



Quotation Advert

Opening Date: 10/08/2023
Closing Date: 25/08/2023
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umkhanyakude District Office
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods/
service is required: Umkhanyakude Health District Office
Date Submitted: 08/08/2023

ITEM CATEGORY AND DETAILS

Quotation number: **ZNQ: UMK 039/23/24**
Item Category: Services
Item Description: BALANCE ALL 3 PHASES IN 5 DB'S, 01 KIOSK AND REPLACE MAIN CABLE
Quantity (if supplies): 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Complusory Briefing
Date: 21/08/2023
Time: 10H00
Venue: Umkhanyakude Health District Office next to Jozini KFC @ Auditorium


QUOTES CAN BE COLLECTED FROM: Quotations will be issued on Site only

QUOTES SHOULD BE DELIVERED TO: Umkhanyakude Health District Office next to Boxer, email or fax

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: N.M Msane

Email: umkhanyakude.quotationscm@kznhealth.gov.za Contact number: 035 572 1042

Finance Manager Name: Mrs B Mthembu Finance Manager Signature 

EVALUATION CRITERIA

All proposal received shall be evaluated on the following;

SPECIFICATION

- Only Offers that meet the specification in all aspects as stipulated in the bid document will be considered.

CORRECTNESS OF THE DOCUMENT

- All information required in the bid documents must be accurate and fully completed, including all the appropriate signatures. The Department of Health reserves the right to verify all information.

DIRECT PREFERENTIAL POINT SYSTEM

- Race-** Full/partial combination of point may be allocated to companies at least 51% owned by Black people

TAX CLEARANCE CERTIFICATE

- Suppliers must comply in terms of TAX Status

CK DOCUMENT

- Suppliers must be registered with CIPC and be active in business.

OTHER

- Suppliers must be registered with Central Suppliers Database (National Treasury).
NB. In terms of a special goal required, verification will be done through CSD and CIPC
- Suppliers must write the unique registration reference number in BLOCK LETTERS in the space provided.
NB. Do not attach CSD report
- Companies must have a valid CIBD Minimum of 1EB or 1EP
- Companies must have a valid letter of good standing with the compensation commission (Department of Labour).
- Companies must have a valid Public Liability insurance with the minimum of R 3 000 000.00
- Companies must have valid registration with Department of Labour as registered Electrical Contractors
- Suppliers who did not attend the site briefing will not be considered.

Please Note: Failure to comply with the above mentioned criteria will lead to automatic disqualification.

Faxed or emailed quotation (responses)

Fax Number: 035 572 1077

E-mail: umkhanyakude.quotationscm@kznhealth.gov.za

NB: It is the supplier's responsibility to ensure that his / her quotation (response) reaches our office on time since UMKhanyakude area has network problem in respect of fax /email

The image shows two handwritten signatures or initials in black ink. The first one is a large, stylized signature that appears to be 'N M M' with a large loop. The second one is a smaller, more compact signature or set of initials.