



Quotation Advert

Opening Date:
Closing Date:
Closing Time:

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:
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:

Name:
Email:
Contact Number:
Finance Manager Name:
Finance Manager Signature:

No late quotes will be considered

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000

QUOTE NUMBER: TON/57/22/23

DESCRIPTION: Stationery items

SIGNATURE OF BIDDER DATE.....
 [By signing this document, I hereby agree to all terms and conditions]


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

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
01.	X 02 Units	Two hole punch ultra heavy duty +/-150 pages				
02.	X 04 Units	Two hole punch ultra heavy duty +/- 65 pages				
03.	X 03 units	self inking date stamp for pharmacy				
04.	X 10 units	Aluminium snapper A3				
05.	X 10 units	Aluminium snapper A4				
06.	X20 pads	Learner assessment form: foundation/intermediate phases confidential SHS 2a (pad of 100 sheets)				
07.	X20 pads	Learner assessment form/FET phases confidential SHS 2b (pad of 100 sheets)				
08.	X10 packs	Assorted bright coloured dividers A4 Pack of 12 (numbered)				
09.	X 03 units	self inking stamp(orders, quotation,date stamp with name of institution)				
10.	X10 pads	Paper stick a note pop a flag				
11.	X120 Pack	concord file dividers size A4 white manilla with coloured mylar tabs A4 x 12 in a pack				
12.	X 5 Packs	A4 plastic filing jackets (pack of 100)				
13.	X5 units	clipboard A4 plastic				
14.	X4 units	Buddi 12 drawer				
15.	X 3 units	USB 16 gig				
16.	X 3 units	Stationery scissors				
17.	X 25 units	4 Quire note book				
18.	X 100 rolls	Color coded preprinted warning labels for pharmacy medication 1000 stickers per roll (8 rolls of each warning label)				
PAGE 1 OF 2						
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period, e.g., 1day, 1week

Enquiries regarding the quote may be directed to:
 Contact Person: S. Ramcharan Tel: 032 944 5054
 E-Mail Address: sivendra.ramcharan@kznhealth.gov.za

Enquiries regarding technical information may be directed to:
 Contact Person: M. C. Malunga Tel: 032 944 5054

ISIFUNDAZWE SAKWAZULU-NATALI
 EZEMPILO

 2022 -08- 02
 DEPARTMENT OF HEALTH
 TONGAAT HEALTH CENTRE
 PROVINCE OF KWAZULU-NATAL

DESCRIPTION: Stationery items

SIGNATURE OF BIDDER DATE.....
 [By signing this document, I hereby agree to all terms and conditions]

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

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
		NB: Please quote using the attached specification				
		NB:Please provide original or certified copy of BBBEE and SARS certificate.				
		NB:Please attach CSD page with unique numbers in order to verify hand written CSD number.				
PAGE 2 OF 2						
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period, e.g., 1day, 1week

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ISIFUNDAZWE SAKWAZULU-NATALI
 EZEMPILO

2022 -08- 02

DEPARTMENT OF HEALTH
 TONGAAT HEALTH CENTRE
 PROVINCE OF KWAZULU-NATAL

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? YES/NO

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Table with 3 columns: Full Name, Identity Number, Name of State Institution

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? YES/NO

2.2.1. If so, furnish particulars:

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO

2.3.1. If so, furnish particulars:

3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of Bidder Signature Position Date

1 the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

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 OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. 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.*
- 3.7. 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.
- 3.8. 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.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. 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, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, 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 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:
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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.**

TAX INVOICE

10.3. 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. |

11. 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.

12. PENALTIES

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.
- 12.4. 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.

13. TERMINATION FOR DEFAULT

- 13.1. 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.
- 13.2. 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.
- 13.3. 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.

14. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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:

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

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

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

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

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

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

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING 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		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES	
1.
2.

.....
SIGNATURE(S) OF BIDDERS(S)
DATE:
ADDRESS:
.....
.....



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

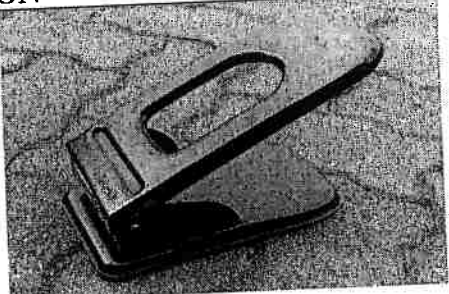
ITEM / SERVICE DESCRIPTION

- **SUPPLY OF HEAVY DUTY PUNCHER.**

1. SCOPE OF WORK

- THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY HEAVY DUTY PUNCHER AS PER SPECIFICATION BELOW.

