



Quotation Advert

Opening Date: 08/08/2023

Closing Date: 15/08/2023

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Greys Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Supply Chain Management

Place where goods/
service is required: Grey's Hospital

Date Submitted: 08/08/2023

ITEM CATEGORY AND DETAILS

Quotation number: GRS: 1106/07/23

Item Category: Goods

Item Description: Request for patient property registers for patients property housed in the Department. An additional annexure is being requested to be included to the initial sequentially numbered, duplicated, self-carbonated & perforated receipts. This annexure does not have to be perforated. **A sample is attached**; however it is recommended that the actual register be viewed before quotation due to the additional information that is to be added on. (SAMPLE REQUIRED)

Quantity: 20 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Time: N/A

Venue: N/A

QUOTES CAN BE COLLECTED FROM: KZN Health Website

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX SITUATED NEXT TO SECURITY BOTTOM GATE, 201 TOWN BUSH ROAD, BEFORE THE CLOSING DATE AND TIME OF TENDER

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Ms ZP Mbatha

Email: Zandile.Mbatha@kznhealth.gov.za

Telephone number: 033 897 34 83

CB Xolo
Finance Manager

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / GRS / 1106 / 07 / 23

DESCRIPTION: Request for patient property registers for patients property housed in the Department

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
Promotion of South African owned enterprises	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTUR E	PRICE	
						R	C
	20 units		Request for patient property registers for patients property housed in the Department				
			. An additional annexure is being requested to be included to the initial sequentially numbered, duplicated, self- carbonated & perforated receipts.				
			This annexure does not have to be perforated. A sample is attached; however it is recommended that the actual register be viewed before quotation				
			ation that is to be added on. due to the additional information that is to be added on				
			(SAMPLE REQUIRED)				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO
 IS THE PRICE FIRM? YES / NO
 DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____

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

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____

DATE: _____

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH

B 0901

PROVINSIE KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

Patient's Property Receipt/Kwitansie van Patiënt se Besittings

Name of Patient
Naam van Pasiënt

Address
Adres

Ward
Saal

Admission No.
Toelatings No.

Date
Datum

Received for safekeeping from
Ontvang vir veilige bewaring van

*State relationship here if person other than patient.
Meld hier verwantskap indien 'n ander persoon as die pasiënt.

One sealed envelope stated to contain cash and/or valuables, received subject to the conditions as set out overleaf.

Een verseëelde koevert wat na bewering kontant en /of kosbaarhede bevat, ontvang onderworpe aan die voorwaardes soos op die keersy uiteengesit.

Received by
Ontvang deur

Rank
Rang

I acknowledge receipt of the envelope originally handed in by me. I am satisfied that the seal of the envelope had not been broken upon receipt by me

Ek erken ontvangs van die koevert wat oorspronklik deur my ingehandig is. Ek is tevrede dat die seël van die koevert by ontvangs deur my ongeskonde was.

Patient/Pasiënt

Date/Datum

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
PROVINSIE KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

B 0901

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Patient/Pasiënt

Date/Datum

SEE REVERSE SIDE FOR CONDITIONS
SIEN KEERSY VIR VOORWARDES



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Private Bag X 9001, Pietermaritzburg, 3200
201 Town Bush Road, Northern Park, Pietermaritzburg, 3200
Tel: 033-897 3000 Fax: 0338973398
www.kznhealth.gov.za

DIRECTORATE:

GREY'S HOSPITAL
SYSTEMS – PATIENT ADMIN

PATIENT PROPERTY INFORMATION

PARTICULARS OF PATIENT:

SURNAME : _____ FULL NAMES: _____
OUT PATIENT NUMBER : _____ WARD/UNIT : _____
ADMISSION DATE : _____ RECEIPT NO.: _____
NATURE OF VALUABLES: _____

PARTICULARS OF PERSON BRINGING PATIENT PROPERTY/VALUABLES:

SURNAME : _____ FULL NAMES: _____
WARD/UNIT : _____ DESIGNATION/RELATION: _____
DATE & TIME : _____ SANC NO.: _____
SIGNATURE : _____

SECTION TO BE COMPLETED AT PATIENT ADMIN/ALMONER UPON COLLECTION:

ISSUED BY: _____ RECEIVED BY: _____
SURNAME : _____ SURNAME : _____
FULL NAMES: _____ FULL NAMES: _____
SIGNATURE: _____ SIGNATURE : _____
DEPARTMENT: _____ WARD/UNIT : _____
DESIGNATION: _____ DESINATION/RELATION: _____
SANC NO.: _____
DATE & TIME: _____ AUTHORIZED BY: _____
(Telephonically by OM)
CURRENTLY ADMITTED:

Y	N
---	---

DISCHARGED:

Y	N
---	---

IF YES, DISCHARGED DATE: _____
IF RELATIVE IS COLLECTING, IS AFFIDAVIT AND IDENTITY DOCUMENT ATTACHED?

