KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 16/07/2026
Closing Date: 22/07/2026

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: St Andrews Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Supply Chain Management

Place where goods/ service is required: **St Andrews Hospital**

Date Submitted: **16/07/2026**

ITEM CATEGORY AND DETAILS

Quotation number: **SAH: 197/26/27**

Item Category: Goods

Item Description: **STATIONERY**

NB: PLEASE SEE THE ATTACHED ANNEXURE A FOR THE LIST OF REQUIRED RETURNABLE DOCUMENTS AND EVALUATION CRITERIA FOR THIS QUOTATION

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Time: **NOT APPLICABLE**

Venue: **NOT APPLICABLE**

QUOTES CAN BE COLLECTED FROM: KZN Health Website

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX SITUATED NEXT TO SECURITY BOTTOM GATE, 14 MOODIE STREET, HARDING, BEFORE THE CLOSSING DATE AND TIME OF TENDER

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: **Ms B. Mnomiya**

Email: **Bongisiwe.Mnomiya@kznhealth.gov.za**

Contact number: 039-4331955

Finance Manager Name: Mr N.I Mdingi

Finance Manager signature:

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ST ANDREWS DISTRICT HOSPITAL

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: StAndrews.Quotations@kznhealth.gov.za

PHYSICAL ADDRESS: 14 Moodie Street Harding , 4680

QUOTE NUMBER: ZNQ /SAH / 197 /2026 .2027 VALIDITY PERIOD: 60 DAYS

DATE ADVERTISED: 2026/07/16 CLOSING DATE: 2026/07/22 CLOSING TIME: 11:00

DESCRIPTION: STATIONERY ITEMS

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
QUOTATION MUST BE DEPOSITED ON THE TENDER BOX SITUATED NEXT TO SECURITY BOTTOM GATE, 14 MOODIS
Standrews.Quotations@kznhealth.gov.za

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: MS B MNOMIYA TELEPHONE NUMBER: 039 4331955 Ext.315 or 215

E-MAIL ADDRESS: Standrews.Quotations@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: Mr M Mbucane TELEPHONE NUMBER: 039 4331955

E-MAIL ADDRESS: Mzuvukile.Mbucane@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 OVER R2 000.01

QUOTE NUMBER: ZNQ / --- / 197 / 2026 _2027

DESCRIPTION: STATIONERY ITEMS

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
Disability – full/partial/combination of points may be allocated to companies at least 51% Owned by Black People/Persons with Disabilities	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
			KINDLY SUPPLY AND DELIVER				
			THE FOLLOWING				
			AS PER CONTINUATION SHEET				
			NB: SPECIFICATION IS ATTACHED				
			1. Ownership Certificate issued by the				
			Companies and Intellectual Property				
			Commission (CIPC), BBBEE Certificate				
			and Sworn Affidavi				
			2. Certified Identity Copy's (ID) of Directors				
			to be allocated points for specifict goals				
			3.The medical Certificate or SASSA Disability				
			card or physical assessment by deparments				
			Specialist Dorctors will serve as verification				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 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: _____

DEPARTMENT OF HEALTH

CONTINUATION SHEET : STATIONERY ITEMS

SAH: 197/26/27

NO	DESCRIPTION OF ITEM	QTY	UNIT	PRICE INCLUDING VAT (IF VAT VENDOR)	BRAND NAME
01	FACILITY TELEPHONIC TRACING REGISTER	300	UNIT		
02	CONTACT LINE LIST REGISTER (TB)	200	UNIT		
03	NATIONAL TB PREVENTIVE TREATMENT (TPT) REGISTER	200	UNIT		
04	CHILD AND ADOLESCENT PATIENT RECORD 0-15 YEARS (BOX OF 50)	100	BOX		
05	PHILA MNTWANA CENTRE REGISTER	150	UNIT		
06	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM-DISTRICT REGISTER	30	UNIT		
07	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM TRACING REGISTER	30	UNIT		
08	COMMUNITY HEALTH WORKER TRACING REGISTER	300	UNIT		
09	WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM DAILY ACTIVITY TRACKER (VERSION 2024)	1200	UNIT		
10	WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM MONTHLY ACTIVITY REGISTER/SUMMARY SHEET (VERSION 2024)	200	UNIT		
11	TB IDENTIFICATION REGISTER SUMMARY SHEET 2025 VERSION GW20/13	100	UNIT		
12	ADULT MALE PATIENT HEALTH RECORD PRIMARY HEALTHCARE(BOX OF 50)	120	BOX		

13	PRIMARY HEALTHCARE FEMALE PATIENT RECORD (BOX OF 50)	180	BOX		

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2 BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest[1] in the enterprise, employed by the state? **YES / NO**

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES / NO**

2.2.1. If so, furnish particulars: _____

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1. If so, furnish particulars: _____

3 DECLARATION

I, the undersigned,(name) _____ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1. I have read and I understand the contents of this disclosure;

3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[2] will not be construed as collusive bidding.

3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF BIDDER	SIGNATURE	POSITION	DATE

1 the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

(i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and

(ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

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1 Definitions

The following terms shall be interpreted as indicated:

1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.

1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.

1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.

1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.

1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.

1.7. "Day" means calendar day.

1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.

1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.

1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.

1.11. "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA

1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.

1.14. "GCC" means the General Conditions of Contract.

1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.

1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.

1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.

1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.

1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.

1.20. "Project site," where applicable, means the place indicated in bidding documents.

1.21. "Purchaser" means the organization purchasing the goods.

1.22. "Republic" means the Republic of South Africa.

1.23. "SCC" means the Special Conditions of Contract.

1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.

1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2 Application

2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.

2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3 General

3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.

3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

KWAZULU NATAL PROVINCE
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REPUBLIC OF SOUTH AFRICA

4 Standards

4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5 Use of contract documents and information; inspection.

5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6 Patent rights

6.1. The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

7 Performance security

7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or

(b) a cashier's or certified cheque

7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8 Inspections, tests and analyses

8.1. All pre-bidding testing will be for the account of the bidder.

8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9 Packing

9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10 Delivery and documents

10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2. Documents to be submitted by the supplier are specified in SCC.