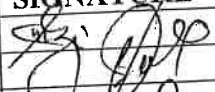


2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION		
HEAVY DUTY PUNCHER.	<ul style="list-style-type: none"> ▪ Capacity of 150 sheet minimum. ▪ Constructed of Metal. ▪ Black in colour. ▪ High quality and durable construction mechanism. 	

NOTES:

- The institution reserves the right to request the supplier to provide the picture of the item / to request an actual sample of the item to be supplied for quality testing / verification.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE.

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

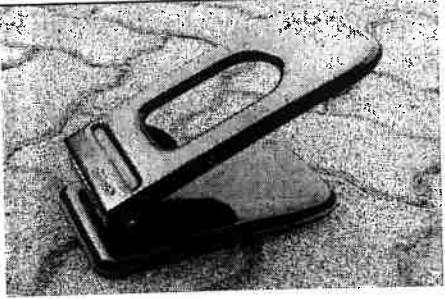
ITEM / SERVICE DESCRIPTION

• **SUPPLY OF NORMAL PUNCHER.**

1. SCOPE OF WORK

- THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY NORMAL PUNCHER AS PER SPECIFICATION BELOW.

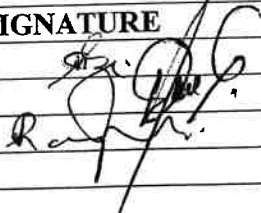
2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION		
NORMAL PUNCHER.	<ul style="list-style-type: none">▪ Capacity of 60 to 80 sheet minimum.▪ Constructed of Metal.▪ Black in colour.▪ High quality and durable construction mechanism.	

NOTES:

- The institution reserves the right to request the supplier to provide the picture of the item / to request an actual sample of the item to be supplied for quality testing / verification.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE.

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210. Email: Monclli.malunga@kznhealth.gov.za

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN TCHC _____

SCOPE OF WORK

The supplier / bidder to be awarded is anticipated to **SUPPLY AND DELIVER SELF-INKING STAMP AS PER SPECIFICATION BELOW.**

SPECIFICATION DETAILS	
SELF-INKING STAMP	<p>SELF-INKING STAMP:</p> <ul style="list-style-type: none"> ▪ Ink colour must be black and the ink for text plate for date must be red. ▪ 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	
ISIFUNDAZWE SAKWAZULU NATAL	
<p>EZEMPILO P/BAG X06 TONGAAT 4400</p> <p>01 JAN 2019</p> <p>PHARMACY DEPARTMENT DEPARTMENT OF HEALTH</p>	
<p>T TONGAAT HEALTH CENTRE PROVINCE OF KWAZULU - NATAL</p>	

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



SPECIAL CONDITION OF BID / QUOTATION

1. SAMPLES

1.1. The institution reserves the right to request the supplier to provide the picture of the item / to request an actual sample of the item to be supplied for quality testing / verification.

2. STOCK AVAILABILITY

2.1 The institution reserves the right to request the confirmation letter for stock availability before awarding the bid / quotation.

3. DELIVERY ADHERENCE

3.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the purchase order.

4. PENALTY

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 / order, the Institution shall, without prejudice to its other remedies, deduct from the contract / order 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. The Institution may also consider termination of the contract / order pursuant to Clause 3.5 below.

5. TERMINATION / CANCELLATION

5.1. The Institution, without prejudice to any other remedy for breach of bid / quotation, by written notice of default sent to the supplier, may terminate this contract / order in whole or in part.

A. If the supplier fails to deliver any or all of the goods within the period(s) specified in the contract / order, or within any extension thereof granted by the Institution;

B. If the Supplier fails to perform any other obligation(s) under the contract / Specification / Quotation; or

C. If the supplier, in the judgment of the Institution, has engaged in corrupt or fraudulent practices in competing for or in executing the contract / order.

6. SUPPLIER'S / BIDDER'S DETAILS

- 6.1. **Initials and Surname** _____
- 6.2. **Position at the Company** _____
- 6.3. **Signature** _____

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

DIRECTORATE:

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION

- **SUPPLY OF SNAPPER FRAMEs.**

1. SCOPE OF WORK

- THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY SNAPPER FRAME AS PER SPECIFICATION BELOW.