Y	N
---	---

DATE & TIME: _____

GROWING KWAZULU-NATAL TOGETHER

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH

B 0901

PROVINSIE KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

Patient's Property Receipt/Kwitansie van Patiënt se Besittings

Name of Patient
Naam van Pasiënt

Address
Adres

Card
Kort

Item
Item

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Ontvang vir veilige bewaring van

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waardes soos op die keersy uiteengesit.

Received by
Ontvang deur

Rank
Rang

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ontvangs deur my ongeskonde was.

Patient/Pasiënt

Date/Datum

SEE REVERSE SIDE FOR CONDITIONS
SIEN KEERSY VIR VOORWARDES

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
PROVIDING
P D Patient
Name of Patient

CONDITIONS/ VOORWAARDES

For information of patient or person who states that he is entitled to act on patient's behalf. Such person as aforesaid acknowledges by his acceptance of this receipt that he has read, understands and will be bound by the conditions set forth hereunder.

Vir inligting van pasient of persoon wat verklaar dat hy geregtig is om namens pasient op te tree. Sodanige persoon of voornoemde persoon erken deur sy aanname van hierdie kwitansie dat hy die voorwaardes wat hieronder uiteengesit word, gelees het, dit verstaan en daardeur gebonde sal wees.

1. This receipt to be retained and handed in to hospital's representative in exchange for the package above described.
Hierdie kwitansie moet behou word en naan die hospital se verteenwoordiger oorhandig word in ruil vir die koevert hierbo beskryf.
2. The seal of the envelope must be intact at the time of its return; no queries or claims will be considered subsequently.
Die seel van die koevert moet ongeskonde ten tye van terugbesorging wees; geen navrae of eise sal daarna oorweeg word nie.
3. In the event of the envelope or any of its contents being lost as a result of burglary, theft, fire, negligence on the part of the KwaZulu-Natal Department of Health employees or any other cause whatsoever (save and except dishonesty on the part of such employees) while in the custody of the hospital, in circumstances creating a legal liability upon the hospital or the KwaZulu-Natal Department of Health to the patient in respect thereof, such liability will be limited to R50. Save and except in the case of dishonesty, the liability (if any) of the Administration's employees to the patient will also be limited to R50.

In geval van verlies van die koevert of die inhoud daarvan as gevolg van inbreek, diefstal, brand, nalatigheid van die kant van die KwaZulu-Natal Department van Gesondheid se werknemers of enige ander oorsaak wat ook al (behalwe oneerlikheid van die kant van sodanige werknemers) onderwyl dit in bewaring van die hospitaal is en in die omstandighede wat die hospital of die KwaZulu-Natal Department van Gesondheid regtens teenoor die pasient ten opsigte daarvan aanspreeklik maak, word sodanige aanspreeklikheid tot R50 beperk. Behalwe in geval van oneerlikheid, sal die aanspreeklikheid (indien enige) van die Administrasie se werknemers teenoor die pasient ook tot R50 beperk wees.

4. The KwaZulu-Natal Department of Health reserves the right to dispose of unclaimed property in the hospital's possession, after the lapse of six months from the date of a patient's discharge, by the sale of such property other than cash, to the best advantage and, after deducting from the proceeds of such sales plus any cash held in custody, the amount owing in respect of hospital charges, by remitting the balance of such proceeds plus cash to the Master of the Supreme Court for the credit of the Guardians Fund. Clothing and personal effects which in the opinion of the hospital authorities, have a value not exceeding R20 will be donated to charity.

Die KwaZulu-Natal Department van Gesondheid behou hom die reg voor om onopgeëiste eiendom in die hospitaal se besit, na verloop van ses maande van die datum van n' pasient se ontslag, van die hand te sit deur sodanige eiendom, behalwe kontant, tot die beste voordeel te verkoop en, nadat die bedrag verskuldig ten opsigte van hospitaalgelde van die opbrengs van sodanige verkoping plus enige kontant wat in veilige bewaring gehou word, afgetrek is, die saldo van sodanige opbrengs plus kontant aan die Meester van die Hooggeregshof oor te betaal vir inbetaling in die Voogdyfonds. Klere en ander persoonlike besittings wat na die neming van die hospitaallowerhede n' waarde van nie meer as R20 het nie, sal aan liefdadigheidsondernemings geskenk word.

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
PROVINSIE KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

B 0901

Patient's Property Receipt/Kwitansie van Patiënt se Besittings

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Saal

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Rank
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Patient/Pasiënt

Date/Datum

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DIRECTORATE:

**GREY'S HOSPITAL
SYSTEMS - PATIENT ADMIN**

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DATE & TIME: _____ AUTHORIZED BY: _____
(Telephonically by OM)

CURRENTLY ADMITTED:

Y	N
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DISCHARGED:

Y	N
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IF YES, DISCHARGED DATE: _____

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Y	N
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DATE & TIME: _____

GROWING KWAZULU-NATAL TOGETHER