



KZN HEALTH

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Quotation Advert

Opening Date:	2022-10-26	
Closing Date:	2022-10-28	
Closing Time:	11:00	

INSTITUTION DETAILS

Institution Name:	Tongaat CHC	▾
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Tongaat Community Health Centre	
Date Submitted	2022-10-25	

ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ: TON/111/22/23	
Item Category:	Goods	▾
Item Description:	Stationery items	

Quantity (if supplies) N/A

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable	▾
Date :		
Time:		
Venue:		

QUOTES CAN BE COLLECTED FROM: 7 Sanele Nxumalo Lane Tongaat 4399

QUOTES SHOULD BE DELIVERED TO: 7 Sanele Nxumalo Lane Tongaat 4399

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	S. Ramcharan
Email:	sivendra.ramcharan@kznhealth.gov.za
Contact Number:	032 944 5054
Finance Manager Name:	Ms. J. Phalad
Finance Manager Signature:	

No late quotes will be considered

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.

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

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



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

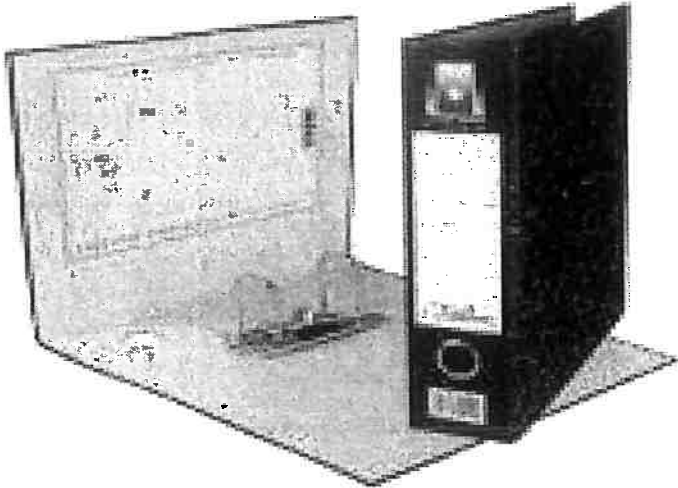
Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

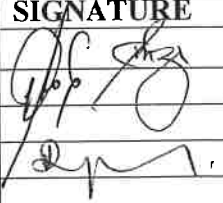
SPEC NO: QSN TCHC _____

SCOPE OF WORK

The supplier / bidder to be awarded is anticipated to **SUPPLY AND DELIVER LEVER ARCH FILE AS PER SPECIFICATION BELOW.**

DETAILS	
LEVER ARCH FILE	<ul style="list-style-type: none"> ▪ Lever Arch File A4 Upright. ▪ Paper is held on two big curved pieces of metal (metal lever arch panel) documents that are opened or closed using a metal bar. ▪ A large lever arch file will also typically hold around 500 pages ▪ Must be made from hard cardboard and such can be recycled. ▪ Length : 28.5 cm ▪ Width : 7.5 cm ▪ Height : 31.5 cm ▪ Weight : 0.45 kg
	

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

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



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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 PHOTOCOPYING PAPER AS PER SPECIFICATION BELOW.**

SPECIFICATION DETAILS		
PHOTOCOPYING PAPER	<p>Photocopying Paper:</p> <ul style="list-style-type: none"> ▪ A4 Size. ▪ 80g/M². ▪ Ream of 500 Sheets. ▪ Jam free performance. ▪ Ideal Manual handbook, memos notebooks and fax ▪ Colour White. ▪ Package: Box of 5 Reams. 	<p>The Packaging Should reflect the following:</p> <ul style="list-style-type: none"> ▪ Certificated: ▪ ISO 14001 : Environmental Management System. ▪ ISO 9001 : Quality Management System. ▪ OHSAS 18001 : Occupational Health and Safety.

- 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
MR. MC MALUNGA	CHAIRPERSON	
MR. TO MAPHUMULO	MEMBER	
MS. MSE MNGUNI	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 Labels Laser 24 up.

1. SCOPE OF WORK

The company to be awarded is anticipated to supply Labels Laser 24 up as per Specification below.





