KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS UP TO R1 000 000

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: QUEEN NANDI REGIONAL HOSPITAL

FACSIMILE NUMBER: 035 772 1361 E-MAIL ADDRESS: QNH.scmquotation@kznhealth.gov.za

PHYSICAL ADDRESS: 29 UNION STREET, EMPANGENI, 3880

QUOTE NUMBER: ZNQ / QNR / 346 / 26 - 27 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 05/10/2026 CLOSING DATE: 08/10/2026 CLOSING TIME: 11:00

DESCRIPTION: Charts

CONTRACT PERIOD (IF APPLICABLE): ONCE-OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
QUEEN NANDI REGIONAL HOSPITAL,29UNION STREET ,EMPANGENI,3880 AT MAIN DOOR ENTRANCE

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: MLAMBO F.T. TELEPHONE NUMBER: 035 907 7064

E-MAIL ADDRESS: fikile.mlambo@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: MKHIZE N.T. TELEPHONE NUMBER: 035 907 7061

E-MAIL ADDRESS: nhlakanipho.mkhize@kznhealth.gov.za

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (If VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. | M | A | A | A | | | | | | | | |

UNIQUE REGISTRATION REFERENCE:

								-				-				-				-											

OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000

QUOTE NUMBER: ZNQ / QNR / 346 / 26 _ 27

DESCRIPTION: CHARTS

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
RDP Goal: Full points allocated to promote enterprises located in a specific region for work to be done or services to be rendered in that Region	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	UNITS	500	MATERNITY CASE PERI-OPERATIVE				
			RECORD				
	UNITS	500	NEONATAL RECORD				
	UNITS	500	EARLY WARNING OBSERVATION				
	40	PKTS	ANAESTHETIC, OPERATION AND				
			RECOVERY ROOM RECORD				
			(PKT OF 250)				
	01	BOX	ADMISSION RECORD ICU WELCOME				
			(BOX OF 250)				
	02	UNITS	COMBINED BIRTH REGISTER				
	01	BOX	GROWTH CHART GIRLS				
			(BOX OF 250)				
	01	BOX	BOY GROWTH CHART PREMATURE				
			(BOX OF 250)				
	06	UNITS	NEONATAL ADMISSION AND				
			DISCHARGE ADD REGISTER				
	6	UNITS	EPOC DAILY ALLOCATION BOOK				
	400	PADS	EPOC PAEDIATRIC NURSING RECORD				
	933	UNITS	EPOC PAEDIATRIC NURSING CARE				
			PLAN BOOKLET				
	40	PADS	EPOC PAEDIATRIC ASSESSMENT&CARE				
	16	PAD	EPOC DISCHARGED CHECKLIST				
	03	BOX	DAILY KMC CHART ASSESSMENT				
			(BOX OF 250)				
			SPEC & EVALUATION CRETIRIA ATTACHE				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

CLARITY ON DECLARATION OF INTEREST SBD 4 (a)

BIDDER NAME	

LEGISLATION ON DISCLOSURE OF INTEREST

The Public Service Act 103 of 1994 indicates in section 30(1) that "No employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department."

Furthermore, in terms of the Public Service Regulations paragraph 13(c), "An employee shall not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act"

Treasury Regulations 16A8.4 further indicates that "If a supply chain management official or other role player, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded, that official or other role player must-(a) disclose that interest; and (b) withdraw from participating in any manner whatsoever in the process relating to that contract."

CLARITY ON HOW TO DISCLOSE

Clause 2.2 of the Bidders Disclosure (SBD4), require the bidder to disclose a relationship with any person employed by the entire KZN Department of Health, even if that person is not employed by the procuring institution. The Department may use other Computer Assisted Techniques to verify possible interest, should you be found to have failed to disclose correctly, your bid/quotation will be treated as a false declaration, treated as non-responsive and disqualified.

