KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: **16/04/2026**
Closing Date: 22/04/2026

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: RK Khan Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods/ **RK KHAN HOSPITAL**

Date Submitted: **16/04/2026**

ITEM CATEGORY AND DETAILS

Quotation number: RKK52.26-27

Item Category: Goods

Item Description: SUPPLY OF DENTAL CARTRIDGE NEEDLE STERILE

Quantity (if supplies): **300 BOX**

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date: N/A

Time: N/A

Venue: N/A

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO: RK KHAN TENDER BOX NEAR BY THE GATE SECURITY GUID ROOM

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: **Udit Shanitha**

Email: **shanitha.udit@kznhealth.gov.za**

Contact number: 031 459 6299

Finance Manager: **Mrs. S. PERUMAL**

Finance Manager 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: RK KHAN HOSPITAL

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: EMAILED QOUTATION WILL NOT BE CONSIDERED

PHYSICAL ADDRESS: 336 RK KHAN CIRCLE WESTCLIFF CHATSWORTH

QUOTE NUMBER: ZNQ /RKK /52 /26 -27 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 16/04/2026 CLOSING DATE: 22/04/2026 CLOSING TIME: 11:00

DESCRIPTION: SUPPLY OF DENTAL CARTRIDGE NEEDLE STERILE 27 X42mm

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
RK KHAN CIRCLE WESTCLIFF CHATSWORTH
TENDER BOX SITUATED AT MAIN ENTRANCE GATE

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: NB NXUMALO TELEPHONE NUMBER: 031 459 6298

E-MAIL ADDRESS: nqobani.nxumalo@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: MLUNGISI MAKHANYA TELEPHONE NUMBER: 031 459 6304

E-MAIL ADDRESS: mlungisi.makhanya@kznhealth.gov.za

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 / RKK / 52 / 26 . 27

DESCRIPTION: SUPPLY OF DENTAL CARTRIDGE NEEDLE STERILE 27 X42mm

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
Race: Full points allocated to companies who are at least 51% Owned by Black People	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	300	BOX	DENTAL CARTRIDGE NEEDLE STERILE				
			27 X42mm				
			REQUIREMENTS				
			1. VALID BBBEE CERTIFICATE				
			2. SWORN AFFIDAVIT / CERTIFICATE				
			MUST HAVE SANAS LOGO				
			N.B : ALL QUOTATIONS TO BE DROPPED				
			OFF IN THE TENDER BOX SITUATED AT				
			MAIN ENTRANCE GATE RK KHAN HOSP				
			EMAILED & FAXED QOUTATIONS				
			WILL NOT BE CONSIDERED				
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: _____