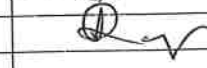
2. Full description of items to be supplied:

Item No:	Item Description
2.1. 	Labels Laser: <ul style="list-style-type: none"> ▪ 24 up [70*37*24]. ▪ White in colour. ▪ Box of 500 sheets. ▪ Pre-cut self-adhesive.
2.2.	Labels Laser: <ul style="list-style-type: none"> ▪ 24 up [70*37*24]. ▪ Red in colour. ▪ Box of 500 sheets. ▪ Pre-cut self-adhesive.

Note:

- The department reserves the right to request for an actual sample of the item to be supplied from a potential supplier for quality testing / verification.
- Items must be SABS approved.

Authorized / Endorsed By Quotation Specification Committee

Initials and Surname	Portfolio	Signature
Mr. MC Malunga	Chairperson	
Mr. TO Maphumulo	Member	
Mr. MT Mwandla	Member	
Ms. MSE Mnguni	Member	
Mrs. V Rampersad	Member	



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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 PRESTIK 100G AS PER SPECIFICATION BELOW.**

DETAILS	
PRESTIK 100G	<ul style="list-style-type: none"> Reusable adhesive. Water resistant, Non-toxic and Solvent free. Individually wrapped. Size 100G. Single Use. [Box of 10]

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

1. Initials & Surname (End-User)	<i>Y.H. ALI</i>	Initials & Surname (SCM Official)	<i>M.C. MALUNGA</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>20/10/2022</i>	Date	<i>[Signature]</i>
Initials & Surname (Member)	<i>P.O. Mphahlele</i>	Initials & Surname (Member)	
Designation / Rank	<i>SCMP</i>	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/2022</i>	Date	



SPECIAL CONDITION OF BID / QUOTATION

1. SAMPLES

- a. 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

- a. 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

- a. 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

- a. 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

a. Initials and Surname

b. Position at the Company

c. Signature

1. Initials & Surname (End-User)	Y. H. ALLEN	Initials & Surname (SCM Official)	M. C. MALUMBE
Designation / Rank	SFSO	Designation / Rank	SCMP
Signature		Signature	
Date	2022/10/20	Date	



Tongaat GHC, 07 Sanele Nxumalo Lane
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4400
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Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

SCOPE OF WORK

THE SUPPLIER / BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY ENVELOPE, BUFF, 353 X 250 B4, 100GSM AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS	
ENVELOPE, BUFF, 353 X 250 B4, 100GSM: (01-03808)	<ul style="list-style-type: none"> ▪ Envelope, buff, 353 x 250 b4, 100gsm. ▪ Envelope flap must be supplied with sufficient glue to ensure easy secure sealing. ▪ Pack and label: box of 250.

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

I. Initials & Surname (End-User)	<i>Y. H. Muli</i>	Initials & Surname (SCM Official)	<i>M. C. MALUNGA</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>20/10/2020</i>	Date	<i>[Signature]</i>
Initials & Surname (Member)	<i>A. D. Mkhumbane</i>	Initials & Surname (Member)	
Designation / Rank	<i>SEC</i>	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/2020</i>	Date	



SPECIAL CONDITION OF BID / QUOTATION

1. SAMPLES

- a. 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

- a. 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

- a. 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

- a. 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

a. Initials and Surname

b. Position at the Company

c. Signature

1. Initials & Surname (End-User)	Y. H. MLEY	Initials & Surname (SCM Official)	M. C. MALUNGA
Designation / Rank	SFSO	Designation / Rank	SCMP
Signature		Signature	
Date	2022/10/20	Date	



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 _____

SCOPE OF WORK

THE SUPPLIER / BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY PATIENTS REFERRAL LETTER AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS

**PATIENTS
REFERRAL LETTER:
(23-16850)**

- Packets x 50 sets
- Sets patients referral letter
- Each set to consist of 4 leaves gummed across the top.
- Size: 297mm x 210mm
- Original: white NCR CB perforated
- Duplicate: white NCR CFB perforated (mill tinted)
- Triplicate: blue NCR CFB Perforated (mill tinted)
- Quadruplicate: yellow NCR paper CF firm (mill tinted)
- Forms guideline for use. One form per packet. Printed in black ink on white 60gsm paper on side only.
- Pack and label: 50 sets of referral letters and 1 form guideline for use, per packet.
- All items to be boxed

