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### KZN Health Intranet

KZN HEALTH

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

#### AdvertQuote



### Quotation Advert

Opening Date: 2022-11-01

Closing Date: 2022-11-08

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name: Select...

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: N2 MAIN HARDING ROAD

Date Submitted: 2022-11-01

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: MUR 295/22/23

Item Category: Select...

Item Description: MMC CLINICAL FILES (MMC CLIENTS INTAKE FORM)  
MMC REGISTER VERSION 2 OF 2019

Quantity (if supplies): 110 UNITS

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DOWNLOADABLE

QUOTES SHOULD BE DELIVERED TO: N2 MAIN HARDING ROAD, MAIN GATE TENDER BOX

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

Name: MR S. CELE

Email: sibonelo.cele3@kznhealth.gov.za

Contact Number: 039 687 7113

Finance Manager Name: Mr M.J Mpsi

Finance Manager Signature:

No late quotes will be considered







# END-USER SPECIFICATION FORM

Quote Number: MUR295/22/23

Item Description: MEDICAL MALE CIRCUMCISION (MMC) REGISTER

Department/Section: LINDOKUHLE CLINIC

Purpose of Item: FOR PATIENT REGISTRATION

**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	Bidders Comments: Comply/ does not comply
MEDICAL MALE CIRCUMCISION (MMC) REGISTER WITH THE FOLLOWING:	
1. Size: 250mm x 345mm	
2. +100 duplicate pages.	
3. White top page not carbonized, 2 <sup>nd</sup> page yellow carbonized front.	
4. First page (original) cannot be removed/ tear off; duplicate page must be pre-cut for easy tear off ( <u>separated</u> ) <u>sc</u>	
5. Front cover must be manufactured with 240GSM gloss board and printed in colour (must be green with department of health logo.	
6. Version 2 of 2019.	
7. The back cover must be 320GSM cardboard brown with no print and overlapping page.	
6. Binding: stapled and covered with green tape.	

**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

**NB: FAILURE TO COMPLY WITH THIS SPECIFICATION WILL DISQUALIFY YOUR QUOTE.**

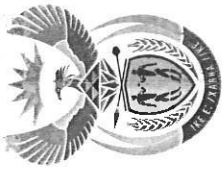
**THE BIDDER MUST SUPPLY AS PER SPECIFICATION AND SPECIFICATION MUST BE FULLY COMPLETED.**

I, ..... from ..... do hereby acknowledge that I have read and understand the specification as laid out above and will ensure that the quotation price submitted will address all the requirements as stipulated.

.....  
Signature Date

Name of End-user (in full)	<u>NIKIWE MSAWA</u>	Name of SCM Rep (in full)	<u>S.CELE</u>
Designation / Rank (in full)	<u>OPERATIONAL MANAGER</u>	Designation/ Rank (in full)	<u>SUPPLY CHAIN CLERK</u>
Signature	<u>NMS</u>	Signature	<u>SC</u>
Date	<u>17/10/2022</u>	Date	<u>13-10-2022</u>

COVER PAGE



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# NATIONAL DEPARTMENT OF HEALTH MEDICAL MALE CIRCUMCISION (MMC) REGISTER

Version 2

March 2019

PROVINCE
FACILITY NAME
FACILITY UNIQUE IDENTIFIER
START DATE
END DATE

# (First Page) INSTRUCTIONS

## GUIDE FOR THE USE OF MMC REGISTER

### 1. OVERVIEW

- The MMC register should be the only register used to capture the data elements of MMC services and MMC data source used in a facility.
- The register should always be placed at a designated, safe and secure place or service point.
- All males attending the facility whom successfully underwent medical circumcision should be entered in the MMC register.
- Clinical stationery should be the source of reporting for MMC register.
- Completed clinic registers should be stored for seven (7) years.
- To ensure the carbon copy is activated, please press down hard with a ball point pen or rollerball pen.
- All information entered in the register should be legible and must be in permanent ink.

### 2. INSTRUCTIONS

- A new page for each month should be used to capture client's data that underwent a circumcision.
- Always complete all demographic details on the registers such as district and patient de
- Ensure that the age of the patient is entered in the same line as the names of the male undergoing circumcision.
- Record the age of the client in the appropriate group column.
- The client's final HIV test results must be ticked to indicate HIV testing status as per the national testing algorithm: refer to data element for definitions.
- All patients returning for follow-up visits should be recorded on the same line bearing the patient name.

