



KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2021-11-09

Closing Date: 2021-11-17

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Dr Pixley ka Isaka Seme Memorial Hospital ▾

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL

Date Submitted: 2021-11-09

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: DPM112/21-22

Item Category: Goods ▾

Item Description: OFFICE STAMP

Quantity (if supplies): LIST ATTACHED

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable ▾

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: 310 JABU NDLOVU STREET OLD BOYS MODEL SCM TENDER BOX PMB/
EMAIL: qoutations.scmho@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: ZAMA DLADLA

Email: zamampembe.dladla@kznhealth.gov.za

Contact Number: 087 131 1783

Finance Manager Name: BM NTOMBELI

Finance Manager Signature:

No late quotes will be considered

Hospital stamp

Facility	13 UNITS
Scm heavy duty, metal frame	10 UNITS
Radiology	02 UNITS
PRO	02 UNITS
HR	05 UNITS
REVENUE	02 UNITS
FINANCE	06 UNITS
MANAGEMENT ACCOUNTING	06 UNITS
EXCO MANAGEMNT	08 UNITS 05 UNITS 05 units.
PHARMACY	01 UNIT 20 units
Psychology	01 unit
Food SERVICES	02 units

Waste Management

01 unit

Physiotherapy @

01 unit

SCM

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
SUPPLY CHAIN MANAGEMENT
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

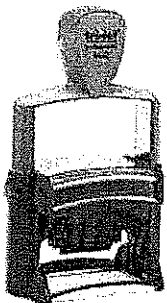
X2.
stamps

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
OPENING OF QUOTATIONS
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
BRIEFING/SITE MEETING
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

SCM

TCM



heavy duty
metal frame

Scm

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
SUPPLY CHAIN MANAGEMENT
STORES SECURITY CHECK
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

Scm

7cm

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
SUPPLY CHAIN MANAGEMENT
Specification committee
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

heavy duty
metal frame

SCM

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
PRIVATE BAG X011
KWAMSHU
4360

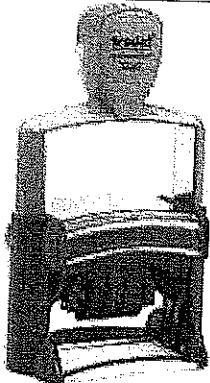
PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
SUPPLY CHAIN MANAGEMENT
310 BHEJANE ROAD
KWAMSHU
4360

|
SCM

— TCM —

PROVINCE OF KWAZULU NATAL
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
SUPPLY CHAIN MANAGEMENT
RECEIVED
01-09-2021
PRIVATE BAG X011
KWAMSHU 4360

X2
Stamp



heavy duty
metal frame

CERTIFICATION BY RESPONSIBILITY MANAGER/DELEGATE

Pharmacy

I certify the following

- The service was rendered satisfactory
- Goods received according to specification and quantities
- All documents have been updated including returns and short deliveries
- Satisfied with charges and Tariffs
- Necessary invoices and other documents attached
- The payee is entitled to the payment

Order Number:.....

Contract Number:.....

Order delivered in full/part delivery:.....

Signature:..... Date:.....

Initial & Surname:.....

Organisation:.....

75mm x 38mm

SIZE 70mm x 50mm .

STAMP 1: INK COLOUR BLACK (PHARMACIST STAMP) X 15

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
310 Bhejane Street, KwaMashu, 4360
PHARMACY DEPARTMENT
29 OCT 2021
Pharmacist:
Compiled by:

STAMP 2: INK COLOUR RED (NOT YET CHECKED STAMP/RECEIVING STAMP) X 2.

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
310 Bhejane Street, KwaMashu, 4360
PHARMACY DEPARTMENT
29 OCT 2021
NOT YET CHECKED
Number of boxes:
Full name:
Sign:

STAMP 3: INK COLOUR RED (CHECKED STAMP) X 2.