11 Insurance

11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12 Transportation

12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13 Incidental services

13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the

13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14 Spare parts

As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts

14.1. manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
(b) in the event of termination of production of the spare parts:
  (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
  (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15 Warranty

15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.

15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.

15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.

15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16 Payment

16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.

16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.

16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.

16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

17 Prices

17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18 Contract amendments

18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19 Assignment

19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20 Subcontracts

20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21 Delays in the supplier's performance

21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

22 Penalties

22.1. Subject to GCC Clause 25, 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. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23 Termination for default

23.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

(a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;

(b) if the Supplier fails to perform any other obligation(s) under the contract; or

(c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

(i) the name and address of the supplier and / or person restricted by the purchaser;

(ii) the date of commencement of the restriction

(iii) the period of restriction; and

(iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

24 Anti-dumping and countervailing duties and rights

24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount whichmay be due to him.

25 Force Majeure

25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

26 Termination for insolvency

26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

27 Settlement of Disputes

27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.

27.5. Notwithstanding any reference to mediation and/or court proceedings herein,

(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and

(b) the purchaser shall pay the supplier any monies due the supplier.

28 Limitation of liability

28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and

(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

29 Governing language

29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

30 Applicable law

30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

31 Notices

31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice

31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

32 Taxes and duties

32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

33 National Industrial Participation (NIP) Programme

33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

34 Prohibition of Restrictive practices

34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).

34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.

34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

SPECIAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

3.1. The Department is under no obligation to accept the lowest or any quote.

3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.

3.3 ***ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.***

3.4. The price quoted must include VAT (if VAT vendor).

3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.

3.6. The bidder must ensure the correctness & validity of the quotation:

(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk;

(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.

3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.

3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.

3.9. Offers must comply strictly with the specification.

3.10. Only offers that meet or are greater than the specification will be considered.

3.11. Late offers will not be considered.

3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.

3.13. Used/ second-hand products will not be accepted.

3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.

3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.

3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.

3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.

3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.

3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

4 SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.

4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.

4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.

4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.

4.6. Use of correcting fluid is prohibited and may render the response invalid.

4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.

4.8. Where practical, prices are made public at the time of opening quotations.

4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.

5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.

5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.

(i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.

(ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.

6.2. **Samples must be made available when requested in writing or if stipulated on the document.**

If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All

(i) testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

(i) The institution has determined that a compulsory site meeting will not take place.

(ii) **Date:** ____/____/____ **Time:** ____:____ Place: _____

Institution Stamp:	Institution Site Inspection / briefing session Official: Full Name: _____ Signature: _____ Date: _____

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10 TAX COMPLIANCE REQUIREMENTS

10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.

10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11 TAX INVOICE

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

(i) the name, address and registration number of the supplier;
(ii) the name and address of the recipient;
(iii) an individual serialized number and the date upon which the tax invoice
(iv) a description and quantity or volume of the goods or services supplied;
(v) the official department order number issued to the supplier;
(vi) the value of the supply, the amount of tax charged;
(vii) the words tax invoice in a prominent place.

12 PATENT RIGHTS

12.1. The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.

13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

13.4. 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.

14. TERMINATION FOR DEFAULT

14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
(i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
(ii) if the supplier fails to perform any other obligation(s) under the contract; or
(iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

SBD 6.1.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

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1. GENERAL CONDITIONS

1.1. The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
(a) Price; and
(b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

(a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
(b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
(c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1. THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

OR

90/10

$$Ps = 90\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

OR

90/10

$$Ps = 90\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Disability – full/partial/combination of points may be allocated to companies at least 51% Owned by Black People/Persons with Disabilities	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm: _____

4.4. Company registration number: _____

4.5. TYPE OF COMPANY/ FIRM [tick applicable box]

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

_____
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: _____

DATE: _____

ADDRESS: _____

_____

_____

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

FACILITY TELEPHONIC TRACING REGISTER

FACILITY NAME: _____

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

FACILITY TELEPHONIC TRACING REGISTER

List Generated By		Name Of Tracer			
Date List Generated		Facility Name		Date allocated	dd/mm/yyy

								Complete during telephonic tracing			Complete when client visits clinic			
Name and Surname	Age	File number/UID	Missed appointment date	Type of appointment*	Phone Number(s)	Physical Address	Date(s) client phoned	Outcome of phone call**	Appointment date	Date client visited clinic	Updated on system	Referred for physical tracing	Comment
1.			dd/mm/yyyy						dd/mm/yyyy				
2.			dd/mm/yyyy						dd/mm/yyyy				
3.			dd/mm/yyyy						dd/mm/yyyy				
4.			dd/mm/yyyy						dd/mm/yyyy				
5.			dd/mm/yyyy						dd/mm/yyyy				
6.			dd/mm/yyyy						dd/mm/yyyy				
7.			dd/mm/yyyy						dd/mm/yyyy				
8.			dd/mm/yyyy						dd/mm/yyyy				
9.			dd/mm/yyyy						dd/mm/yyyy				
10.			dd/mm/yyyy						dd/mm/yyyy				
11.			dd/mm/yyyy						dd/mm/yyyy				
12.			dd/mm/yyyy						dd/mm/yyyy				

*Type of appointment can be: TB, ART, Diabetes, Hypertension, Mental Health, Other
**Outcome of phone call can be S = Successful (Client reached and appointment made), R = RIP (Client had died), T = Transfer (Client reached, receiving treatment at another facility), M = Message (client unavailable, left a message), U = Unsuccessful (Client reached but unwilling to return), L = Lost (Client cannot be reached, incorrect number or no answer)

Name: _____ Date: _____

Signature: _____

Facility Manager:

Name: _____ Date: _____

Signature: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Tel:039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

UMUZIWABANTU PHC SERVICES

SPECIFICATION – FACILITY TELEPHONIC TRACING REGISTER

List specifications to be advertised		Bidders Comments
	Facility telephonic tracing register(A4 size landscape VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding - staple , stitch and bind on the side Binding must be strong ensuring that pages do not fall apart	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Contact line list Tool

Facility Name	
Sub - District:	
District:	
Province:	
Start Date:	End Date:

Instructions on how to complete Contact line listing Form

1. Read all instructions before any attempt to complete the form.

2. All relevant fields in the form must be completed.

3. From the facility, Clinician must record all necessary information relating to the TB Index patient (Name, Surname and physical address) as listed in the TB Treatment Record (TB Blue Folder).