2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION		
SNAPPER FRAME A4.	<ul style="list-style-type: none"> ▪ Snapper / Clipper Frame. ▪ Size: A4 Size. ▪ Aluminium construction and have highly durable hinges. ▪ High quality mechanism. ▪ Print fit size 210mm*297mm. 	
SNAPPER FRAME A3.	<ul style="list-style-type: none"> ▪ Snapper / Clipper Frame. ▪ Size: A4 Size. ▪ Aluminium construction and have highly durable hinges. ▪ High quality mechanism. ▪ Print fit size 420mm*297mm. 	

NOTES:

- The institution reserves the right to request the supplier to provide the picture of the item / to request an actual sample of the item to be supplied for quality testing / verification.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE.

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Quotation Specification
Committee

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Tongaat
4400
Tel. 032 944 5054 Fax: 032 9451210

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION

- **SUPPLY OF LEARNER ASSESSMENT FORMS (PAD).**
- SCOPE OF WORK**
 - THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY LEARNER ASSESSMENT FORMS (PAD) AS PER SPECIFICATION BELOW.
 - FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:**

SPECIFICATION DETAILS	
LEARNER ASSESSMENT FORM FOR FOUNDATION / INTERMEDIATE PHASES: CONFIDENTIAL SHS 2A	<p>Learner assessment form for Foundation / Intermediate Phases: Confidential SHS 2A:</p> <ul style="list-style-type: none"> ▪ Pad of 100 Leaves Printed on one in Black Ink. ▪ Size: 297mm X 210mm ▪ Paper: White 60 Gsm ▪ Padded Along The Top With Kraft 225 Gsm Backing Board. <p>See sample attached</p>
LEARNER ASSESSMENT FORM FET PHASES	<p>Learner assessment form FET Phases:</p> <ul style="list-style-type: none"> ▪ Pad of 100 Leaves Printed on one in Black Ink. ▪ Size: 297mm X 210mm ▪ Paper: White 60 Gsm ▪ Padded Along The Top With Kraft 225 Gsm Backing Board. <p>See sample attached</p>

- NOTE:**
- The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE.

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
M.C MALUNGA		
T.O MAPHUMULO		

LEARNER ASSESSMENT FORM: FOUNDATION AND INTERMEDIATE PHASES: CONFIDENTIAL
SHS 2a

Child's Name School Grade Age Sex

SCREENING OR ON-SITE SERVICE		ADDITIONAL NOTES	ACTION eg referral
Consent <input type="checkbox"/> No <input type="checkbox"/> Yes Assent <input type="checkbox"/> No <input type="checkbox"/> Yes Referral <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, circle one. Self Teacher Parent Other Date of last screening/treatment _____		Reason for teacher, parent or self-referral?	
NUTRITIONAL ASSESSMENT Height _____ cm Weight _____ kg BMI _____ Classification <input type="checkbox"/> Normal <input type="checkbox"/> At risk Overweight <input type="checkbox"/> Stunting <input type="checkbox"/> Underweight <input type="checkbox"/> Wasting <input type="checkbox"/> Overweight <input type="checkbox"/> Severe Stunting <input type="checkbox"/> Severe UW <input type="checkbox"/> Severe wasting <input type="checkbox"/> Obese		RECORD Z-SCORES (SD) Weight for age _____ Height for age: _____ BMI for age: _____	
GROSS MOTOR Record number of times able to hop on each leg R leg _____ L Leg _____		Abnormality detected?	
FINE MOTOR Ask child to touch thumb consecutively with each finger R Hand <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal L Hand <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Abnormality detected?	
EYES Discharge <input type="checkbox"/> No <input type="checkbox"/> Yes Inflammation <input type="checkbox"/> No <input type="checkbox"/> Yes Squint <input type="checkbox"/> No <input type="checkbox"/> Yes Other abnormality <input type="checkbox"/> No <input type="checkbox"/> Yes		VISION Wears glasses <input type="checkbox"/> No <input type="checkbox"/> Yes <u>No glasses</u> <u>With glasses</u> Right Eye 6/ Right Eye 6/ Left Eye 6/ Left Eye 6/	
ORAL HEALTH Dental caries <input type="checkbox"/> No <input type="checkbox"/> Yes Gum disease <input type="checkbox"/> No <input type="checkbox"/> Yes Thrush or sores <input type="checkbox"/> No <input type="checkbox"/> Yes Other abnormality <input type="checkbox"/> No <input type="checkbox"/> Yes		EARS Discharge <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Wax impaction <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Inflamed eardrum <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Other abnormalities <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Wears hearing aid <input type="checkbox"/> No <input type="checkbox"/> yes	
HEARING (Foundation only) <input type="checkbox"/> Audiometry Right (20dB) Left (20dB) 500Hz <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes 1000Hz <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes 2000Hz <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes 4000Hz <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other method _____		SPEECH Articulation of words <input type="checkbox"/> Normal <input type="checkbox"/> Mildly abnormal <input type="checkbox"/> Severely abnormal	
TB SCREENING: 1. Cough <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Hot body/fever <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Weight loss <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Night sweats <input type="checkbox"/> No <input type="checkbox"/> Yes		Record other abnormalities:	
DEWORMING: Worms: Given Mebendazole <input type="checkbox"/> Not Given <input type="checkbox"/>		Why not given?	
IMMUNIZATION <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 6yr Td <input type="checkbox"/> 12 yr Td Immunizations outstanding from RTH chart? <input type="checkbox"/> No <input type="checkbox"/> Yes		Any outstanding?	
Minor ailments (skin condition/head lice) Record ailment: _____		Treatment given?	
Sexual and reproductive health counselling (Intermediate only) Advice on Menstruation <input type="checkbox"/> No <input type="checkbox"/> Yes Advice on Medical Male Circumcism <input type="checkbox"/> No <input type="checkbox"/> Yes Other advice given? <input type="checkbox"/> No <input type="checkbox"/> Yes			
OTHER IDENTIFIED PROBLEMS Long-term health condition <input type="checkbox"/> No <input type="checkbox"/> Yes Other issues? <input type="checkbox"/> No <input type="checkbox"/> Yes (Includes psychosocial and emotional well-being)		Is care adequate? Additional services needed? Record action taken.	

