KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 13/11/2025
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: **13/11/2025**

ITEM CATEGORY AND DETAILS

Quotation number: **STM 67 / 25 - 26**

Item Category: Goods

Item Description: **Supply Globes, fluorescent fittings and tubes**

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:

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS UP TO R1 000 000

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ST MARGARET'S HOSPITAL

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: smhquotation.scm@kznhealth.gov.za

PHYSICAL ADDRESS: CLYDEDSALE LOCATION, UMZIMKHULU, 3297

QUOTE NUMBER: ZNQ / STM / 67 / 25 - 26 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 13 NOVEMBER 2025 CLOSING DATE: 19 NOVEMBER2025 CLOSING TIME: 11:00

DESCRIPTION: GLOBES, FLOURESCENT FITTINGS AND TUBES

CONTRACT PERIOD (IF APPLICABLE): _____

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
ST MARGARET'S HOSPITAL, CLYDESDALE LOCATION, UMZIMKHULU, 3297

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: LUYANDA BAAI TELEPHONE NUMBER: 039 259 9222

E-MAIL ADDRESS: luyanda.baai@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: LUYANDA 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 | | | | | | | | |

UNIQUE REGISTRATION REFERENCE:

| | | | | | | | | - | | | | | - | | | | | - | | | | | - | | | | | | | | | | |

OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000

QUOTE NUMBER: ZNQ / STM / 67 / 25 _ 26

DESCRIPTION: GLOBES, FLOURESCENT FITTINGS AND TUBES

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
RDP Goal: Full points allocated to promote South African owned enterprises	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	20	EACH	GLOBES RADIANT 9 PLS 9 WATTS				
			4000 K				
	20	EACH	FLOURESCENT FITTINGS 1.5 m LED				
	100	EACH	22 WATTS LED TUBE 1.5 m				
			A SAMPLE MUST BE MADE AVAILABLE				
			ON REQUEST AND FAILURE TO DO SO				
			WILL DISQUALIFY THE BIDDER				
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: _____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	ST MARGARETS CHC	
ITEM DESCRIPTION	FLOURESCENT FITTING LED	
ITEM PURPOSE	TO LIGHT	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	FLOURESCENT FITTING LED 1,5M	
2.		
3.		
4.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

ıme of End-user (in full)	M.M. HLOPHE	Name of SCM Rep (in full)	LUYANDA BAM
ɛsignation / Rank (in full)	ARTISAN CARPENTER	Designation/ Rank (in full)	SUPPLY CHAIN CLERK
ɡnature		Signature	
ıte	14/08/2025	Date	18/08/2025

Bidder Initial here: _____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	ST MARGARET'S CHC	
ITEM DESCRIPTION	22 WATTS LED TUBES 1,5M	
ITEM PURPOSE	TO LIGHT	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	22WATTS LED TUBES 1,5M	
2.		
3.		
4.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

ıme of End-user (in full)	M.M. HLOPHE	Name of SCM Rep (in full)	LUYANDA BHA1
ɔignation / Rank (in full)	ARTISAN CARPENTER	Designation/ Rank (in full)	SUPPLY CHAIN CLERK
ɡnature		Signature	
ıte	14/08/2025	Date	18/08/2025

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
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QUOTATION NO.	**STM 67 / 2025 - 2026**
DESCRIPTION	**Supply radiant globes, fluorescent fittings & LED tubes**

EVALUATION CRITERIA
Stage 1

No.	Requirements	Included in the published document	To be returned by bidder/ tenderer?
1.	Supply radiant globes, fluorescent fittings & LED tubes	Yes	Yes
2.	Official quotation price page.	Yes	Yes
3.	Bidder's disclosure form.	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
	Compulsory compliance		
7.	A B-BBEE status level verification certificate / sworn affidavit (for EMES& QSES)	No	Yes
8.	Proof that the service provider is registered on CSD.	No	Yes
9.	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). **Note:** 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.		

Initial here_____

CLARITY ON DECLARATION OF INTEREST SBD 4 (a)

BIDDER NAME	

LEGISLATION ON DISCLOSURE OF INTEREST

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."

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"

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."

CLARITY ON HOW TO DISCLOSE

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.

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,

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 _____