4. The CHW will then complete all other related information. If in the household more contacts are found and has not been recorded in the TB Treatment Record, the CHW will complete the field contact adding names of contacts that were not received in the facility.

5. Record the relationship between index patient and the contact (mother, father, son, partner etc..) under the column relationship.

6. Under Column gender tick (✓) in the box for the appropriate gender.

7. Under Column "age" tick (✓) in the box under the relevant age category.

8. Under column "Contact location/exposure setting" write home, school, work, church, social (club/tavern/parties/weddings/funerals etc), health facility or other as reported by client.

9. Under Column "Co-Morbidities, write HIV if client is living with HIV, DM if client is diabetic, SIL if client has confirmed silicosis, NU if client has under nutrition and AUD if client has an alcohol use disorder.

10. Under Column "TB Symptoms" write Y (yes) for symptomatic client (TB symptoms present) and N (no) for asymptomatic client (no TB symptoms present).

11. Record Y (yes) when a client has been referred to the facility for TB testing or for treatment initiation and N (no) if the client was not referred. If a client is not referred to the facility, use the comments section to provide reasons for non-referral.

The following must be completed in the facility with the Data Capturer using the TB Identification Register

12. If a Sample for TB NAAT was collected, record Y (yes) and N (no) if no specimen was collected.

13. Record the date when the sample was collected in the format dd/mm/yyyy and Neg if MTB was not detected.

14. Write "Pos" if MTB was detected irrespective of resistance profile and "Neg" if MTB was not detected.

15. If a contact was initiated on TPT, tick (✓) under the column TPT and if the contact was initiated on TB tick (✓) under the column TB treatment. If the client was not initiated an any treatment, tick under thy column "None'' and provide reasons in the comment section.

16. If the client refused to start any form of treatment (TPT or TB treatment) despite intensive counselling, tick (✓) under the column " refused treatment"

17. Under Column " Died" tick (✓) if the client was reported or known to have died before any treatment could be initiated.

18. Under Column " Lost to follow up" place a tick (✓) if all attempts at finding and linking the client to care have failed.

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| Facility profile | | |

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Facility profile											
Month:	Facility:									Sub District:	
Index Patient	Contacts	Relationship with the Index patient	Gender (M/F)		Age		Contact location	Co-Morbidities (HIV, Diabetes, Silicosis, Undernutrition, alchohol use disorder)		TB Symptoms (Y/N)	Specimen collected (Y/N)
Surnames & Names	Physical Adress				Under 5 years	5 years and older					
	1.										
	2.										
	3.										
	4.										
	1.										
	2.										
	3.										
	4.										
	1.										
	2.										
	3.										
	4.										
	Total number of contacts		M	F	Total number <5 years	Total number >5 years				Total screened for TB symptoms	

health

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Facility profile										
Month:	Facility:							Sub District:		
Index Patient	Contacts	Relationship with the Index patient	Gender (M/F)	Age		Contact location	Co-Morbidities (HIV, Diabetes, Silicosis, Undernutrition, alchohol use disorder)	TB Symptoms (Y/N)	Specimen collected (Y/N)	
Surnames & Names	Physical Adress			Under 5 years	5 years and older					
	1.									
	2.									
	3.									
	4.									
	1.									
	2.									
	3.									
	4.									
	1.									
	2.									
	3.									
	4.									
	Total number of contacts		M	F	Total number <5 years	Total number >5 years			Total screened for TB symptoms	

Weekly Tally & Monthly Summary Sheet

Facility _____ Compiled by _____

Week	Total Index patients	Contacts identified		TB Contacts screened for TB		TB Contacts referred to		TB Contacts tested for TB	
		< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years
Week 01									
Week 02									
Week 03									
Week 04									
Week 05									
Monthly Summary									

Verified by _____

Months _____

Contacts tested TB positive		TB Contacts started TPT		TB Contacts tested TB		TB Contacts refused		TB contacts died before		TB Contact LTF before	
< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years

Signature _____ Date _____

Weekly Tally & Monthly Summary Sheet

Facility: _____ Compiled by: _____

Week	Total Index patients	Contacts identified		TB Contacts screened for TB		TB Contacts started on TPT		TB Contacts evaluated for TPT	
		< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years
Week 01									
Week 02									
Week 03									
Week 04									
Week 05									
Monthly Summary									

Verified by: _____

Months: _____

Contacts tested TB positive		TB contacts started TPT		TB contacts started TB		TB Contacts refused		TB contacts died before		TB Contact LTF before	
< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years	< 5 years	≥ 5years

Signature: _____ Date: _____

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OUTCOMES SUMMARY REPORT

Year: _____		Number started treatment		Number completed TPT		Number died		Number Loss to Follow-up (LTFU)		Number stopped TPT		Number transferred out (TFO)		Number still on treatment	
		< 5yrs	≥ 5yrs	<5 yrs	≥5 yrs	< 5 yrs	≥5yrs	< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs
Quarter 1	January														
	February														
	March														
Total															
Quarter 2	April														
	May														
	June														
Total															
Quarter 3	July														
	August														
	September														
Total															
Quarter 4	October														
	November														
	December														

