



Quotation Advert

Opening Date: 30/01/2024
Closing Date: 06/02/2024
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Wentworth Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Supply Chain Management
Place where goods/
service is required: WENTWORTH HOSPITAL
Date Submitted: 29/01/2024

ITEM CATEGORY AND DETAILS

Quotation number: **WEH: 335/23-24**

Item Category:	Goods	QUANTITY
Item Description	Stationary Bicycle – Paediatric	= 1 Unit
	Pedal Cycle	= 1 Unit
	Push Walker – Paediatric	= 1 Unit

COMPULSORY BRIEFING SESSION / SITE VISIT

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

NOTE!!

QUOTES CAN BE COLLECTED FROM: Pint from the web and bring the document for signing on site meeting date

QUOTES SHOULD BE DELIVERED TO: Blue Tender Box at the Min Gate Wentworth Hospital

NOTE!! No emailed documents will be allowed
ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Themba Dlamini
Email: Themba.dlamini@kznhealth.gov.za Contact number: 031 460 5314

Finance Manager Name: Mr. S. Cotchobos Finance Manager Signature 



PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: ntombifuthi.khumalo2@kznhealth.gov.za

PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026

QUOTE NUMBER: ZNQ / WEH / 335 / 23 - 24 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 30-01-2024 CLOSING DATE: 06-02-2024 CLOSING TIME: 11:00

DESCRIPTION: PAEDIATRIC STATIONARY BICYCLE, PEDAL CYCLE AND PUSH WALKER - SPECS ATTACHED

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): BLUE TENDER BOX AT THE MAIN GATE - 1 BOATON ROAD JACOBS 4026

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: Ntombifuthi Khumalo TELEPHONE NUMBER: 031 460 5314
E-MAIL ADDRESS: ntombifuthi.khumalo2@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: _____ TELEPHONE NUMBER: _____
E-MAIL ADDRESS: _____

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (IF VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

Table with 8 columns: M, A, A, A, and three empty cells.

UNIQUE REGISTRATION REFERENCE:

Table with 20 columns for registration reference.

Quote Number: _____

Item Description: **PAEDIATRIC STATIONARY BICYCLE**

Department/Section: **PHYSIOTHERAPY** Purpose of Item: **The paediatric stationary bicycle is used for children to strengthen muscles, increase range of motion and improve circulation in the lower limbs.**

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	Comment
Dimensions: 55cm x 35cm x 70cm Maximum weight: 68kg Age: 3 years and older Material: Steel and Plastic	

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

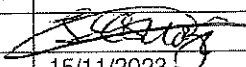
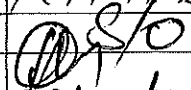
3.2. Specify that samples must be made available when requested in writing. Yes or No

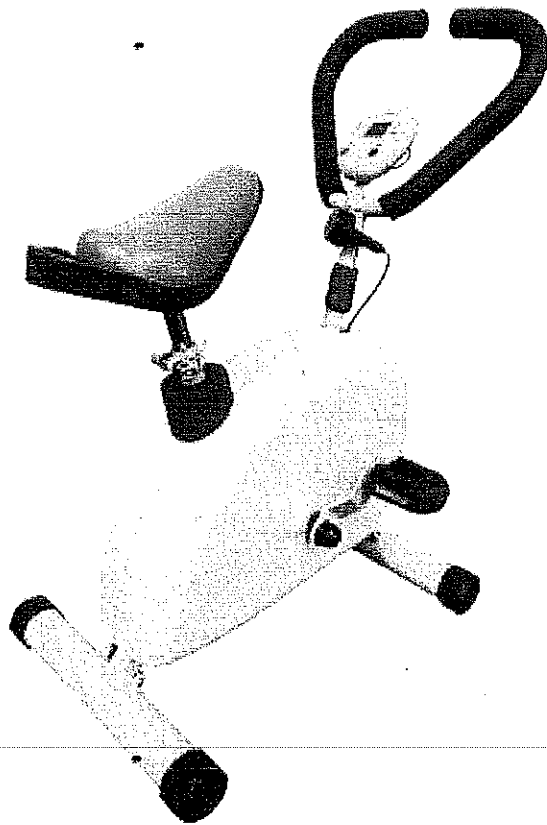
4. Penalties to be noted by the suppliers:

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

Name of End-user (in full)	J.E SHOZI	Name of SCM Rep (in full)	A.N. MOUNGE
Designation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in full)	S/O
Signature		Signature	
Date	15/11/2023	Date	05/12/2023



PAEDIATRIC STATIONARY BICYCLE

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: **PEDAL CYCLE**

Department/Section: **PHYSIOTHERAPY** Purpose of Item: **The pedal cycle is used multiple times a day for patients to increase their range of motion and muscle power in their lower limbs as part of the rehabilitation process.**

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	Comment
Assembled Dimensions 40.64 x 35.56 x 32 cm Has Adjustable Straps Yes Size (in/cm) 32 cm	

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 _____

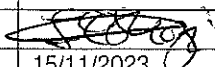
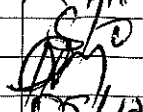
or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

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.

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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

Name of End-user (in full)	J.E SHOZI	Name of SCM Rep (in full)	A. N. MOUNGIE
Designation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in full)	CEO
Signature		Signature	
Date	15/11/2023	Date	05/12/2023

PEDAL CYCLE



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: **PAEDIATRIC PUSH WALKER**

Department/Section: **PHYSIOTHERAPY** Purpose of Item: **The paediatric push walker is used for paediatrics to encourage ambulation. It is used for children with conditions such as cerebral palsy and developmental delays.**

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	Comment
Must be height adjustable. Have wheels for mobility. Handles for support.	

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 _____

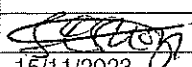
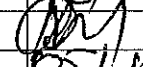
or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

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.

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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

Name of End-user (in full)	J.E SHOZI	Name of SCM Rep (in full)	A.N. MOUNCE
Designation / Rank (in full)	PHYSIOTHERAPIST	Designation/ Rank (in full)	S/O
Signature		Signature	
Date	15/11/2023	Date	05/12/2023

PAEDIATRIC PUSH WALKER