**if you make an error on an entry into the register, please draw a straight line through all the data recorded on that line, sign and date.**

### 3. REPORTING

- Running totals should be collected daily and transferred to the Monthly Input report.
- The totals for each register page should be summed up and transcribed into the Monthly Input report form.
- The monthly summary is to be signed by designated official prior to data submission.

### 4. DEFINITION OF DATA ELEMENTS

- **District:** is the name of the district in which the MMC facility is located.
- **Subdistrict:** is the name of the subdistrict in which the MMC facility is located.
- **Facility:** is the clinic, CHC, hospital or any other structural facility at which MMC procedures were successfully performed.
- **No.:** is the of males who successfully underwent MMC.
- **Date of MMC:** is the day on which an MMC procedure was successfully performed
- **Names and surname:** full names and surname of the potential MMC client as per documents presented for identification.
- **File number:** is a number allocated for a potential MMC client.
- **ID number:** is a 13-digit number used as a unique.
- **Age:** is any age, 10 years and above.
- **Method:** is either the approved surgical method or the approved device/ surgical aid for MMC.
- **Follow-up visit:** is when a patient returns on day 2, 7 and other days for post-operative review.
- **Adverse Event (AE):** is any undesired outcome that occurred to an MMC client during or after an MMC procedure.
- **Adverse Event Type:** is a form of an AE that occurs to an MMC client
- **Moderate Adverse Event:** is any AE that requires intervention and can be managed at the facility.
- **Severe Adverse Event:** is any adverse event that requires extensive intervention or specialist's input and are usually referred for further management.
- **HIV testing Result:** is the patient final HIV status after all the HIV testing procedures have been followed. The client's final HIV test results must be ticked as N= Negative, P= Positive, K= Known HIV Status and D= Declined HIV testing.
- **Referrals and linkages:** is any service to which an MMC potential client was referred to or linked to after being assessed for eligibility of MMC service. This can be ART/Wellness, STI, TB. Please specify for any other related referrals and linkages done for the client.
- **Signatures and dates:** The data clerk signature and date at the end of the page is required to account for the data entered. The facility manager's signature and date validate the data.

DUPLICATE PAGES WHITE & YELLOW + 100 PAGES EA

**MEDICAL MALE CIRCUMCISION REGISTER**

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

SUB-DISTRICT: \_\_\_\_\_

FACILITY: \_\_\_\_\_

SERVICE PROVIDER (TICK):  DoH  NGO  Private Provider

No.	Date of MMC	File Number	Name and Surname	ID Number	Age: Write actual age in the appropriate group column	HIV Testing Result: Tick appropriate status. N = Negative, P = Positive, K = Known status, D = Declined HIV testing	Method for MMC: Tick appropriate method used	Follow up visit: Tick appropriate column	Adverse Events: Specify type and tick severity = Bleeding (BL) Damage to Penis (DP) Excess Skin Removal (ES) Infection (IN) Insufficient Skin Removal (IS)	Referrals and Linkages Specify appropriate referral or linkages done for the client								
					10-14	15+	N	P	K	D	Aid/ Device	Day 7	Type	Mild	Moderate	Severe	ART/Wellness STI/ TB/ Any other (please specify)	
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		
Running/ Monthly Total																		

Date Clerk (names and surname): \_\_\_\_\_  
 Facility Manager (names and surname): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# END-USER SPECIFICATION FORM

Quote Number: MUR295/22/23

Item Description: MMC CLINICAL FILES (MMC CLIENT INTAKE FORM)

Department/Section: LINDOKUHLE CLINIC

Purpose of Item: FOR PATIENT REGISTRATION

**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 (Description)	Bidders Comments: Comply/ does not comply
MMC CLINICAL FILES (CLIENT INTAKE FORM) WITH THE FOLLOWING FEATURES:	
1. Must be A4 size; 4 pages booklet.	
2. To be printed on colour.	
3. Centre stapled	
4. Printed on white 80gsm paper.	

