



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date: 14/11/2025  
Closing Date: 19/11/2025  
Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: St Margarets CHC  
Province: KwaZulu-Natal  
Department of entity: Department of Health  
Division or section: Supply Chain Management  
Place where goods/  
service is required: **St Margaret's CHC**  
Date Submitted: 14/11/2025

### ITEM CATEGORY AND DETAILS

Quotation number: **STM 118 / 25 - 26**  
Item Category: Goods  
Item Description: **Supply referral letter**

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

DATE:

Time:

Venue:

**QUOTES CAN BE COLLECTED FROM:** KZN Health Website (PRINT)

**QUOTATION MUST BE DEPOSITED ON THE TENDER BOX IN THE SECURITY MAIN GATE**

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

Name: **Mr L F Baai**

Email: **Luyanda.baai@kznhealth.gov.za**

Contact number: 039 259 9222

FMO : Miss N N Mchunu

FMO signature: 





**ANNEXURE A: SPECIFICATION FORM**

NAME OF PROCURING FACILITY		St Margaret's CHC	
ITEM DESCRIPTION		PATIENT REFERRAL LETTER	
ITEM PURPOSE		1. 2. FOR OFFICE USE	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)			COMPLIES (YES/NO)
1.	SETS PATIENT REFERRAL LETTER EACH SET CONSIST OF 4 LEAVES SIZE: 297mm x 210mm. ORIGINAL: WHITE CNR CB PERFORATED Duplicate: WHITE NCR CFB PERFORATED (MILL TINTED) Triplicate: BLUE NCR CFB PERFORATED(MILL TINTED) Quadruplicate: YELLOW NCR PAPER OF FIRM (MILL TINTED) FORMS GUIDELINE FOR USE, ONE FORM PER PACKET PRINTED IN BLACK INK ON WHITE 60GSM PAPER ONE SIDE ONLY. 50 SETS OF LETTERS AND 1 GUIDELINE FORM PER PACKET.		
2.			
3.			
4.			
QUALITY STANDARD		SABS APPROVED	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		PACKET	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		A SAMPLE MUST BE AVAILABLE ON REQUEST AND FAILURE TO DO SO WILL DISQUALIFY THE BIDDER	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)			

Note:

- 1.
- 2.
- 3.

**SPECIFICATION APPROVED BY**

Name of End-user (in full)	<i>YOUSIE</i>	Name of SCM Rep (in full)	<i>LUNANDA BATH</i>
Designation / Rank (in full)	<i>GENERAL WORKER</i>	Designation/ Rank (in full)	<i>SUPPORT CHAIN CLERK</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>25/10/2023</i>	Date	<i>20/10/2023</i>

Bidder Initial here: \_\_\_\_\_



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<b>QUOTATION NO.</b>	<b>STM 118 / 2025 - 2026</b>
<b>DESCRIPTION</b>	<b>Patient referral letter</b>

**EVALUATION CRITERIA**

**Stage 1**

No.	Requirements	Included in the published document	To be returned by bidder/tenderer?
1.	Patient referral letter	Yes	Yes
2.	Official quotation price page.	Yes	Yes
3.	Bidder's disclosure form.	Yes	Yes
4.	General conditions of contract.	Yes	Yes
5.	Special conditions of contract.	Yes	Yes
6.	Preference points claim form in terms of the preferential procurement regulations 2022 (SBD 6.1)	Yes	Yes
<b>Compulsory compliance</b>			
7.	Proof that the service provider is registered on CSD.	No	Yes
8.	Director's copies of South African ID document will be required	No	Yes

Note: This relates to administrative, compulsory and mandatory returnable documents which must be fully completed, and submitted, should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation. The department reserve a right to verify validity of the documents submitted, should it be discovered that the information submitted is misrepresented or falsified the quotation will be disqualified or contract maybe be terminated.

**Stage 2**

**Capacity to deliver**

1	Provide proof that the supplier is registered on CSD by providing MAAA number and 36 character registration number (No need for CSD report). <b>Note:</b> Should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation
2	As part of risk management, if there is valid proof that the bidder was previously issued with an order thereafter failed to deliver without acceptable reasons, the bidder will be treated as a defaulter and will not progress to the next stage of evaluation.

Initial \_\_\_\_\_



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**STAGE 3: PRICE AND PREFERENCE POINTS**

The 80/20 preference point system shall be applicable. Points for this quotation will be awarded for:

Category	Points
Price	20
Specific goals	80
Total points for Price and must not exceed	100

The Department has identified the following specific goal:

Specific Goal	Number of Points allocated	Proof To Claim Specific Goal
Full points allocated to companies located in Kwazulu-Natal (KZN) and owned by black Africans.	20	Affidavit confirming that the bidder is located in KZN, the affidavit must include business address where the company is based. In addition please include proof of residence. Please attach a certified ID copy

NOTE: Should a responsive bidder fail to submit proof to claim points, as stated above this will not result in disqualification, however the bidder will not be awarded points for specific goals.

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**CLARITY ON DECLARATION OF INTEREST SBD 4 (a)**

<b>BIDDER NAME</b>	
<b>LEGISLATION ON DISCLOSURE OF INTEREST</b>	
<p>The Public Service Act 103 of 1994 indicates in section 30(1) that "No employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department."</p> <p>Furthermore, in terms of the Public Service Regulations paragraph 13(c), "An employee shall not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act"</p> <p>Treasury Regulations 16A8.4 further indicates that "if a supply chain management official or other role player, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded, that official or other role player must-(a) disclose that interest; and (b) withdraw from participating in any manner whatsoever in the process relating to that contract."</p>	
<b>CLARITY ON HOW TO DISCLOSE</b>	
<p>Clause 2.2 of the Bidders Disclosure (SBD4), require the bidder to disclose a relationship with any person employed by the entire KZN Department of Health, even if that person is not employed by the procuring institution. The Department may use other Computer Assisted Techniques to verify possible interest, should you be found to have failed to disclose correctly, your bid/quotation will be treated as a false declaration, treated as non-responsive and disqualified.</p> <p>For example, if the tender is advertised or invited by Addington Hospital, yet the person with interest is employed by Manguzi Hospital, as long as that official is employed by the Department of Health, the bidder is required to disclose interest. Therefore the question is, do you, or any person connected with the bidder, have a relationship with any person who is employed by the KZN Department of Health? If so, please furnish particulars on Bidders Disclosure (SBD4) section 2.2.1, as attached below,</p>	

I read the above clarity on disclosure of interest and I commit to disclose as directed, should I fail to disclose correctly, I am aware of the consequences, which may include disqualification of my offer.

\_\_\_\_\_

BIDDER SURNAME AND INITIALS

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE