



## Quotation Advert

**Opening Date:** 16/02/2024  
**Closing Date:** 23/02/2024

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Untunjambili Hospital  
**Province:** KwaZulu-Natal  
**Department of entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods/  
service is required:** **UNTUNJAMBILI HOSPITAL**  
**Date Submitted:** 16/02/2024

### ITEM CATEGORY AND DETAILS

**Quotation number:** ZNQ/UNT/213/2023/2024  
**Item Category:** Goods  
**Item Description:** POLISH FLOOR STRIPPER  
**Quantity (if supplies):** 100 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not applicable  
**Date:** Click here to enter a date.  
**Time:** Click here to enter text.

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** uploaded on website

**QUOTES SHOULD BE DELIVERED TO:** TENDER BOX

**ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:**

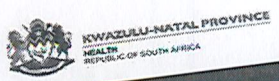
**Name:** S.L MTHEMBU

**Email:** [makhosazane.shezi@kznhealth.gov.za](mailto:makhosazane.shezi@kznhealth.gov.za)

**Contact number:** 033 444 0818

**Finance Manager Name:** M.C JANGE

**Finance Manager Signature** 



PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: UNTUNJAMBILI HOSPITAL  
E-MAIL ADDRESS: makhosazane.shezi@kznhealth.gov.za

FACSIMILE NUMBER: 033 444 0987

PHYSICAL ADDRESS: UNTUNJAMBILI HOSPITAL, KRANSKOP MAIN ROAD, MISSION AREA PRIVATE BAG X216 KRANSKOP

QUOTE NUMBER: ZNQ / UNT / 213 / 2023 - 2024

VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 16 FEBRUARY 2024

CLOSING DATE: 23 FEBRUARY 2024

CLOSING TIME: 11:00

DESCRIPTION: POLISH FLOOR STRIPPER NON AMMONIATED 5LT

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS):  
UNTUNJAMBILI HOSPITAL KRANSKOP MAIN ROAD MISSION AREA, MAIN SECURITY GATE NEXT TO TRANSPORT

OFFICE

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:  
CONTACT PERSON: MISS S.L MTHEMBU

TELEPHONE NUMBER: 033 444 0818

E-MAIL ADDRESS: makhosazane.shezi@kznhealth.gov.za

TELEPHONE NUMBER: 033 444 0818

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:  
CONTACT PERSON: MISS Z.N NGUBANE

E-MAIL ADDRESS: makhosazane.shezi@kznhealth.gov.za

*Quote is late, it will not be accepted for consideration.*







**4. POINTS AWARDED FOR SPECIFIC GOALS**

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**  
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Gender – full/partial/combination of points allocated to companies at least 51% Owned by Black Women	20	

**DECLARATION WITH REGARD TO COMPANY/FIRM**

4.3. Name of company/firm: \_\_\_\_\_

4.4. Company registration number: \_\_\_\_\_

- 4.5. TYPE OF COMPANY/ FIRM [tick applicable box]
- Partnership/Joint Venture / Consortium
  - One-person business/sole propriety
  - Close corporation
  - Public Company
  - Personal Liability Company
  - (Pty) Limited
  - Non-Profit Company
  - State Owned Company

- 4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
  - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
    - (a) disqualify the person from the tendering 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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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, if deemed necessary.

	_____
	<b>SIGNATURE(S) OF TENDERER(S)</b>
<b>SURNAME AND NAME:</b>	_____
<b>DATE:</b>	_____
<b>ADDRESS:</b>	_____
	_____
	_____