ASSESSED BY. Signature _____

Name: _____

LEARNER ASSESSMENT FORM AND FET PHASES: CONFIDENTIAL

SHS 2b

Name School Grade Age Sex Date

SCREENING OR ON-SITE SERVICE	ADDITIONAL NOTES	ACTION eg referral
Consent <input type="checkbox"/> No <input type="checkbox"/> Yes Assent <input type="checkbox"/> No <input type="checkbox"/> Yes Referral <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, circle one. Self Teacher Parent Other Date of last screening/treatment _____	Reason for teacher, parent or self-referral?	
NUTRITIONAL ASSESSMENT Height _____ cm Weight _____ kg BMI _____ Classification <input type="checkbox"/> Normal <input type="checkbox"/> At risk Overweight <input type="checkbox"/> Stunting <input type="checkbox"/> Underweight <input type="checkbox"/> Wasting <input type="checkbox"/> Overweight <input type="checkbox"/> Severe Stunting <input type="checkbox"/> Severe UW <input type="checkbox"/> Severe wasting <input type="checkbox"/> Obese	RECORD Z-SCORES (SD) Weight for age _____ Height for age: _____ BMI for age: _____	
EYES Discharge <input type="checkbox"/> No <input type="checkbox"/> Yes Inflammation <input type="checkbox"/> No <input type="checkbox"/> Yes Squint <input type="checkbox"/> No <input type="checkbox"/> Yes Other abnormality <input type="checkbox"/> No <input type="checkbox"/> Yes VISION Wears glasses <input type="checkbox"/> No <input type="checkbox"/> Yes NPC > 6cm <input type="checkbox"/> No <input type="checkbox"/> Yes <u>No glasses</u> <u>With glasses</u> Right Eye 6/ Right Eye 6/ Left Eye 6/ Left Eye 6/	Record other abnormalities:	
ORAL HEALTH Dental caries <input type="checkbox"/> No <input type="checkbox"/> Yes Thrush or sores <input type="checkbox"/> No <input type="checkbox"/> Yes Gum disease <input type="checkbox"/> No <input type="checkbox"/> Yes Other abnormalities <input type="checkbox"/> No <input type="checkbox"/> Yes	Record other abnormalities:	Oral health staff on site? <input type="checkbox"/> No <input type="checkbox"/> Yes Treatment:
EAR Discharge <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Inflamed Eardrum <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Wax impaction <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Other abnormality <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> No Wears hearing aid <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> R <input type="checkbox"/> L	Record other abnormalities:	
TB SCREENING: 1. Cough <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Hot body/fever <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Weight loss <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Night sweats <input type="checkbox"/> No <input type="checkbox"/> Yes	Abnormality detected?	
IMMUNIZATION <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 12yr Td (NB can be given between 12 to 14 years)	Any outstanding?	
Minor ailments (skin condition/head lice) Record ailment:	Treatment given?	
ANAEMIA SCREENING Pallor <input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe Hb (all girls. Boys if pallor present) _____ g/dl	Advice given?	
Sexual and reproductive health Counselling Advice on Menstruation <input type="checkbox"/> No <input type="checkbox"/> Yes Advice on Medical Male Circumcism <input type="checkbox"/> No <input type="checkbox"/> Yes Other advice given <input type="checkbox"/> No <input type="checkbox"/> Yes		
OTHER IDENTIFIED PROBLEMS Long-term health condition <input type="checkbox"/> No <input type="checkbox"/> Yes Other issues? <input type="checkbox"/> No <input type="checkbox"/> Yes (Includes psychosocial and emotional well-being)	Is care adequate? Are additional services required? Record action:	