Compiler: Name & Surname _____ Date: _____

Verifier: Name & Surname: _____ Date: _____

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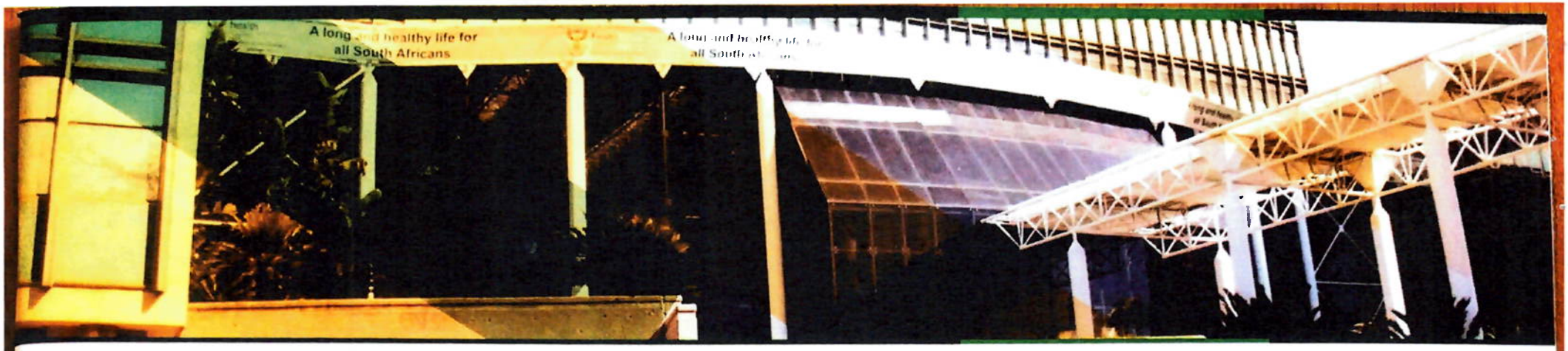

National TB Preventive Treatment (TPT) Register

Facility Name:			
Subdistrict:			
District:			
Province:			
Start Date:		End Date:	

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END TB

2030 NDP

30 YEARS OF FREEDOM

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Department of Health
REPUBLIC OF SOUTH AFRICA

TB Preventive

A. Client Information

Folder Number/HPRN	Surname / First Names	Sex: Male	Sex: Female	Age group: Age (yrs)	Age group: <5 yrs	Age group: 5 yrs & older	Risk group: Contact	Risk group: PLHIV	Risk group: Silicosis	Risk group: Other	TPT start date

Compiler: Names and Surname Date:

Treatment Register

Regimen: 3HP	3RH	6H	12H	Other Regimen	Treatment Outcomes: Completed	Died	Loss to Follow-up	Stopped	Outcome Date	Transferred Out	Remarks

Verifier: Name and Surname Date:

Completion of the Quarterly Treatment Outcome Report

18. At the back of a register there is a Treatment Outcome report which must be compiled quarterly.
19. Refer back to the relevant quarter for reporting outcomes, add up all the totals by outcome and age group (irrespective of the Regimen) in each page.
20. Transcribe these outcomes according to age in the relevent colums of the summary.
21. Refer to the TPT Register R&R SOPs for reporting timelines

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Instructions on how to complete TPT Register

Instructions on how to complete TPT Register

A new month must be started on a new page.

1. Read all instructions before any attempt to complete the register.
2. All relevant fields in the register must be completed.
3. Record all necessary information relating to the facility name, sub-distirct, district and province.
4. Record the Clinic folder number or the HPRN in the column "Folder Number/ HPRN"
5. Record the patient surname in the top row and first name/s in the bottom row, in the column " Surname/ First Name/s" .
6. Under the column Sex", tick (✓) in the relevant column either "Male or Female"
7. Under column "Age" record the age of the patient in years or months for patients less than one year.
8. Under column "Age Group" tick (✓) either "less than 5 years" or "5 years and above"based on the age of the patient.
9. Under column Risk group tick (✓) the relevant risk group/s as informed by the patient. Tick "Other" if the patient falls under risk groups such as those with autoimmune diseases, cancer, diabetes and those receiving dialysis, or on immunosuppressive drugs.
10. Under column "TPT start date" record the date when the treatment is started in the format dd/mm/yyyy
11. Under column "TPT Regimen" tick (✓) the appropriate regimen the patient is started on. If "Other" regimen was prescribed, tick (✓) under "Other" and record the actual regimen e.g. 4R, 6LFX, High dose INH, etc in the appropriate cell below.
12. Under the "Treatment Outcome date" record the date on which treatment was completed according to the format dd/mm/yyyy
13. Under the column "Treatment Outcome" tick (✓) the relevant outcome for the patient as recorded in the patient folder.
14. For outcome "Treatment stopped" record reason for stopping treatment in "Remarks" column
15. For outcome "Transferred out" record the name of the facility the patient was transferred to in the "Remarks" column.
16. Count and record the totals for the individual columns in the last row marked "Totals".
17. The compiler and verifier must write their names and surnames, and date on each page in the space provided.

DEPARTMENT OF HEALTH

CHILD PATIENT HEALTH RECORD (BIRTH - 15 YEARS)

PRIMARY HEALTH CARE

Patient File Number: **H222**

				-				-				

ID/Passport Number:

HPRS LABEL .....

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

CHILD PATIENT HEALTH RECORD
PRIMARY HEALTH CARE
(BIRTH - 15 YEARS)

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility.
It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of this health facility.

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.

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Growth chart - boy	Page 15-17
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Prescription	Page 50-57
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Consent for HIV and other testing	Page 62-64

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Consent for HIV and other testing	Page 62-64

V3/2017 1 of 64 C

SPECIFICATION

H-Form Number: H222

ICN-Number: !!!!!!!!

Description:

Specifications:

1. **Size:** 216 x 300 mm After cutting
2. **Cover :** 300 Gr Gloss printed full colour single sided
3. **Print:** Inside 32 double sided
   64 Page no :
4. **Paper:** 80g Bond White printed black
5. **Binding:** PUR Glue
6. **Pocket :** Pasted pocket on inside back cover A4 page to fit with ease in pocket
7. **Packing:** 50 books per pack
8. If not quoted please return quote to the depot and indicate on quote "no quote".
9. Submitting of proof is **compulsory** to enable proof reading.

