

KZN HEALTH

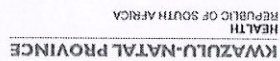
### KZN Health Intranet

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AdvertQuote

### Quotation Advert



Opening Date: 2021-10-19

Closing Date: 2021-10-26

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:

Item Category:

Item Description:

Quantity (if supplies):

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Finance Manager Signature:

No late quotes will be considered



SUPPLY AND DELIVERY OF: FACE SHIELD (SURGICAL VISOR) WITHOUT FACE MASK TO: ESHOWE HOSPITAL FOR THE PERIOD OF 24 MONTHS

Full description of items/:

- ✓ FACE SHIELD (SURGICAL VISOR) WITHOUT FACE MASK- FOR DIRECT SPLASH PROTECTION, PACKET OF 20

**Instruction to Bidders.**

- The Bidder is required to make comments on section A and B about service(s) and item(s) the Bidder is prepared to offer:
- All pages must be fully signed
- Failure to sign and comment may disqualify the Bidder
- Fully completed form must be returned back with the Quotation Documents and other supporting documents
- Enquiries regarding quote may be directed to Mrs PG Biyela at 035 473 4598
- Enquiries regarding technical information may be directed to: Mr Bongga Zulu 035 473 4500, Ext. 4664
- All document should be faxed, emailed and hand delivered to tender box of Institution. (035 474 9439, [bongga.zulu@kznhealth.gov.za](mailto:bongga.zulu@kznhealth.gov.za), 40 Kangela Street, Eshowe, 3815)

**SECTION A: SPECIFICATION**

**1. ITEM ON THIS BID**

- SUPPLY AND DELIVERY OF: FACE SHIELD (SURGICAL VISOR) WITHOUT FACE MASK TO: ESHOWE HOSPITAL FOR THE PERIOD OF 24 MONTHS

BIDDER'S COMMENTS:

2. This bid requires that all bid prices offered are firm for the duration of a contract and all costs (inclusive of V.A.T) must be included on this bid
- BIDDER'S COMMENTS:

3. The Bidder is required to specify the Brand Name (if any) and Product code of an item(s) on this bid
- BIDDER'S COMMENTS:

4. The Item(s) on this Bid must be according to SABS and/ Approved

BIDDER'S COMMENTS:

5. The successful Supplier will be required to deliver the item on this Bid as per the

instruction to deliver/ Order by Eshowe District Hospital

BIDDER'S COMMENTS:

6. This Bid must be accompanied by samples for each product quoted for:

- Sample shall be supplied by the Bidder at his/her own risk and expense
- The Department shall not be obliged to pay for such sample
- Samples must be clearly marked

Name of the Company

Item Description

Brand Name

Bid number

NB: Failure to comply will surely invalidate the Bid.

BIDDER'S COMMENTS:

7. The successful Bidder will be required to sign a 24 Months Service Level Agreement

(SLA) with Eshowe District Hospital

BIDDER'S COMMENTS:

8. 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:

- if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser
- If the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

BIDDER'S COMMENTS:

9. In emergency cases, the Department of Health reserves the right to request the successful bidder/s to effect deliveries at any given time including Saturdays, Sundays and public holidays  
BIDDER'S COMMENTS:

10. The total estimated usage for the duration of Contract is: 107 Packs  
The Eshowe Hospital is under no obligation to purchase any stock, which is in excess of the indicated quantities of each item. The quantities reflected in the bid forms are estimated quantities and no guarantee is given or implied as to the actual quantity which will be ordered.  
BIDDER'S COMMENTS:

11. The Eshowe Hospital also reserves the right to purchase its requirements elsewhere outside the contract if:

- a) The minimum packing or minimum order quantity specified by the contractor be more than that of an institution's requirement.
- b) The item(s) are urgently required and not immediately available.
- c) An emergency arises.
- d) The Bidder fails to deliver the required items as per instruction to deliver

BIDDER'S COMMENTS:

12. The Bidder must quote per packaging/ unit of issue as per (Refer to attached Quotation)  
BIDDER'S COMMENTS:

13. The Quantities to be delivered for an Order will be determined by Eshowe District Hospital and will be on the Instruction to deliver/ an Official Order  
BIDDER'S COMMENTS:

14. Only Bidders whose core Business as per Central Supplier Database (CSD) is the Supply/ Servicing of the required item on this bid will be considered  
BIDDER'S COMMENTS:

ESW NO.:.....