For example, if the tender is advertised or invited by Addington Hospital, yet the person with interest is employed by Manguzi Hospital, as long as that official is employed by the Department of Health, the bidder is required to disclose interest. Therefore the question is, do you, or any person connected with the bidder, have a relationship with any person who is employed by the KZN Department of Health? If so, please furnish particulars on Bidders Disclosure (SBD4) section 2.2.1, as attached below,

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

BIDDER SURNAME AND INITIALS _____ SIGNATURE _____ DATE _____

SBD 4

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[2]? **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[3] 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 "Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

3 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.

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)
RDP Goal: Full points allocated to promote enterprises located in a specific region for work to be done or services to be rendered in that Region	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: _____

_____

_____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Early Warning Observation	
ITEM PURPOSE	For all patients to record vital sign, observation and close monitoring.	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Maternal Early Warning Observation Chart for Post Natal Ward Care.	
2.	One leave printed one side only in black ink.	
3.	**Size**: A4	
QUALITY STANDARD	None.	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Unit	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes. See the attached document.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nene Ntokozo	Name of SCM Rep (in full)	Mkhize N.J.
Designation / Rank (in full)	R/nurse	Designation/ Rank (in full)	SCCS
Signature	Nene R/N	Signature	
Date	27/08/2026	Date	27/08/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Maternity Case Record	
ITEM PURPOSE	It is used to track the health of a mother and her baby from the first antenatal visit, through labor and delivery, and into the postpartum period.	
ITEM DETAILED SPECIFICATION		COMPLIES (YES/NO)
1.	**Outer cover:** **Gloss** -200gm	
	Front Cover – Printing on outer & inside of cover page. outside printing full colour with national logos; printing on inside of cover is black & white.	
	Back Cover – Plain white with black & white printing on outer & inside of back cover page, These pages are not numbered.	
2.	**Inner Pages**: (numbered from page 1 to page 58)	
	58 inner pages -80 gm number reduced from 64	
	Printing on both sides (back to back) except for pages 1; 3; 5; 7; 53; 55; 57 where printing in the follow up pages are blank i.e. pages 2; 4;6; 8; 54; 56; 58; are left blank	
	Black & white printing on all inner pages except for: Numbered pages 44; 45 in full colour.	
3.	The graph landscaped across pages 28 & 29 in light green or grey ink* (This should be in A3 page size). {* it can be any colour ink, as long as it is light so that pen markings on the line will standout when the graph is completed}	
	Numbered pages 3; 53; 57; and back page (outer cover)	
	Add Covid screen on page 11 & 12 next to TB screen	
	Page 45 "Theatre notes..." must be blank but have the heading "ATTACH THEATRE NOTES HERE"	
4.	Add another page of Maternal Early Warning Chart	
	Remove page 49	
	Page 56 – Checklist: under recommendations, paragraph 3, remove bullet 1 and 2	
	Last page – Remove the heading "Remove this page..."	
5.	**Carbon paper:** Page 1 must complete using carbon paper (it duplicates onto 3)	
	Page 53 must be completed using carbon paper (it duplicates onto p55)	
	Page 56 must be completed using carbon paper (it duplicates onto p58)	
6.	**BINDING OF FINAL PRODUCT** Book to be made up with 2 staples at side	
7.	Peri-operative record-back of cover page perforated (CAESAREAN DELIVERY SAFETY CHECKLIST) so that it can be removed for theatre audit purposes.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	50 books per box.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	[illegible]	Name of SCM Rep (in full)	[illegible]
Designation / Rank (in full)	[illegible]	Designation/ Rank (in full)	SCS
Signature	[illegible]	Signature	[illegible]
Date	28/05/2025	Date	28/05/2026

Bidder Initial here: _____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	From Anaesthetic Operation and Recovery Room Record	
ITEM PURPOSE	1. Stationery	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Printed both sides in black ink	
2.	Size: 297mm x 420mm	
3.	Paper: Yellow 60gsm (mill tinted)	
4.	Fold to form size A	
5.	Front cover: labelled/printed to show contents and item number	
6.	All printing on form must be on the English language only	
7.	Sample available in SCM Stores for viewing	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Pkt of 250	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	No, Sample Picture Awarded Supplier to provide artwork before printing	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No	