**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?**

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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

**NB: FAILURE TO COMPLY WITH THIS SPECIFICATION WILL DISQUALIFY YOUR QUOTE.**

**THE BIDDER MUST SUPPLY AS PER SPECIFICATION AND SPECIFICATION MUST BE FULLY COMPLETED.**

I, ..... from ..... do hereby acknowledge that I have read and understand the  
(Print Name) (Name of Business)  
specification as laid out above and will ensure that the quotation price submitted will address all the requirements as stipulated.  
.....  
Signature Date

Name of End-user (in full)	<u>NIKWE MSANA</u>	Name of SCM Rep (in full)	<u>S.CELE</u>
Designation / Rank (in full)	<u>OPERATIONAL MANAGER</u>	Designation/ Rank (in full)	<u>SUPPLY CHAIN CLERK</u>
Signature	<u>NMSANA</u>	Signature	<u>SCELE</u>
Date	<u>17/10/2022</u>	Date	<u>18-OCT-2022</u>



MMC CLIENT INTAKE FORM

Client File Number: \_\_\_\_\_

**F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS)** Page 4

First Name(s)	Surname	Date of consent
<p>I, the above-mentioned, hereby declare that I was freely offered Human Immunodeficiency Virus (HIV) counseling and testing. I understand that HIV test results are kept confidential and that only healthcare providers and the individual tested have access to the test results. Please check the relevant box below:</p> <p><input type="checkbox"/> I consent to be tested for HIV and to have my HIV status shared with me and my healthcare providers</p> <p><input type="checkbox"/> I choose to decline HIV testing</p>		
Signature of Client		DD/MM/YYYY

**F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)**

First Name(s) of Parent/Guardian	Surname of Parent/Guardian	Date of consent
Date of consent	DD/MM/YYYY	

**G1 INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MMC)**

First Name(s)	Surname	Date of consent
<p>I, the above-mentioned, hereby declare that I was freely offered medical male circumcision. I understand that VMMC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me. Please check the relevant box below:</p> <p><input type="checkbox"/> I consent for medical male circumcision</p> <p><input type="checkbox"/> I choose to decline medical male circumcision</p>		
Signature of Client		DD/MM/YYYY

**G2. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)**

First Name(s) of Parent/Guardian	Surname of Parent/Guardian	Date of consent
Date of consent	DD/MM/YYYY	

**G3. COUNSELOR PROVIDING CLIENT WITH HTS AND VMMC INFORMATION**

First Name(s) of Counselor	Surname of Counselor	Date
<p>I am the counselor who has provided the above-mentioned client and/or his parent/legal guardian with information related to HTS and VMMC. I have given the client and/or his parent/legal guardian an opportunity to ask me questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counseling and testing, and voluntary medical male circumcision procedure.</p>		
Signature of Counselor		DD/MM/YYYY

MMC CLIENT INTAKE FORM

Client File Number: \_\_\_\_\_

**A. FACILITY AND CLIENT INFORMATION** Page 1

Province		District	
Facility Name		Sub-district	
Date of Visit		Facility Type	
DD/MM/YYYY		<input type="checkbox"/> Static <input type="checkbox"/> Mobile <input type="checkbox"/> Outreach <input type="checkbox"/> Other, specify: _____	
Name of Data Clerk		Data Clerk signature:	

**A2. CLIENT INFORMATION – To be completed by data clerk**

First Name(s)	Surname	Age (Years)	DD/MM/YYYY
ID Number	Physical Address	Date of Birth	DD/MM/YYYY
Mobile Telephone Number	Employment Status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	
Relationship Status	<input type="checkbox"/> Married, Polygamous <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed, Other, specify: _____	<input type="checkbox"/> Single, No Regular Partner <input type="checkbox"/> Single, Regular Partner	
Can next of kin be contacted?	Names of next of kin	Telephones of next of kin	

**A3. HIV TESTING INFORMATION – To be completed by nurse/counselor**

If yes, when was the most recent HIV test?	<input type="checkbox"/> <1 month <input type="checkbox"/> <3 months <input type="checkbox"/> <6 months <input type="checkbox"/> <1 year <input type="checkbox"/> >1 year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever tested for HIV?	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Never collected result	<input type="checkbox"/> Yes <input type="checkbox"/> No
If HIV positive, have you attended an HIV care facility for care and treatment in the past 3 months?	<input type="checkbox"/> Yes, name of facility: _____ <input type="checkbox"/> No, referred to facility: _____ Name of staff referring to ART: _____	<input type="checkbox"/> On ART? <input type="checkbox"/> No