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

1. Initials & Surname (End-User)	<i>M.H. A...</i>	Initials & Surname (SCM Official)	<i>M.C MALUNGI</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>20/10/22</i>	Date	
Initials & Surname (Member)	<i>T.O. M...</i>	Initials & Surname (Member)	
Designation / Rank	<i>SCMP</i>	Designation / Rank.	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/22</i>	Date	

PATIENT REFERRAL LETTER



1. Patient Details									
Surname					Address				
First Names									
I.D. Number									
Age		Gender		M	F				
Facility where patient normally goes for medical care					Hospital		CHC		Clinic
2. Referring Institution Details									
Institution									
Telephone Number					District	Regional	Tertiary	CHC	PHC
Fax Number					Patient Number				
2.1 Referring Practitioner Details (please print)									
Name					Department				
Date					Signature				
2.2 Reason for Referral									
2.3 Current Management (attach details if necessary)									
3 Referring Institution Details									
Institution									
Telephone Number					District	Regional	Tertiary	Other	
Fax Number					Patient Number				
3.1 Referring Practitioner Details (please print)									
Name					Department				
Date					Signature				
3.2 Investigations & Treatments (attach details if necessary)									
3.3 Diagnosis									
4 Practitioner's Report from the Referral Institution									
Patient to be seen again at referral institution				YES	NO	Date of next visit			
4.1 Patient requires the following medication									
Detail the Item			Strength		Directions		Quantity		Duration
1.									
2.									
3.									
4.									
5.									
4.2 Details of ongoing management / other therapy required									
5. Has Pharmacy at Referring Institution been advised?								YES	NO

PATIENT REFERRAL LETTER



1. Patient Details										
Surname					Address					
First Names										
I.D. Number										
Age		Gender		M		F				
Facility where patient normally goes for medical care					Hospital		CHC		Clinic	
2. Referring Institution Details										
Institution										
Telephone Number					District	Regional	Tertiary	CHC	PHC	
Fax Number					Patient Number					
2.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
2.2 Reason for Referral										
2.3 Current Management (attach details if necessary)										
3 Referring Institution Details										
Institution										
Telephone Number					District	Regional	Tertiary	Other		
Fax Number					Patient Number					
3.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
3.2 Investigations & Treatments (attach details if necessary)										
3.3 Diagnosis										
4 Practitioner's Report from the Referral Institution										
Patient to be seen again at referral institution				YES		NO		Date of next visit		
4.1 Patient requires the following medication										
Detail the Item		Strength		Directions		Quantity		Duration		
1.										
2.										
3.										
4.										
5.										
4.2 Details of ongoing management / other therapy required										
5. Has Pharmacy at Referring Institution been advised?										
								YES		NO

PATIENT REFERRAL LETTER



1. Patient Details										
Surname					Address					
First Names										
I.D. Number										
Age			Gender		M		F			
Facility where patient normally goes for medical care					Hospital		CHC		Clinic	
2. Referring Institution Details										
Institution					District		Regional	Tertiary	CHC	PHC
Telephone Number					Patient Number					
Fax Number										
2.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
2.2 Reason for Referral										
2.3 Current Management (attach details if necessary)										
3 Referring Institution Details										
Institution					District		Regional	Tertiary	Other	
Telephone Number					Patient Number					
Fax Number										
3.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
3.2 Investigations & Treatments (attach details if necessary)										
3.3 Diagnosis										
4 Practitioner's Report from the Referral Institution										
Patient to be seen again at referral institution				YES		NO		Date of next visit		
4.1 Patient requires the following medication										
Detail the Item			Strength		Directions		Quantity		Duration	
1.										
2.										
3.										
4.										
5.										
4.2 Details of ongoing management / other therapy required										
5. Has Pharmacy at Referring Institution been advised?								YES		NO

PATIENT REFERRAL LETTER



1. Patient Details										
Surname					Address					
First Names										
I.D. Number										
Age					Gender		M	F		
Facility where patient normally goes for medical care					Hospital		CHC		Clinic	
2. Referring Institution Details										
Institution					District	Regional	Tertiary	CHC	PHC	
Telephone Number					Patient Number					
Fax Number										
2.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
2.2 Reason for Referral										
2.3 Current Management (attach details if necessary)										
3 Referring Institution Details										
Institution					District	Regional	Tertiary	Other		
Telephone Number					Patient Number					
Fax Number										
3.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
3.2 Investigations & Treatments (attach details if necessary)										
3.3 Diagnosis										
4 Practitioner's Report from the Referral Institution										
Patient to be seen again at referral institution				YES	NO	Date of next visit				
4.1 Patient requires the following medication										
Detail the Item		Strength		Directions		Quantity		Duration		
1.										
2.										
3.										
4.										
5.										
4.2 Details of ongoing management / other therapy required										
5. Has Pharmacy at Referring Institution been advised?								YES	NO	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Tongaat GHC, 07 Sanele Nkumalo Lane
Tongaat
4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

SCOPE OF WORK

THE SUPPLIER / BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY CARDS,
CARRIER OUT-PATIENT AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS	
CARDS, CARRIER OUT-PATIENT : (23-22301)	<ul style="list-style-type: none"> ▪ Packets of 250 ▪ Cards, carrier out-patient ▪ Printed both sides in black ink ▪ Size: 74mm x 105mm ▪ Board: blue Tokai 200 GSM (mill tinted) ▪ All items to be boxed

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

1. Initials & Surname (End-User)	<i>Y.H. Mx</i>	Initials & Surname (SCM Official)	<i>M.C MALUNGA</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>20/10/2022</i>	Date	
Initials & Surname (Member)	<i>T.O. Maphumbe</i>	Initials & Surname (Member)	
Designation / Rank	<i>SCC</i>	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/2022</i>	Date	

CARRIER CARD - DRAAGKAART

HOSPITAL
HOSPITAAL

NAME

NAAM

OUT-PATIENT No.

BUITEPASIÉNT No.

TREATED BY

BEHANDEL DEUR

ADMISSION No. OPHEMINGS No.	ADMISSION DATE OPHEMINGS DATUM	DISCHARGE DATE ONTSLAGDATUM

"FRONT"

APPOINTMENTS – AFSPRAKE- UBUYA NGOMHLAKA

DATE-DATUM USUKU	CLINIC – KLINIEK UMTHOLAMPILO

"BACK"

Cat No. 23-22301 / BP office suppliers

This card must be kept carefully and shown on all occasions.

Hierdie kaart moet sorgvuldig bewaar en by elke geleentheid getoon word.

U li londoloze leli Tikiti, u li veze zikate zonke.



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

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4400
Tel: 032 944 5054 Fax: 032 9451210

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

SCOPE OF WORK

THE SUPPLIER./ BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY FORMS ,
OUT-PATIENT RECORD CONTINUATION SHEET AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS	
FORMS , OUT-PATIENT RECORD CONTINUATION SHEET	<ul style="list-style-type: none"> ▪ Pkts x 250 ▪ Forms , out-patient record continuation sheet ▪ Printed both sides in black ink and tumbled ▪ Size : 210mm x 297mm ▪ Paper : white 60 GSM. ▪ Punch 3 holes. ▪ All items to be boxed.

**AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION
COMMITTEE**

1. Initials & Surname (End-User)	<i>Y.H. Ally</i>	Initials & Surname (SCM Official)	<i>M.C MALUNGA</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>2022/10/20</i>	Date	<i>[Signature]</i>
Initials & Surname (Member)	<i>F.O. Waples</i>	Initials & Surname (Member)	
Designation / Rank	<i>SCC</i>	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/2022</i>	Date	



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 _____

SCOPE OF WORK

THE SUPPLIER / BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY FILE COVERS, CASE HISTORY AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS	
FILE COVERS, CASE HISTORY (23-56001)	<ul style="list-style-type: none"> ▪ Pkts x 50 ▪ File covers, case history ▪ Printed one side only in black ink ▪ Size: 380mm x 508mm ▪ Board: Kraft liner 225gsm ▪ To be made up as follows: <ul style="list-style-type: none"> ▪ Scored 230mm and 460mm and 32mm from the bottom on right hand side flap. Fold and staple one on the top right hand corner (staple must close on the inside of the file cover) ▪ Bottom flap: folded over the right hand side flap and pasted on bottom right hand corner as per specimen. Spine covered with 25mm red miradur. The cloth must cover Approx 12.5mm on each side of the spine ▪ ALL ITEMS TO BE BOXED

AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION COMMITTEE

1. Initials & Surname (End-User)	<i>Y.H. Aley</i>	Initials & Surname (SCM Official)	<i>M.C. MALLANT</i>
Designation / Rank	<i>SFSO</i>	Designation / Rank	<i>SCMP</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>2022/10/21</i>	Date	
Initials & Surname (Member)	<i>T.O. Maphumbe</i>	Initials & Surname (Member)	
Designation / Rank	<i>SCC</i>	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	<i>20/10/2022</i>	Date	

H	P	F.P. V.B.
----------	----------	--------------

ADMISSION No.:
OPNEMINGSNOMMER:

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH

PROVINSIE KWAZULU-NATAL
DEPARTMENT VAN GESONDHEID

MEDICAL RECORDS FOLDER
MEDIESE REKORDOMSLAG

FIRST NAMES
VOORNAME:

REFERRED BY/ VERWYS DEUR

DR. / DR:

ADDRESS / ADRES:

BRIEF REPORT SENT/
BEKNOPTE VERSLAG GESTUUR

YES/ JA	NO/ NEE
------------	------------

SIGNATURE / HANDTEKENING:

REGISTRAR / M.O. / REGISTRATEUR / G.S.

SURNAME:
FAMILIENAAM:

DATE / DATUM:



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

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

Quotation Specification
Committee

TONGAAT COMMUNITY HEALTH CENTRE

SPEC NO: QSN _____

SCOPE OF WORK

THE SUPPLIER / BIDDER TO BE AWARDED IS ANTICIPATED TO SUPPLY CARDS
PRESCRIPTION REPEAT AS PER SPECIFICATION BELOW

SPECIFICATION DETAILS	
CARDS PRESCRIPTION REPEAT: (23-27602)	<ul style="list-style-type: none"> ▪ PKTS X 250 ▪ CARDS PRESCRIPTION REPEAT ▪ PRINTED ONE SIDE ONLY IN BLACK INK ▪ SIZE: 210 mm X 297 mm ▪ BOARD: PINK TOKAI 160 GSM (MILL TINTED) ▪ ALL ITEMS TO BE BOXED.

**AUTHORIZED / ENDORSED BY QUOTATION SPECIFICATION
COMMITTEE**

1. Initials & Surname (End-User)	Y. H. ALI	Initials & Surname (SCM Official)	M. C. MALINDI
Designation / Rank	SFSO	Designation / Rank	SCMP
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	20/10/22	Date	
Initials & Surname (Member)	T. D. W. [Signature]	Initials & Surname (Member)	
Designation / Rank	SCC	Designation / Rank	
Signature	<i>[Signature]</i>	Signature	
Date	20/10/2022	Date	



SPECIAL CONDITION OF BID / QUOTATION

1. SAMPLES

- a. 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

- a. 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

- a. 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

- a. 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

a. Initials and Surname

b. Position at the Company

c. Signature

I. Initials & Surname (End-User)	Y. H. ALLEN	Initials & Surname (SCM Official)	M. C. MALUMEDI
Designation / Rank	SFSO	Designation / Rank	SCMP
Signature		Signature	
Date	2022/11/09	Date	

Prescription issued by:
(Institution)

Medicine to be collected at:
(Institution)

O.P. No. _____

Patient particulars		Classification		Category		Payment details									
Surname:	Sex:	HP	1	2	3	1									
First names:	Age:					2									
Address:						3									
Telephone:		Assessment	R _____	4											
				5											

- Any blocks relating to the prescription and/or repeat dates which are not utilised must be cancelled by the prescriber.
- In the event of any changes/alterations being required to the prescription, a new card must be issued and the old one cancelled and filed in the patient's folder.
- This repeat card is to be retained by the institution and is **NOT** to be issued to the patient.
- It is recommended that patients requiring more than six items should be seen monthly and a repeat card should not be issued.
- The "Initial Prescription" column is optional and should be cancelled at those institutions where the original prescription is written in the patient's folder.

Date:	Prescription	Repeat Date -->	Initial Prescription	Quantity								
				Item No.	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity		
		or equivalent	1									
		or equivalent	2									
		or equivalent	3									
		or equivalent	4									
		or equivalent	5									
		or equivalent	6									
Full signature of Medical Officer:			By									
Qualification:												
Items in excess of 5 authorised:			Authority: Restricted code items	Date Dispensed								
			Date Issued									
Medical Superintendent			Consultant Signature									