



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 346 / 23 - 24 VALIDITY PERIOD: 90 DAYS

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

DESCRIPTION: WHEELCHAIR CUSHIONS AND COVERS AS PER ATTACHED SPECIFICATION AND QUANTITY

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.

M	A	A	A					
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UNIQUE REGISTRATION REFERENCE:

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OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / WEH / / 23 / 24

DESCRIPTION: WHEELCHAIR CUSHIONS AND COVERS AS PER ATTACHED SPECIFICATION AND QUANTITY

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 MANUFACTURE	PRICE	
						R	C
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 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: _____



DIRECTORATE:

WENTWORTH HOSPITAL

Wentworth Hospital

1 Boston Road Jacobs

4026

460 5169 www.kznhealth.gov.za

WEH: 346/23-24

DESCRIPTION: Supply of Wheelchair Cushions and Covers as per list below

ITEM No.	DESCRIPTION OF ITEM	QUANTITY	AMOUNT
No. 1	Wheelchair Cushion with Cover 16 inches	5 Units	R
	Wheelchair Cushion with Cover 18 inches	5 Units	R
	Wheelchair Cushion with Cover 20 inches	5 Units	R
		TOTAL:	R

Note: The total amount must also be written in the Standard Bidding Document

Company Name or Stamp _____



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Wentworth Hospital

1 Boston Road Wentworth 4026
Private Bag Jacobs

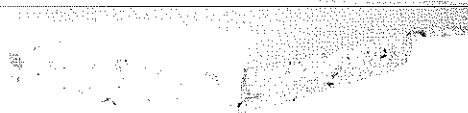
Occupational Therapy Department

Tel: 031-4605106

www.kznhealth.gov.za

SPECIFICATIONS

- THREE LAYERED CUSHION



- TWO DENSE CHIP FOAM LAYERS AND A SEMI-CLOSED-CELL MEMORY FOAM LAYER.
- MUST HAVE A PRE-ISCHIAL SHELF TO ALLOW FOR PELVIC STABILITY
- TO FIT WHEELCHAIR SEAT SIZES OF:
 - 40cm (16 inch)
 - 42.5cm (17inch)
 - 45cm (18 inch)
- COVERS TO BE OF SOFT, WASHABLE, STRETCHABLE FABRIC