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Province of KwaZulu-Natal

Phila Mntwana Centres

Registers

Operation

Stand up and Build

Phila Mntwana Centre

Key:
X - Referral required
V - Child assessed, action taken (if applicable), no referral required
– - Not applicable

Date (dd/mm/yy)	Initials of CCG	Name and Surname of the Child (Fill in All Children)	Date of Birth (dd/mm/yy)	Sex (M/F)	Mother or Caregiver's Contact Details (Name and Surname and Cell Number)	NUTRITION								CHILD HEALTH							SOCIAL SERVICES				OTHER REFERRALS									
						MUAC Green	MUAC Yellow	MUAC RED	VITAMIN A	Infant feeding	Diarrhoea	Immunization	TB screening	18 months and older Provider Initiated Counselling and Testing (PICT)	Deworming screening	Developmental screening	Birth registration	Orphans & vulnerable children	Early childhood development services	Child support grant	DOH	DSD	SASSA	Other Departments	Health Education	Tick cases closed/ intervention provided							
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																
Total attended																																
Total referred																																

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Tel 039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

Name of Directorate: St Andrews Hospital – PHC Services

UMUZIWABANTU PHC SERVICES

SPECIFICATION – PHILA MNTWANA CENTRE REGISTER

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE PHILA MNTWANA CENTRE REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding - staple , stitch and bind on the side Binding must be strong ensuring that pages do not fall apart	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM MONTHLY DISTRIC HEALTH INFORMATION SYSTEM (DHIS) REPORT (VERSION 2024)

CHW: **Team name:**

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NDP 2030

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM MONTHLY DHIS REPORT

Instructions:

1. This form should be used an OTL to compile DHIS monthly report on WBPHCOT activities.
2. At the end of the month, the total numbers should be summarised in the last row of the table.
3. If there are more CHWs than the rows, use a second summary sheet.
4. The facility manager must sign and submit the form together with other PHC reports for capturing on DHIS.

Outreach Team Leader Name		Reporting month		Clinic name		WBPHCOT DHIS Name	

	Visit		Headcount						Antenatal		Child Health			HIV	TB				Hypertension		Diabetes		Mental health	Adherence
CHW Name	COS Household 1st visits	COS Household follow up visits	COS Under 5 years attended to	COS 5-9 years attended to	COS 10-19 years attended to	COS 20 years and above attended to	COS female clients seen by CHW	COS Male clients seen by CHW	COS pregnancy test done	COS pregnancy test positive	COS Vitamin A dose 12-59 months	COS deworming dose 12-59 months	COS MUAC screening 6-59 months	COS HIV defaulter traced	COS clients screened for TB symptoms	COS TB contacts screened for TB symptoms	COS TB Lost to follow up traced	COS clients referred for TB test	COS clients 18-44 years screened for hypertension	COS clients 45 years and older screened for hypertension	COS clients 18-44 years screened for Diabetes	COS clients 45 years and older screened for Diabetes	COS clients screened for mental health problems	COS with adherence support
Complete totals for each column below																								
Team Total																								

OTL

Name: Date:

Signature:

Facility Manager:

Name: Date:

Signature:

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Tel 039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

UMUZIWABANTU PHC SERVICES

SPECIFICATION – WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DISTRICT REPORT REGISTER

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DISTRICT REPORT REGISTER (VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front with binding wire or steel type	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding must be ring-binded	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

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WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM TRACING REGISTER

FACILITY NAME: _____

health
Department
Health
REPUBLIC OF SOUTH AFRICA

OTL Name		Team Name	
Date generated		Date completed	

Name and Surname	Age	File number/UID	Missed appointment date	Type of appointment *	Phone Number (s)	Physical Address	Completed from CHW Defaulter Tracing Lists				Completed from facility records		Comment
							Allocated to CHW name	Date(s) client visited	Outcome of visit**	Clinic Appointment Date	Date client visited clinic	Updated on system	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													

* Type of appointment can be: TB, ART, Diabetes, Hypertension, Mental Health, Other

Outcome of visit can be **S – Successful (Client reached and appointment made), **R** – R.I.P (Client has died), **T** – Transfer (Client reached, receiving treatment at another facility), **M** – Message (Client unavailable, left a message), **U** = Unsuccessful (Client reached but unwilling to return), **L** = Lost (Client cannot be reached, incorrect number or no answer)

OTL

Signature: _____ **Date:** _____

Facility Manager:

Name: _____ **Date:** _____

Signature: _____

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

OTL Name		Team Name	
Date generated		Date completed	

Name and Surname	Age	File number/UID	Missed appointment date	Type of appointment *	Phone Number (s)	Physical Address	Completed from CHW Defaulter Tracing Lists				Completed from facility records		Comment
							Allocated to CHW name	Date(s) client visited	Outcome of visit**	Clinic Appointment Date	Date client visited clinic	Updated on system	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													

* Type of appointment can be: TB, ART, Diabetes, Hypertension, Mental Health, Other

Outcome of visit can be **S – Successful (Client reached and appointment made), **R** – R.I.P (Client has died), **T** – Transfer (Client reached, receiving treatment at another facility), **M** – Message (Client unavailable, left a message), **U** = Unsuccessful (Client reached but unwilling to return), **L** = Lost (Client cannot be reached, incorrect number or no answer)

OTL
Signature: _____ Date: _____

Facility Manager:
Name: _____ Date: _____
Signature: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Tel:039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

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SPECIFICATION – WBPHCOT TRACING REGISTER - OTL

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE OTL tracing register (VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front with binding wire or steel type	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding must be ring-binded	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

A sample is attached.

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

health

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REPUBLIC OF SOUTH AFRICA

COMMUNITY HEALTH WORKER TRACING REGISTER

CHW: _____ Team Name: _____

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COMMUNITY HEALTH WORKER TRACING REGISTER

Team Name		CHW name	
Date list generated		Date allocated	

Name and Surname	Age	File number/UID	Missed appointment date	Phone Number (s)	Physical Address	Date(s) client visited at home	Outcome of home visit	Final Outcome	Proposed Date of Clinic visit	Comment
1.						(1) (2) (3)				
2.						(1) (2) (3)				
3.						(1) (2) (3)				
4.						(1) (2) (3)				
5.						(1) (2) (3)				
6.						(1) (2) (3)				
7.						(1) (2) (3)				
8.						(1) (2) (3)				
9.						(1) (2) (3)				
10.						(1) (2) (3)				
11.						(1) (2) (3)				
12.						(1) (2) (3)				

Outcome of home visit can be **S = Successful (Client reached and appointment made), **R** = RIP (Client has died), **T** = Transfer (Client reached, receiving treatment at another facility), **M** = Message (Client unavailable, left a message), **U** = Unsuccessful (Client reached but unwilling to return), **L** = Lost (Client cannot be reached, incorrect number or no answer)

OTL:

Signature: _____ Date: _____

Name: _____ Date: _____

Signature: _____

Human Scale Printers (031) 912 2910

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HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Tel 039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

UMUZIWABANTU PHC SERVICES

SPECIFICATION – COMMUNITY HEALTH WORKER TRACING REGISTER

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE CHW tracing register (VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front with binding wire or steel type	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding must be ring-binded	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

A sample is attached.

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM DAILY ACTIVITY TRACKER (VERSION 2024)

CHW: **Team name:**

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM DAILY ACTIVITY TRACKER

Instructions:

1. This form should be used daily at each household visit.
2. Record each client provided with the service per household in each row. If a particular service is not provided to anyone in the household, fill in zero (0).
3. Summarise the totals for each page in the last row of the table.
4. At the end of the month, add up all the page totals applicable for that month and submit to OTL.
5. Start a new page at the beginning of each month.

Month

	Visit			Headcount						Antenatal			Post-natal			Child Health										HIV		TB				Hypertension		Diabetes		Adherence	Other		
Household profile number	Date of visit (dd/mm/)	Type of visit (Tick 1 for 1st visit to household, F for follow up visit)	Was the visit supervised (Tick Y/N)	Under 5	5-9 years	10-19 years	20 years and above	Female client seen by CHW	Male client seen by CHW	Pregnancy test	1st Antenatal visit	Antenatal support	Post-natal support	Under 1 assessed for danger signs	Under 1 referred	Child (1-5) assessment	Child 6-59 months MUAC screening	Under 5 referred for nutrition and growth problems	Under 5 with Diarrhoea referred for further treatment	Child referred for immunisation	Child (12-59 months) provided with Vitamin A	Child (12-59 months) provided with deworming	Child under 15 referred to social services	Child under 5 referred for HIV test	Child 5-14 referred for HIV test	Clients 15 years and above referred for HIV test	HIV defaulter traced	Client under 5 screened for TB	Clients 5 years and older screened for TB	Clients referred for TB investigation	TB lost to follow up traced	Clients screened for high blood pressure	Clients referred for blood pressure testing	Clients screened for diabetes	Clients referred for blood glucose test	Clients provided with adherence support	Clients 15 years and older referred to social services	Clients referred for mental health assessment	Other
		Page summary Complete totals for each column below																																					
# households visited																																							

*Other, record any other services provided to household member.

CHW

Name: Date:

Signature:

Reviewed by OTL:

Name: Date:

Signature:

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Physical Address: Moodie St, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Tel:039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

UMUZIWABANTU PHC SERVICES

SPECIFICATION – WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER REGISTER

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER (VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front with binding wire or steel type	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding must be ring-binded	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM MONTHLY ACTIVITY REGISTER/ SUMMARY SHEET (VERSION 2024)

CHW: **Team name:**

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

NDP 2030

WARD BASED PRIMARY HEALTHCARE OUTREACH TEAM MONTHLY ACTIVITY REGISTER

Instructions:

1. This must be compiled by the CHW at the end of every month
2. Record totals for each month on a new row on this page
3. If a particular service is not provided to anyone, during the month, fill in zero (0)

Month

Visit				Headcount						Antenatal			Post-natal			Child Health									HIV			TB			Hypertension		Diabetes		Adherence	Other			Approval	
Month and year	Number of 1st visit	Number of follow up visits	Number of supervised visits	Under 5	5-9 years	10-19 years	20 years and above	Female client seen by CHW	Male client seen by CHW	Pregnancy test	1st Antenatal visit	Antenatal support	Post-natal support	Under 1 assessed for danger signs	Under 1 referred	Child (1-5) assessment	Child 6-59 months MUAC screening	Under 5 referred for nutrition and growth problems	Under 5 with Diarrhoea referred for further treatment	Child referred for immunisation	Child (12-59 months) provided with Vitamin A	Child (12-59 months) provided with deworming	Child under 15 referred to social services	Child under 5 referred for HIV test	Child 5-14 referred for HIV test	Clients 15 years and above referred for HIV test	HIV defaulter traced	Client under 5 screened for TB	Clients 5 years and older screened for TB	Clients referred for TB investigation	TB lost to follow up traced	Clients screened for high blood pressure	Clients referred for blood pressure testing	Clients screened for diabetes	Clients referred for blood glucose test	Clients provided with adherence support	Clients 15 years and older referred to social services	Clients referred for mental health assessment	other	CHW Signature and Date	OTL signature and date

CHW

Name: Date:

Signature:

Reviewed by OTL:

Name: Date:

Signature:

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X1010, Harding, 4680
Name of Directorate: St Andrews Hospital – PHC Services
Physical Address: Moodie St, Harding, 4680
Tel:039 433 1955 Fax:039 433 1616 Email address: vuyisiwe.ncume@kznhealth.gov.za
www.kznhealth.gov.za

UMUZIWABANTU PHC SERVICES

SPECIFICATION – WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY ACTIVITY SUMMARY REGISTER

List specifications to be advertised		Bidders Comments
	A4 SIZE LANDSCAPE WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY ACTIVITY SUMMARY REGISTER (VERSION 2025) REGISTER WITH THE FOLLOWING FEATURES:	
1.	PVC Cover: 150 micron, transparent back & front with binding wire or steel type	
2.	Cover: Front must be white with green print ink and must have two logos for National DOH & NDP 2030	
3.	And inner leaves: 80 GSM bond white.	
4.	Inner Pages : A4 printed back to back in black ink	
5.	Orientation: Landscape booklet front & back cover 160gsm cardboard material	
6.	Size: A4 x 34 pages including binding cover	
7.	Binding must be ring-binded	
8.	**NB: Sample: Printed sample is required for evaluation before the delivery of the full order.**	
9.	**NB: Awarded bidder to collect a sample from the institution after the order is issued.**	

Mrs V. V. Ncume
Assistant Manager Nursing - PHC Services
Umuziwabantu

Facility location: _____

National Tuberculosis Control Programme

TB IDENTIFICATION REGISTER SUMMARY SHEET

2025 Version
GW20/13

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

END TB

FACILITY NAME :.....