**A4. HIV TESTING SERVICES (HTS) to be completed by nurse/counselor**

Declined testing?	Consented?	Result 1:	Result 2:	Risk Reduction	Follow-up counseling (negative and high-risk factors)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant	<input type="checkbox"/> Condom usage <input type="checkbox"/> Partner reduction	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING – To be completed by nurse/counselor**

Have you ever been tested for STIs?	Have you had genital sores or ulcers?	Do you have burning when passing urine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always use condoms when having sex?	Have you had discharge from your penis?	How many sexual partners have you had in the last 6 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A6. TUBERCULOSIS (TB) SCREENING – To be completed by nurse/counselor**

Have you had a cough for ≥2 weeks OR any duration if HIV positive?	Have you had a persistent fever for more than 2 weeks?	Have you had unexplained weight loss >1,5kg per month?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have night sweats?	Have you ever had contact with a person with TB?	Have you ever been previously diagnosed with TB?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A Yes to any of these questions may indicate possible active TB. If client screens positive for possible TB infection, refer them to TB clinic for further evaluation. Patient may continue to receive MMC.

**A7. REFERRALS – To be completed by nurse/counselor**

Referred for:	<input type="checkbox"/> ART/Wellness <input type="checkbox"/> STI treatment <input type="checkbox"/> TB evaluation <input type="checkbox"/> General health facility
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MMC CLIENT INTAKE FORM

Client File Number: \_\_\_\_\_

Page 2

**B. SOCIO MEDICAL HISTORY – To be completed by nurse/counselor**

**B1. REFERRAL MECHANISMS – To be completed by nurse/counselor**

How did you learn of VMHC?  Friends/Family  Partner/Spouse  Other Client  Health Worker  Community Mobilizer  Community Event  Church/Event  Banded Talks  Billboard  TV/Radio  Facebook  Poster/News/paper/leaflet  Phone/SMS  Other, specify: \_\_\_\_\_

**B2. REASONS FOR CIRCUMCISION – To be completed by nurse/counselor**

What are your primary reasons for VMHC?  Partial HIV Protection  STI Protection  Hygiene  Medical  Social/Religious  Appearance  I was ready today  I just decided to come

**B3. PAST MEDICAL HISTORY – To be completed by nurse**

Anaemia  Yes  No  If yes, are you currently receiving treatment?  Yes  No  No

Haemophilia/bleeding disorders in yourself or family  Yes  No  If yes, are you currently receiving treatment?  Yes  No  No

Nose bleeds that last long times?  Yes  No  If yes, are you currently receiving treatment?  Yes  No  No

Diabetes  Yes  No  If yes, are you currently receiving treatment?  Yes  No  No

**B4. COMPLAINTS – To be completed by nurse**

Urinary discharge  Yes  No  Difficulty retracting foreskin  Yes  No  No

Genital sore/ulcer/warts  Yes  No  Swelling/redness of foreskin/penis  Yes  No  No

Swelling of the scrotum  Yes  No  Discharge or thick liquid under foreskin  Yes  No  No

Frequent urination  Yes  No  Pain on erection  Yes  No  No

Difficulty passing urine  Yes  No  Concerns about erection/sexual function  Yes  No  No

Pain on urination  Yes  No  Other, specify: \_\_\_\_\_  Yes  No  No

**B5. Previous surgery – To be completed by nurse**

Have you ever had a dental or surgical operation?  Yes  No  Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If yes, specify nature, date, and any complications: \_\_\_\_\_ Nurse: \_\_\_\_\_ Counselor: \_\_\_\_\_

**B6. CURRENT MEDICATIONS AND ALLERGIES – To be completed by nurse**

Taking Any Medications?  Yes  No  Allergies to Medications?  Yes  No  Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Specify: \_\_\_\_\_ Provide details (e.g. iodine → rash).  Yes  No

**C. PHYSIC EXAMINATION AND TRIAGE**

**C1. PHYSICAL EXAMINATION – To be completed by nurse**

Phymosis  Yes  No  Paraphimosis  Yes  No  Ep-spadias  Yes  No  Hypospadias  Yes  No  Genital Ulcers/Warts  Yes  No  No