ASSESSED BY. Signature _____ Name: _____



Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION
SUPPLY OF STATIONERY ITEMS.

1. SCOPE OF WORK

- **THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY AND DELIVER STATIONERY ITEMS AS PER SPECIFICATION BELOW.**

2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION	
* FILE DIVIDERS (MIXED COLOURS) Numbered 1-31	<ul style="list-style-type: none"> ▪ Simple Choice A4 12 Tab Polypropylene Plain Divider. ▪ Size: A4 with 1- 31 Printed Deep Tint Board Assorted. ▪ Various colours (Meaning rainbow colours per pack) ▪ Packed in 12 sets.
* PAPER STICK NOTES	<ul style="list-style-type: none"> ▪ Paper Stick Notes. ▪ Assorted colour notes (Pop-Up Flags). ▪ Size: 45x12mm ▪ Pack of 5.

NOTE:

The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification during the **Evaluation Process**.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



Tongaat GHC: 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210. Email: Mondli.malunga@kznhealth.gov.za

Quotation Specification
Committee

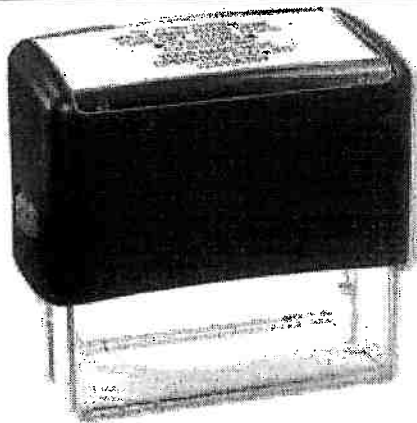
TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN TCHC _____

SCOPE OF WORK

The supplier / bidder to be awarded is anticipated to **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 and the ink for text plate for date must be red. ▪ 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 ISIFUNDAZWE SAKWAZULU NATAL EZEMPILO SCM ORDERS 01 JAN 2019 DEPARTMENT OF HEALTH TONGAAT HEALTH CENTRE PROVINCE OF KWAZULU - NATAL	DETAILS FOR STAMP ISIFUNDAZWE SAKWAZULU NATAL EZEMPILO SCM QUOTATIONS 01 JAN 2019 DEPARTMENT OF HEALTH TONGAAT HEALTH CENTRE PROVINCE OF KWAZULU - NATAL	DETAILS FOR STAMP ISIFUNDAZWE SAKWAZULU NATAL EZEMPILO SUPPLY CHAIN MANAGEMENT 01 JAN 2019 DEPARTMENT OF HEALTH TONGAAT HEALTH CENTRE PROVINCE OF KWAZULU - NATAL



AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



Tongaat CHC, 07 Sanele Nxumalo Lane
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4400
Tel. 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION
SUPPLY OF STATIONERY ITEMS.