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
310 Bhejane Street, KwaMashu, 4360
PHARMACY DEPARTMENT
29 OCT 2021
CHECKED
Number of boxes:
Full name:
Sign:

Management Accounting

JCM

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL	
CHECKED BY	
NAME:	6 7 3
DATE: 12 AUG 2021	

- Self-inking changeable/adjustable date stamp with red ink

Management Account

TCM

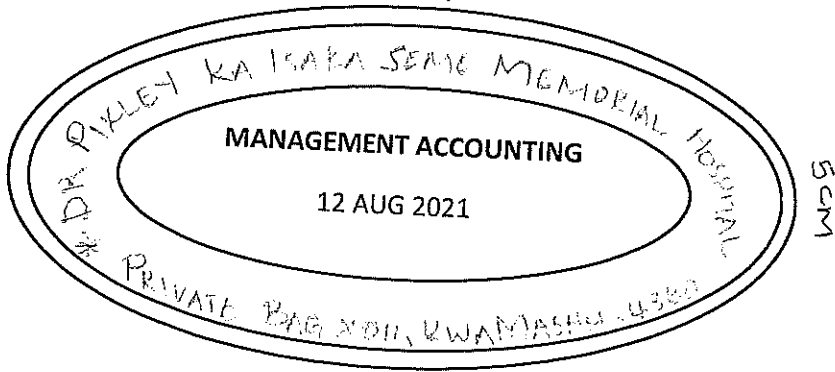
DEPARTMENT OF HEALTH
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
CASH FLOW COMMITTEE
DATE: 12 AUG 2021
APPROVED/NOT APPROVED
SIGNATURE:
CHAIRPERSON
PROVINCE OF KWAZULU-NATAL

TCM

- Self-inking changeable/adjustable date stamp with red ink

Management Accounting

7cm



- Self-inking changeable/adjustable date stamp with red ink

STAMP SPECIFICATIONS

FINANCE

DATE STAMP

<p>Dr Pixley Ka Isaka Seme Memorial Hospital Debt and Suspense Management Date: <u>17/08/2021</u></p>
<p>60MM</p>

40MM

STAMP SPECIFICATIONS

Finance,

DATE STAMP

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
EXPENDITURE
(Adjustable) Date: _____

40MM
WIDTH

60MM
LENGTH-SIDE

PAID STAMP

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL

PAID

Disb NO: _____ Date: _____

Signature: _____

40MM
WIDTH

55MM
LENGTH-SIDE

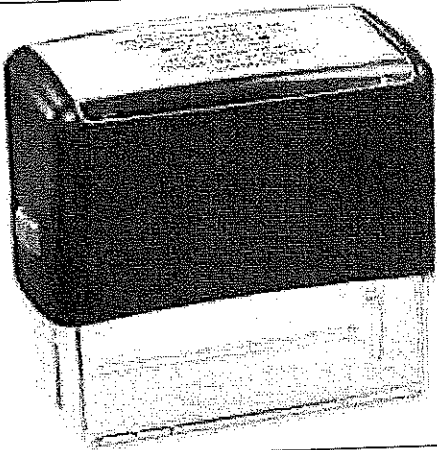
DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL

Address: Private Bag X011, Kwa-Mashu, 4360

Address: 310 Bhejane Street, Kwa-Mashu, 4360

Tel: 0366 Fax:

Email address: Lindiwe.mawela@kznhealth.gov.za**REVENUE SECTION****SCOPE OF WORK****SUPPLY AND DELIVER SELF-INKING STAMP AS PER SPECIFICATION BELOW.**

SPECIFICATION DETAILS	
SELF-INKING STAMP	SELF-INKING STAMP: <ul style="list-style-type: none"> ▪ Ink colour must be black ▪ Must Clear print and be light weight. ▪ Please note that the last two digits on the year plate must be rotatable to change date.
DETAILS FOR STAMP	
PROVINCE OF KWAZULU – NATAL	
DEPARTMENT OF HEALTH	
REVENUE SECTION	
16 AUG 2021	
P/BAG X011, KWA-MASHU	
4360	
DR PIXLEY KA ISAKA SEME	
MEMORIAL HOSPITAL	

STAMPS REQUIRED FOR HUMAN RESOURCES (PRACTICES)

HUMAN RESOURCE
ETHEKWINI DISTRICT OFFICE
CERTIFIED TRUE COPY OF ORIGINAL AND THERE IS NO INDICATION THAT THE ORIGINAL HAS BEEN ALTERED IN ANY WAY.
FULL NAME:.....
SIGNATURE:.....
DATE:.....