YEAR: .....

START DATE: .....

END DATE: .....

COMPLETION OF THE MONTLHY SUMMARY SHEET

1. A monthly summary sheet to be completed at the end of each month
2. The monthly summary sheet has been aligned with the reporting needs of the programme
3. The Data capturer must collate all multiple registers using a collation tool and compile the summary sheet at the end of each month. For a facility utilising one register a collation tool must be completed for that register.
3. At the end of each quarter data must be collated and quartely report compiled using the summary sheet.
4. The monthly summary sheets must be retained in the facility for audit or data verification purposes

HOW TO COMPLETE THE MONTHLY SUMMARY SHEET

1. All variables including data elements in the summary sheet must be sumarised and totals accurately completed.

1.1 Total number of clients eligible for TB test as per age disagregation
1.2 Total number of clients with positive TB screen
1.3 Total number of clients tested for TB using TB NAAT as per age disagregation
1.4 Total number of clients tested for TB using urine LF-LAM
1.5. Total DS-TB confirmed clients (bacteriologally confirmed + clinically diagnosed) as per age disagregation
1.6 Total number RR-TB Bacteriologically confirmed
1.7 Total number INHR-TB bacterilogically confirmed
1,8. Total number INHR-TB clients started on treatment
1.9. Total number DS-TB started on treatment as per age diagregation
1.10 Total number RR-TB clients started on treatment
1.11 Total number of clients died before treatment start as per age disagregation
1.12 Total number of clients loss to follow -up before treatment start as per age disagregation
1.13 Total number of TB contacts as per age disagregation
1.14 Total of TB contacts started on TPT as per age disagregration

The summary sheet must be used as a source for capturing into DHIS

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

MONTHLY SUMMARY COLLATION TOOL FOR TB DETECTION

YEAR: _____

Month	Number of clients eligible for TB test			Number of clients with positive TB screen	Number of clients tested for TB using TB NAAT		Number of Clients tested for TB using urine LF-LAM	DS-TB Confirmed Clients						INHR-TB Bacteriologically confirmed	RR-TB Bacteriologically confirmed	TB Treatment Initiation				Number of clients died before treatment start		Number of clients loss to follow up before Treatment Start		Number of TB Contacts		Number of TB Contacts started on TPT	
								Bacteriologically Confirmed		Clinically Diagnosed		Total				DS-TB Treatment Start		INHR-TB Treatment start	RR-TB Treatment Start								
	Total	< 5yrs	≥ 5yrs		<5yrs	≥5yrs		<5yrs	≥5yrs	<5yrs	≥5yrs	<5yrs	≥5yrs			<5yrs	≥5yrs			< 5 yrs	≥ 6yrs	< 5 yrs	≥ 5yrs	< 5 yrs	> 5yrs	< 5 yrs	> 5yrs
Register 1																											
Register 2																											
Register 3																											
Register 4																											
Register 5																											
Register 6																											
Register 7																											
Register 8																											
Register 9																											
Register 10																											
Register 11																											
Register 12																											
Register 13																											
Register 14																											
Register 15																											
TOTAL																											

Compiled by: Name & Surname _____ Date: _____

Verified by: Name & Surname _____ Date: _____

health

REPUBLIC OF SOUTH AFRICA

MONTLHY SUMMARY SHEET FOR TB DETECTION

Year: _____		Number of clients eligible for TB test			Number of clients with positive TB Xpert	Number of client tested for TB using TB NAAT		Number of Clients tested for TB using urine LF-LAM	DS-TB Confirmed Clients						INH-TB Bacteriologically confirmed	RR-TB Bacteriologically confirmed	TB Treatment Initiation				Number of clients lost before treatment start		Number of clients lost to follow up before treatment Start		Number of TB Contacts		Number of TB Contacts started on TPT		Data Sign off			
									Bacteriologically Confirmed		Clinically Diagnosed		Total				DS-TB Treatment Start		Post-TB Treatment start	RR-TB Treatment Start									Verified by Name	Approved by		
		Total	< 5yrs	≥ 5yrs		< 5yrs	≥ 5yrs		<5yrs	≥5yrs	<5yrs	≥5yrs	<1yrs	≥1yrs			<5yrs	≥5yrs			< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs	< 5 yrs	≥ 5yrs		Name	Signature	Date
Quarter 1	January																													
	February																													
	March																													
	Total																													
Quarter 2	April																													
	May																													
	June																													
	Total																													
Quarter 3	July																													
	August																													
	September																													
	Total																													
Quarter 4	October																													
	November																													
	December																													
Total																														

1. **TB IDENTIFICATION REGISTER: GW 20/13:**

Requirement	**Appointed service provider to provide a sample before commencement of bulk printing**
Size	A3
Pages	70 Pages (Max)
Paper	Text: Bond 80 gsm
Cover	Front and Back: Yellow Board 160gsm
	Inside pages: Printed both sides with one colour (black) **Front Cover**: Printed both sides in one colour (black), with South Africa's coat of arms, National Department of Health and End TB Strategy logos **Back cover**: Blank with a departmental logo
Binding:	Staple, stitch and bind on the side
Packaging:	Packed in 200's (to be discussed with the supplier)

2. **TB IDENTIFICATION SUMMARY SHEET**

Requirement	**Appointed service provider to provide a sample before commencement of bulk printing**
Size	A3
Pages	14 Pages (Max)
Paper	Front and Back: Yellow Board 160gsm Text: Bond 80 gsm
Print:	**Inside pages:** printed on both sides in one colour (black) **Front Cover**: Printed both sides in one colour (black), with a coat of arms and departmental and End TB Strategy logos. **Back cover**: Blank with a departmental logo
Binding:	Staple, stitch and bind on the side
Packaging:	Packed in 300's

DEPARTMENT OF HEALTH

Patient File Number: H222

ID/Passport Number:

HPRS LABEL .....

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ADULT MALE PATIENT HEALTH RECORD

PRIMARY HEALTH CARE

ADULT MALE PATIENT HEALTH RECORD
PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility. It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of this health facility.