1. SCOPE OF WORK

- **THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY AND DELIVER STATIONERY ITEMS AS PER SPECIFICATION BELOW.**

2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION	
* FILE DIVIDERS (MIXED COLOURS)	<ul style="list-style-type: none"> ▪ Simple Choice A4 12 Tab Polypropylene Plain Divider. ▪ Size: A4 with 12 Plain Tabs. ▪ Various colours (Meaning rainbow colours per pack) ▪ Packed in twelve sheets.
* BUDDI SYSTEM	<ul style="list-style-type: none"> ▪ 12-Drawer Desktop Drawer System (Buddi). ▪ A4 Paper Trays. ▪ Label Windows for Labelling. ▪ Great Office and Document Organizer. ▪ Colour: White / Grey
* STATIONERY SCISSORS	<ul style="list-style-type: none"> ▪ Size: 220mm Length. ▪ Blades must be straight (Strong & Durable). ▪ Handles must be plastic and the blades must be metal. ▪ No antimicrobial coating.
* BOOK MANUSCRIPT 4 QUIRE	<ul style="list-style-type: none"> ▪ Book manuscript ▪ A4 size, 4 quires. ▪ Hard cover 768 pages. ▪ The writing paper must have light horizontal lines printed across at regular intervals and one margin on the left hand side.

NOTE:

The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification during the **Evaluation Process.**

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Tongaat CHC, 07 Sanele Nxumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION

1. SCOPE OF WORK

- The company to be awarded is anticipated to supply a **USB FLASH DRIVE** as per Specification below.

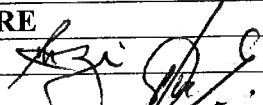
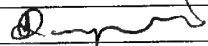
2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

ITEM NO:	ITEM DESCRIPTION	SPECIAL NOTES
USB FLASH DRIVE	USB flash drive. Capacity 16GB, metal casing. USB3.1 interface type. Backward compatible with USB2.0 Ports. Read / Write: 30 / 5 MB / SEC. Dimensions: 44.9mm * 20mm *9.2mm.	

NOTE:

The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification during the **Evaluation Process**.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



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Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION
SUPPLY OF STATIONERY ITEMS.

1. SCOPE OF WORK

- **THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY AND DELIVER STATIONERY ITEMS AS PER SPECIFICATION BELOW.**

2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION	
* HEAVY DUTY PUNCHER.	<ul style="list-style-type: none"> ▪ Capacity of 150 sheets, 2 hole puncher with measurement indicator. ▪ Constructed of Metal and Black in colour. ▪ High quality and durable construction mechanism.
* PLASTIC FILING POCKETS	<ul style="list-style-type: none"> ▪ Plastic Filing Pockets. ▪ A4 Pack of 100 ▪ Superior quality polypropylene. ▪ Anti-static sleeves. ▪ 11 hole universal punch system.
* CLIPBOARD WITH METAL CLIP	<ul style="list-style-type: none"> ▪ Clipboard with metal clip. ▪ Size A4 PVC. ▪ Double Side(Flip) PVC Black ▪ Metal clip, Pen holder & note packet in one side.
* BOOK MANUSCRIPT 4 QUIRE	<ul style="list-style-type: none"> ▪ Book manuscript ▪ A4 size, 4 quires. ▪ Hard cover 384 pages. ▪ The writing paper must have light horizontal lines printed across at regular intervals and one margin on the left hand side.

NOTE:

The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification during the **Evaluation Process.**

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	



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Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

ITEM / SERVICE DESCRIPTION

1. SCOPE OF WORK

- **THE COMPANY TO BE AWARDED IS ANTICIPATED TO SUPPLY AND DELIVER STATIONERY ITEMS AS PER SPECIFICATION BELOW.**

2. FULL DESCRIPTION OF ITEMS TO BE SUPPLIED:

TECHNICAL SPECIFICATION	
COLOUR CODED WARNING SIGN STICKERS	<ul style="list-style-type: none"> ▪ Self-Adhesive stickers. ▪ Pre-printed writings (Check below). ▪ Various colours (as per sticker samples below) ▪ Roll of 1000. ▪ Check Quotation for number of rolls per label.

1 Avoid alcohol	2 ANTIBIOTIC COMPLETE COURSE	3 Shake contents before use
4 Keep in fridge	5 Contains Penicillin	6 TAKE AFTER MEALS
7 Avoid sun exposure	8 Take with food	Take before Meal
Causes Drowsiness / Sedation	Take at Night	For external use Only / Do not ingest

NOTE:

The department reserves the right to request for an actual sample / send a picture of the item to be supplied from a potential supplier for quality testing / verification during the **Evaluation Process**.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

INITIALS AND SURNAME	PORTFOLIO	SIGNATURE
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MRS. V RAMPERSAD	MEMBER	