15. Payment will be made strictly within 30 Days from the date the Valid invoice received by Eshowe District Hospital  
**BIDDER'S COMMENTS:**

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\_\_\_\_\_

**SECTION B: CONDITIONS OF THIS BID**

**THE BIDDER IS REQUIRED TO COMMENT BY TICKING ONLY ONE BLOCK PER ROW (CLAUSE) BELOW**

Clause No.	Description	Bidder's Comment:	
		Offer will Comply?	TICK ONE(V)
a11	The Supplier must supply product that is new, no defect, product of the most recent or current models, and that incorporate all recent improvements in design and materials.		
a12	Bidders must submit their offers in line with the bid specifications. Offers exceeding specification are also deem to be in line with the specification. <b>NB: Failure to comply shall invalidate the bid</b>		
a13	Bids must be for supply ex duty paid stocks held in the Republic of South Africa during the contract period. The Eshowe Hospital is under no obligation to purchase any stock, which is in excess of the indicated quantities of each item. The quantities reflected in the bid forms are estimated quantities and no guarantee is given or implied as to the actual quantity which will be ordered.		
a14	The Eshowe Hospital also reserves the right to purchase its requirements elsewhere outside the contract if: a) The minimum packing or minimum order quantity specified by the contractor be more than that of an institution's requirement. b) The item(s) are urgently required and not immediately available. c) An emergency arises. d) The Bidder fails to deliver the required items as per instruction to deliver		
a15	The Supplier must honour the proposed delivery date and any delays must be approved by Eshowe District Hospital. The Eshowe District Hospital may then extend the delivery date, if and as it deems fit. Should the Contractor fail to supply the offer within the time stated in his bid, or within the extended time allowed to him, the Eshowe District Hospital reserves the right to cancel the order		

Clause No.	Description	Bidder's Comment:	
		Offer will Comply?	TICK ONE(V)
a16	Product(s) shall be delivered on Weekdays between 07:30 and 16:00. No goods or service will be received on Saturdays, Sundays and public holidays.		
a17	The Supplier must comply with the General Conditions of Contract by Treasury Department, Environmental Management Act no.107 of 1998, Occupational Health and Safety Act no.83 of 1995, Food, Cosmetics and Disinfectants Act no.54 of 1972, Hazardous Substances Act no.15 of 1973 and other relevant regulations		
a18	The Bidder must specify the product code or catalogue number and Brand name of the item willing to offer		
a19	All applicable Items on this bid (quote) must be SABS and ISO Approved.		
a10	The Bidder must specify the country of Manufacture on Official Price Page		
a11	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: <input checked="" type="checkbox"/> if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser <input checked="" type="checkbox"/> If the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.		
a12	Where the sample is required, it must be submitted at the Bidders' expense and risk for the purpose of visual screening of products during the evaluation phase. Hence, all samples submitted for visual screening must be a true representation of the product which will be supplied. NB: Sample should be marked with : Company name and contacts, ZNQ number, Brand Name, Product Code		
a13	Sample shall be supplied by the Bidder at his/her own risk and expense <input checked="" type="checkbox"/> The Department shall not be obliged to pay for such sample <input checked="" type="checkbox"/> Samples must be clearly marked <input checked="" type="checkbox"/> Name of the Company <input checked="" type="checkbox"/> Item Description <input checked="" type="checkbox"/> Brand Name <input checked="" type="checkbox"/> Bid number NB: Failure to comply will surely invalidate the Bid. This Bid must be accompanied by samples for each product quoted for.		
a14	<b>Document of Undertaking</b> In the event of the Bidder not being the actual manufacturer and will be sourcing the product(s) from another company, a letter from that company (i.e./ supplier(s) confirming firm's supply arrangement(s) including lead times in this regard, must accompany your bid at closing date and time. The		

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE: .....