DR PIXLEY KA ISAKA SEME MEMORIAL
HOSPITAL ~~HEALTH~~

(X 3 STAMPS)

ISIFUNDAZWE SAKWAZULU-NATAL
EZEMPILO
ETHEKWINI DISTRICT OFFICE
2021-09-14
HUMAN RESOURCES
DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

5cm

DR PIXLEY KA ISAKA SEME MEMORIAL
HOSPITAL

(X 2 STAMPS)

7cm

Facility

Practice No: 0827 363 (7 digits)

SPECIFICATION
FOR
HOSPITAL STAMP:
(Pat Admin)



* Mortuary Services

X 2

7cm



* Patients Administration

X 3

5cm

5 Certification Stamp X 2



* Medical Reports

X 2



X 2



* Birth Regi Services

X 2



Quote Number: _____

Item Description: Public Relations Department Stamps.

Department/Section: Office of the CEO

Purpose of Item:

Public Relations

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. Date Stamp written - Public Relations Department	Black Ink
2. Small stamp written – Ms Nosipho Ndaba Public Relations Officer DPKISMH	Black Ink
3. <i>Scm - Tcm</i>	
4.	
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)		Name of SCM Rep (in full)	
Designation / Rank (in full)		Designation/ Rank (in full)	
Signature		Signature	
Date		Date	



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: DATE STAMP STANDARD

Department/Section: RADIOGRAPHY

Purpose of Item: date stamp reports for patients

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. Standard size date stamp	
2. Mechanical change of date	
3. With hospital letter head	
4. <u>5cm x 7cm</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.

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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)	MRS LN PHUNGULA	Name of SCM Rep (in full)	
Designation / Rank (in full)	AD: RADIOGRAPHY	Designation/ Rank (in full)	
Signature		Signature	
Date	<u>20/08/2024</u>	Date	

EXCO Man

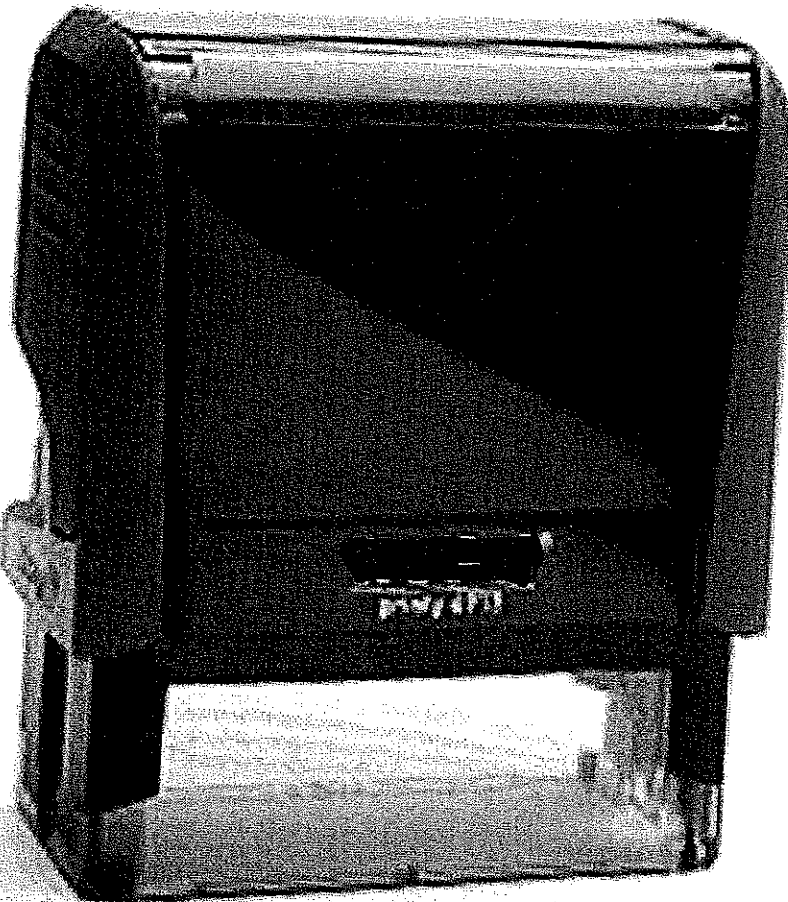
- self inking text stamp - Checked
- Has a built-in ink pad. No need for separate ink pad.
- Works quickly with a simple press.
- Offers you clean, crisp, vibrant impressions for each use. No smearing or feathering.
- Delivers more than 10,000 vibrant impressions or 3-4 years usage before re-inking or pad replacement is required.
- Easy, comfortable and convenient to use.

