by the state and who
2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any pemployed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who re not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)						YES NO
employed by the state who may be involved with the evaluation and or adjudication of this quote?  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 who report they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quotent be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  I, THE UNDERSIGNED (NAME)						
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 who or not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)	2.11.					oidder and any person
2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whom not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)	0.44					YES NO
or not they are bidding for this contract?  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' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo 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)	2.11.	1. It so, turnish particulars:	I tour to a m. I also much a laborat I tour much a un	- f 4h		diamentary by the co
<ul> <li>2.12.1. If so, furnish particulars:</li> <li>3. Full details of directors / trustees / members / shareholders.</li> <li>NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.</li> <li>4 DECLARATION</li> <li>I, THE UNDERSIGNED (NAME)</li> <li>CERTIFY THAT THE INFORMATEURNISHED IN PARAGRAPHS 2.</li> <li>I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.</li> </ul>	2,12,			or the company have an	ly interest in any other relate	
<ul> <li>3. Full details of directors / trustees / members / shareholders.</li> <li>NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.</li> <li>4 DECLARATION  I, THE UNDERSIGNED (NAME)</li></ul>	212					YES NO
<ul> <li>NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' respons to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quo not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.</li> <li>DECLARATION  I, THE UNDERSIGNED (NAME)</li></ul>				••••••	***************************************	
I, THE UNDERSIGNED (NAME)		The Department Of Health will to ensure that their details are	l validate <mark>details of directors / trus</mark> e up-to-date and verified on CSD, li	f the Department cannot	t validate the i <mark>nformation</mark> o	uppliers' responsibility on CSD, the quote will
FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.	4	DECLARATION				
I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.					CERTIFY THAT TH	E INFORMATION
PROVE TO BE FALSE.				ነው ለረም ለረጋለ፤አነርም እ	AE GROTT D ALTIG DEG	I AD ATTONI
			MAI REJECT THE QUOTE (	JR ACI AGAINSI W	TE SHOOLD THIS DEC	LARATION
			Signature	Position	Date	

Act, 1999 (Act No. 1 of 1999);

any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management a)

b) any municipality or municipal entity;

provincial legislature;

c) d) e) national Assembly or the national Council of provinces; or

Parliament.

<sup>&</sup>lt;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 initialled.
- 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 disqua	lified from the evaluation process.	
(i) (ii)	The institution has determined that a compulsory site meeting  Date   Time; Place	take place	
Ins	stitution Stamp;	Institution Site Inspection / briefing session Official	
		Full Name:	
		Signature:	
		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 (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

#### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

#### 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

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

#### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

#### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

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

- 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:
  - B-BBEE Status level certificate issued by an authorized body or person;
  - A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- "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:

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

Ę	RID	DECL	AD/	<b>NOIT</b>

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

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
	<b>V</b>	1
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						
9.3						
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BOX]				
	0 0 0 0	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 n	umber of years the company/firm has been in bu	siness:			
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 o 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) Ti	i) The information furnished is true and correct;				
	ii) Ti	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 material 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 incurre	ed or suffered as a result of that person's conduct;			
	(c)	<ul> <li>(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;</li> </ul>				
	(d)	(d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and				
	(e)	forward the matter for criminal prosecution.				
	WITNESSES					
			SIGNATURE(S) OF BIDDERS(S)			
	1		DATE:			
	2		ADDRESS			
			***************************************			



DIRECTORATE: EDENDALE HOSPITAL

SUPPLY CHAIN MANAGEMENT

Physical Address: Main Road Edendale; Edendale Postal Address: Private Bag X509, Plessisiaer, 3216 Tel:033 3954251 Fax:033 3954270 Email: anil:sookdayu@kznhealth.gov.za www.kznhealth.gov.za

## SPECIFICATION OFBIATAIN AG

## **SECTION A - General**

Clause	Clause Description	Bidders Remarks
	Bidders must quote on the supply and delivery of the	
G1	item	
G2	SABS/SANS proof of certification or any other relevant certification documentation must be provided with the quotation.	
G3	Bidders <b>must</b> provide a sample of the item quoted for.	
G3.1	Please state brand name of item quoted for:	

## SECTION B - Technical Specification

Clause	Clause Description	Bidders Remarks
T1	Biatain Ag 30 fit technology foam dressing	
T2	Non adhesive with alphason silver	
Т3	20x20 ionic silver	
T4	Sterile single use, soft, highly absorbent and conformable antibacterial polyurethane foam dressing with ionic silver as the active component	
Т5	7 day wear time	

# SECTION C - Confirmation

Compulsory to be completed by the bidder and	I returned with quotation:
I,, from, from, acknowledge that I have read and understand quotation price submitted will address all the re	the specifications as laid out above and will ensure that the
Signature	/