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.

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TB adherence Page 46-51

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Pockets for laboratory results and referrals Page 55

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SPECIFICATION
ADULT MALE PATIENT HEALTH RECORD
PRIMARY HEALTH CARE

H-Form Number: **H111**

ICN-Number: !!!!!!!!

Description:

Specifications:

1. **Size:** 216 x 300 mm After cutting
2. **Cover :** 300 Gr Gloss printed full colour single sided
3. **Print:** Inside 32 double sided
   64 Page no :
4. **Paper:** 80g Bond White printed black
5. **Binding:** PUR Glue
6. **Pocket :** Pasted pocket on inside back cover
   A4 page to fit with ease in pocket
7. **Packing:** 50 books per pack
8. If not quoted please return quote to the depot and indicate on quote “no quote”.
9. Submitting of proof is **compulsory** to enable proof reading.

DEPARTMENT OF HEALTH

Patient File Number: H000

			–				–				

ID/Passport Number:

HPRS LABEL .....

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ADULT FEMALE PATIENT HEALTH RECORD
PRIMARY HEALTH CARE

ADULT FEMALE PATIENT HEALTH RECORD

PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility. It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of this health facility

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.

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SPECIFICATION
ADULT FEMALE PATIENT HEALTH RECORD
PRIMARY HEALTH CARE

Description:

Specifications:

1.	**Size:**	216 x 300 mm After cutting
2.	**Cover :**	300 Gr Gloss
3.	**Print:**	Inside 40 double sided 80 Page no :
4.	**Paper:**	80g Bond White printed black
5.	**Binding:**	PUR Glue
6.	**Pocket :**	Pasted pocket on inside back cover A4 page to fit with ease in pocket
7.	**Packing:**	50 books per pack

8. If not quoted please return quote to the depot and indicate on quote "no quote".
9. Submitting of proof is **compulsory** to enable proof reading.

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

ST'ANDREWS DISTRICT HOSPITAL
Physical address: 14 Moodie Street, Harding, 4680
Postal address: P/Bag X1010, Harding, 4680

EVALUATION CRITERIA:

Quotation No.	ST ANDREW'S HOSPITAL SAH: 197
Quotation Description	STATIONERY

EVALUATION CRITERIA:

The Department will evaluate quotation received before the closing date and time using four (4) phases, these are peremptory requirements, should the bidder fail to comply, the bid will regarded as non-responsive and be disqualified, namely:

Phase 1: Minimum Compulsory Requirements
Phase 2: Mandatory Requirements
Phase 3: Price and Preference Points System
Phase 4: Confirmation
Phase 5: Evaluation Criteria and specification approved by

Phase 1: Minimum Compulsory Requirements

NO.	REQUIREMENTS	COMPULSORY FOR PHASE 1	COMPULSORY FOR TENDER EVALUATION PURPOSES FOR PHASES 3 AND 4	FOR OFFICIAL USE ONLY		
				YES	NO	N/A
1. Prospective tenderers MUST ensure that the following Sections of the quotation document MUST be completed/adhered to, in ALL respects to qualify for the next stage of evaluation.						
1.1	Standard Quote Document	Yes	Yes			
1.2.	Official Price page	Yes	Yes			
1.3	Declaration of Interest SBD 4	Yes	Yes			
1.4	General Conditions of Contract (GCC)	Yes	Yes			
1.5	Preference Points Claimed (SBD 6.1.)	Yes	Yes			
1.6	Terms of Reference [TOR] OR (Specification)	Yes	Yes			
1.7	Objective Evaluation Criteria	Yes	Yes			
Phase 2 **Prospective tenderers MUST provide the following as Mandatory Requirements: Main Contractor**						
2.1	The Consortium/ Joint Venture/ Partnership agreement, if applicable. (Certified Copies).	Yes If Applicable	Yes (Phase 1) If Applicable			
2.2	A B-BBEE Status Level Verification Certificate/Sworn Affidavit (For EME's & QSE's).	Yes	Yes			
2.3	Central Supplier Database Compliance Report(CSD)	Yes	Yes			

2. Race: Full points allocated to companies who are at least 51% Owned by Black People

Specific Goal	Number Of Points Allocated	Proof To Claim Specific Goal (Returnable Documents)
Race: Full points allocated to companies who are at least 51% owned by black people	20	Ownership Certificate issued by companies and Intellectual Property Commission (CIPC) or Central Supplier Database (CSD)
Note: Should a 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		

Phase 4 – Confirmation

Compulsory to be completed by the bidder and returned with quotation.

I, ... , from ..... do hereby
(Print Name) *(Name of Business)*

acknowledge that I have read and understand the specifications as laid out above and will ensure that the quotation price submitted will address all the requirements as stipulated.

..../...../.....
Signature Date

Phase 5 - Approval by Quotation Specification Committee on: _____/_____/_____

Official	Title(Ms/Mrs/Mr/Dr	Initials and Surname	Signature	Date
End User				
SCM Official				

2.4	Submission of sample, should you fail to submit sample you will be treated as no responsive	Sample required Yes/No	Sample submitted Yes/No

Mandatory Delivery period

Note:
Bidder/Tenderer is mandatory to deliver within the period that they stated on standard quotation

Compliance with specification

2.5	Requirement	Complies with specification Yes/No
	The Bidder/Tenderer to confirm that the product supplied complies with attached specification documents, should to indicate compliance your quotation will not progress to the next stage of evaluation	

Phase 3: Pre-qualification criteria for preferential procurement

The Department has identified the following pre-qualification criteria in respect of this bid

Price and Preference Points

The following preference point systems are applicable to all quotations as per Preferential Procurement Regulations 2022:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- Points for this quotation shall be awarded for:

Price and Specific Goals

1. The maximum points for this bid are allocated as follows:

CATEGORY	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals must not exceed	100

Failure on the part of a bidder/tenderer to submit proof of Specific Goals together with the bid, this will be interpreted to mean that preference points for Specific Goals is not being claimed, and zero (0) points will be allocated.

The department reserves the right to require additional information to the quotation, either before a quotation is awarded or at any time subsequently, to substantiate any claim in regards to preferences, in any manner required by the department.