Date: .....

BIDDER'S AUTHORIZED REPRESENTATIVE NAME: .....

UNIQUE REGISTRATION REFERENCE NUMBER (36 DIGITS): .....

CENTRAL DATABASE REGISTRATION NUMBER: .....

NAME OF THE BIDDER (COMPANY): .....

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

**DECLARATION**

		<p>The following information must be clearly and indelibly printed on all inner and outer packaging:-</p> <ul style="list-style-type: none"> <li>➤ The product name, product code as relevant, quantity of contents (e.g box of 10units), expiry date (if applicable).</li> <li>➤ Size of the product, date of manufacture and trademark or trade name of the manufacture</li> <li>➤ All products must be packed in acceptable containers/packages/box/bale, where applicable, specifically developed for the product</li> <li>➤ The word "sterile" (where applicable)</li> <li>➤ The warning information, instructions and conditions under which the product must be stored</li> <li>➤ Labels for consumable items must be clearly marked for occupational health and safety purposes</li> </ul>	a15
		<p><b>Packaging:</b></p> <p>If the Bidder is the Manufacturer must also indicate in writing (attach letter). The institutional Bid Evaluation might request to visit the Bidder's warehouse/ factory prior making award to confirm if the Bidder is actually the Manufacturer.</p> <p><b>NB: Failure to comply will result to the bid being passed over</b></p>	
		<p>said company/ manufacturer/ supplier issuing such letter must confirm that it has familiarized itself with item description/ specification and bid conditions.</p>	

ESW NO: .....

ESW NO:.....

**OFFICIAL PRICE PAGE FOR QUOTATIONS**

**DESCRIPTION: SUPPLY AND DELIVERY OF: FACE SHIELD (SURGICAL VISOR) WITHOUT FACE MASK TO: ESHOWE HOSPITAL FOR THE PERIOD OF 24 MONTHS**

**SIGNATURE OF THE BIDDER: ..... DATE: .....**

**CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: .....**

ITEM NO.	DESCRIPTION	Packaging / Unit of Issue	Brand and Model	Country of Manufacture	Price Per Packaging / Unit of Issue	Excl. Vat
01	FACE SHIELD (SURGICAL VISOR) WITHOUT FACE MASK- FOR DIRECT SPLASH PROTECTION, UNIT	Packet of 20				

**SUPPLIER VAT NUMBER (IF VAT VENDOR): .....**

**VALIDITY PERIOD: 60 DAYS.**

Does this offer comply with specification?		Does the article conform to S.A.N.S. / S.A.B.S. Specification?		Is the price firm?	
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Enquiries Regarding Quote may be directed to: Contact Person: Mrs P.G. Biyela Tel: 035 473 4598 Email Address: <a href="mailto:gugu.biyela@kznhealth.gov.za">gugu.biyela@kznhealth.gov.za</a>	be directed to: Contact Person: Mr. B. Zulu Tel: 035 473 4664/4720 Email Address: <a href="mailto:bonga.zulu@kznhealth.gov.za">bonga.zulu@kznhealth.gov.za</a>
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DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state, 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 favoritism, 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 authorized 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 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: ..... 2.5. Tax Reference Number. ....
  - 2.3. Position occupied in the Company (director, trustee, shareholder): 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 / personal numbers must be indicated in paragraph 3 below.
 

TICK APPLICABLE	YES	NO
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  - 2.8.1. Are you or any person connected with the bidder presently employed by the state?
 

YES	NO
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  - 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
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  - 2.8.2.1. If yes, did you attach proof of such authority to the quote document?
 

YES	NO
-----	----
  - 2.8.2.2. If no, furnish reasons for non-submission of such proof.
 

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*
  - 2.9.1. 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
-----	----
  - 2.10. 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
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  - 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. ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of bidder	Signature	Position
.....	.....	.....
.....	.....	.....

"State" means -  
 a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);  
 b) any municipality or municipal entity;  
 c) provincial legislature;  
 d) national Assembly or the national Council of provinces; or  
 e) Parliament.  
 "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.