Specifications:

- Size of imprint: 14 x 38 mm
- Text on imprint:
- Ink colour: Red/black

TO BE WRITTEN

1. DR J MTHETHWA
2. MR L. LATCHMINARAIN
3. DR N MPUKU
4. MR TG MBANJWA
5. MR BD DLAMINI



Psychology

PROVINCE OF KWAZULU NATAL

DEPARTMENT OF HEALTH

DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL

CLINICAL PSYCHOLOGY DEPARTMENT

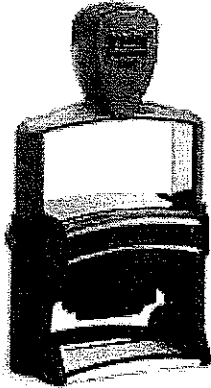
01-09-2021

PRIVATE BAG X011

KWAMSHU 4360

5cm

7cm



10 X 27 mm



PHYSIOTHERAPY

Size 70mm x 50mm



[Handwritten mark]

XI



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

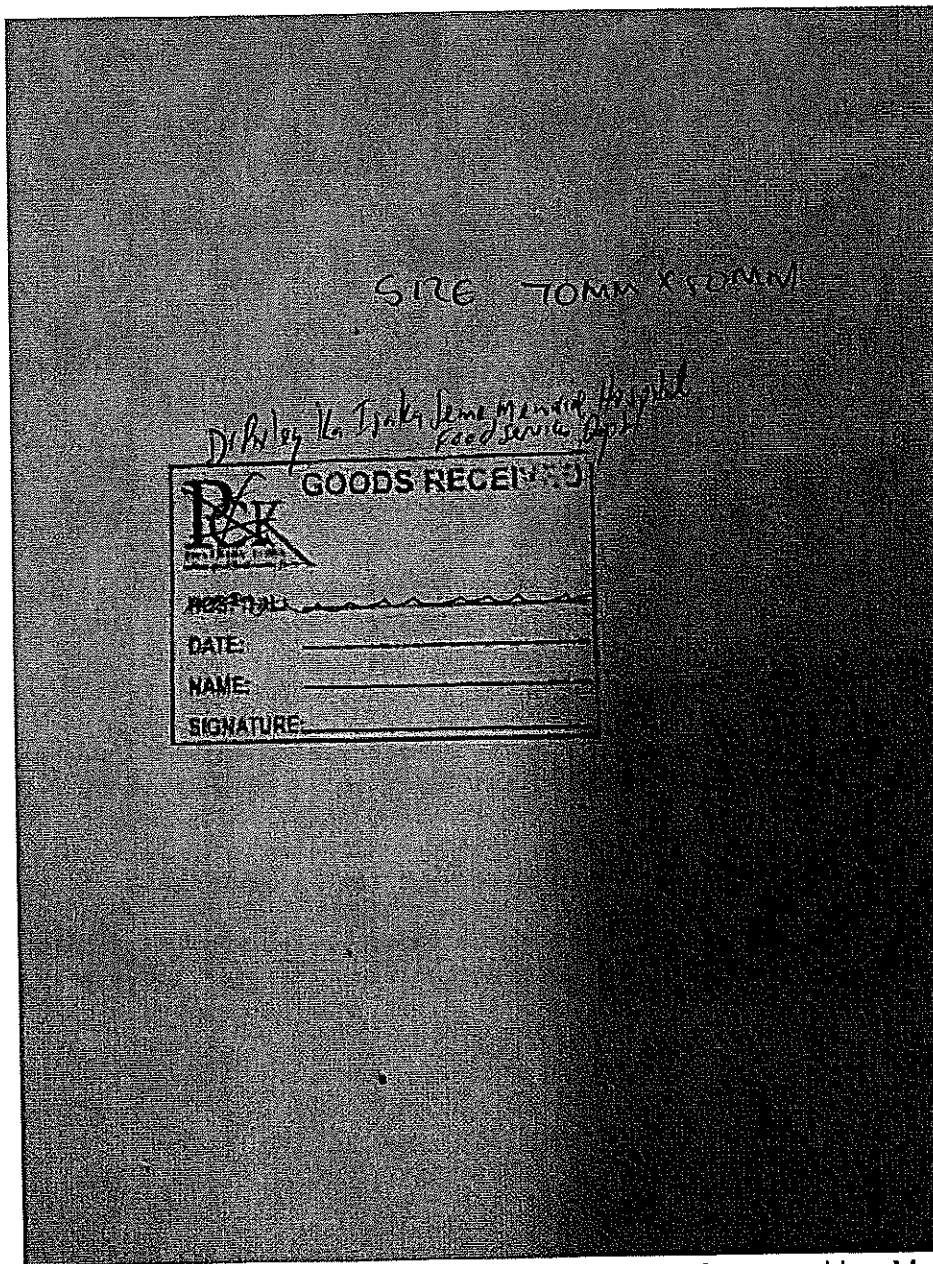
DIRECTORATE:

Dr Pixley ka Isaka Seme Memorial Hospital

Physical Address: 310 Bhejane Street, KwaMashu, 4360
Postal Address: Private Bag X 011, KwaMashu, 4360
Tel: 031 020 0366/ 0746966686 Fax:
Email: Silondiwe.Dubazane@kznhealth.gov.za
www.kznhealth.gov.za

FOOD SERVICES SPECIFICATION FOR STAMP

RECEIPT OF GOODS



COMPILED BY: Miss S. L Dubazane
Food Service Manager

Approved by: Mr. S.T Mavundla
Assistant Director

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

2.1. Full Name of bidder/representative.....

2.2. Identity Number:

2.3. Position occupied in the Company (director, trustee, shareholder²):

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

¹State" means –

a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

b) any municipality or municipal entity;

c) provincial legislature;

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

e) Parliament.

²Shareholder" 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 Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.**
- 3.4. 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.
- 3.5. The bidder must ensure the correctness & validity of the quotation:
- (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*
 - (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.6. 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.
- 3.7. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.8. Offers must comply strictly with the specification.
- 3.9. Only offers that meet or are greater than the specification will be considered.
- 3.10. Late offers will not be considered.
- 3.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.12. Used/ second-hand products will not be accepted.
- 3.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.15. 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.
- 3.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.19. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response is incomplete in any respect, the said supplier meets all specification requirements and is lowest to quote, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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 take place
- (ii) Date ____/____/____ Time ____:____ Place _____

Institution 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; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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:

	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:
 - 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:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = 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
(applicable box)

(Tick

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7.1 Will any portion of the contract be sub-contracted?

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		

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.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>

<p style="text-align: center;">..... SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE:</p> <p>ADDRESS..... </p>
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