Balanitis  Yes  No  Torsion  Yes  No  Adhesions  Yes  No  Urethral discharge  Yes  No  Other, specify: \_\_\_\_\_

**C2. WELLNESS ASSESSMENT – To be completed by nurse**

Weight	kg	Blood pressure	Pulse	Temperature	°C	Tetanus (TTCV) given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Pallor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lymph-adenopathy	Washing	Haemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	Date of 1 <sup>st</sup> dose DD/MM/YYYY
						Date of 2 <sup>nd</sup> dose DD/MM/YYYY

**C4. VMHC ELIGIBILITY – To be completed by nurse**

is client eligible for VMHC?  Yes  No  If no, specify: \_\_\_\_\_

MMC CLIENT INTAKE FORM

Client File Number: \_\_\_\_\_

Page 3

**D. VMHC PROCEDURE**

**D1. VMHC OPERATION – To be completed by surgeon/clinical associate & nurse**

Date of VMHC	DD/MM/YYYY	Start Time	End Time	Consent Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthetic (give according to weight of client)	Maccaine 0.5%	ml	Skin Prep	<input type="checkbox"/> Povidone Iodine <input type="checkbox"/> Other, specify: _____	Name: _____ Designation: _____ Signature: _____
	Lignocaine 1%	ml	Anesthesia	<input type="checkbox"/> DPNB <input type="checkbox"/> DPNB + Ring Block	
	Lignocaine 2%	ml	Suture	<input type="checkbox"/> Plain Gut <input type="checkbox"/> Vicryl Raplyde <input type="checkbox"/> Chromic	
Method	<input type="checkbox"/> Forceps Guided <input type="checkbox"/> Dorsal Slit (all clients < 15 years) <input type="checkbox"/> Sleeve Resection <input type="checkbox"/> Device, specify type/size: _____		Diathamy Setting	<input type="checkbox"/> 18-25 <input type="checkbox"/> 28-30	Name: _____ Designation: _____ Signature: _____
Diathamy Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pulse	Temperature	°C	
<b>D2. POST-SURGERY – To be completed by surgeon/clinical associate &amp; nurse</b> Intra-Operative AE Code – Mark all that apply		<input type="checkbox"/> Anesthetic Reaction (AR) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Insufficient Skin Removal (IS) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Bleeding (BL) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Occupational Exposure (OT) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Damage to Penis (DP) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Pain (PA) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Excess Skin Removal (ES) <input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3) <input type="checkbox"/> Other, Specify: _____			

**E. POST-OPERATIVE REVIEW VISITS – To be completed by surgeon/clinical associate & nurse**

**E1. 48 Hours Post-Operative/First Visit**

Date of Visit	DD/MM/YYYY	Reviewed By	DD/MM/YYYY	Date of Visit	DD/MM/YYYY	Reviewed By	DD/MM/YYYY
Notes	Notes						
AE Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	AE Code	Diagnosis Date at this Severity	DD/MM/YYYY	AE Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	AE Code	Diagnosis Date at this Severity	DD/MM/YYYY
Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____

**E2. 7 Days Post-Operative/Second Visit**

Date of Visit	DD/MM/YYYY	Reviewed By	DD/MM/YYYY	Date of Visit	DD/MM/YYYY	Reviewed By	DD/MM/YYYY
Notes	Notes						
AE Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	AE Code	Diagnosis Date at this Severity	DD/MM/YYYY	AE Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	AE Code	Diagnosis Date at this Severity	DD/MM/YYYY
Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____

**E3. LOST TO FOLLOW-UP – To be completed by surgeon/clinical associate & nurse**

Lost-to-Follow-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attempted to Call? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up at Another Site <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
---	---	--	----------------

## 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 interest<sup>1</sup> 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.

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 consortium<sup>2</sup> 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

<sup>1</sup> 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.

<sup>2</sup> 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.

## GENERAL CONDITIONS OF CONTRACT

### 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 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. 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:

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

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:

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

- 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		NO	
-----	--	----	--

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		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at last 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.

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

<p>..... <b>SIGNATURE(S) OF BIDDERS(S)</b></p> <p>DATE: .....</p> <p>ADDRESS..... ..... .....</p>
---