Note: None

SPECIFICATION APPROVED BY

Name of End-user (in full)	N·2 Mqolwa	Name of SCM Rep (in full)	Mthabisi Bheki Ndlovu
Designation / Rank (in full)	O/M	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	29/08/2024	Date	18/8/2024

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Daily Allocation Book	
ITEM PURPOSE	Used to strategically distribute and track the use of limited resources—such as time, budget, or personnel—across specific tasks or projects.	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	372 pages.	
2.	186 leaves.	
	Printed both sides in B/W on 100gm bond, white A4 paper.	
	Cover printed in full color on 1200u board covers hinged and wire stitched -4 wires.	
	Black clothspine with drawn on impression kraft.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Unit	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. The bidder is requested to complete fully the "COMPLIES YES/NO" segment.
2. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Mpungose	Name of SCM Rep (in full)	[illegible] N. [illegible]
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCCS
Signature	[signature]	Signature	[signature]
Date	28/05/2026	Date	24/08/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital
ITEM DESCRIPTION	Nursing Record
ITEM PURPOSE	It is used to ensure patient safety and maintain continuity of care by providing an accurate, objective, and chronological account of a patient's health status, treatments, and responses to care across different shifts and healthcare providers.

	ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)	**COMPLIES (YES/NO)**
1.	Printed both sides head to head in full colour on 80gm bond, white A4 paper,	
2.	100 leaves padded at head.	
3.	235gm kraft backing board.	
4.	2 holes punched.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Shrink wrapped. 10 pads per pack.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Mpungose	Name of SCM Rep (in full)	Mkhize N.
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/2026	Date	24/08/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Nursing Care Plan	
ITEM PURPOSE	It is used to provide a structured, evidence-based roadmap that guides nurses in delivering individualized, patient-centered care.	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	4 pages, 2 leaves.	
2.	Self-cover.	
	Printed both sides head to head in full colour on 80gm bond, white A4 paper.	
	2 holes punched.	
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Shrink wrapped. 100 documents per pack.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes. Attach the brochure or pamphlet in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Mpungose	Name of SCM Rep (in full)	Mkhize NC
Designation / Rank (in full)	OM1	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/2026	Date	24/08/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Assessment and Care	
ITEM PURPOSE	For patient assessment	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Pad, Nursing Assessment and Care.	
2.	Printed both sides head to head in B/W on 80gm bond, white A4 paper.	
3.	100 leaves padded at head.	
	235gm kraft backing board.	
	2 holes punched.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Shrink wrapped.. 10 pads per pack.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Mpangose	Name of SCM Rep (in full)	[illegible]
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCS
Signature	[signature]	Signature	[signature]
Date	28/05/2026	Date	24/08/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Discharge Checklist	
ITEM PURPOSE	For discharged patient.	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Paediatric Discharge Checklist	
2.	Printed one side only in full colour on 80gm bond	
3.	White A4 paper.	
4.	100 leaves padded at head.	
5.	235gm kraft backing board.	
6.	2 holes punched.,	
QUALITY STANDARD	None.	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Pad	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Mpungose	Name of SCM Rep (in full)	Mthembu N.
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/2024	Date	25/08/2024

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Register	
ITEM PURPOSE	To record all information about pregnant women up to delivery.	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Neonatal Admission and Discharge ADD Register	
2.	421 pages	
3.	211 leaves	
4.	Printed both sides in B/W on 80gm bond, white A4 paper.	
5.	Cover printed in full colour on 12000u board covers hinged and wire stitched-4 wires.	
6.	Black clothspine with drawn on impression kraft.	
7.	Instructions printed on 1st page then: Admissions-single page printed both sides on pink paper (70 leaves total)	
	Separations -2 pages viewed left and right printed both sides on blue paper (140 leaves total)	
	The 2 above (admissions and separations) need to be separated by cardboard/thicker paper and have 2 coloured (pink and blue) ribbons to mark where the recording is at for each section.	
QUALITY STANDARD	No	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Boxed. 20 books per box.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	SP Skwakwane	Name of SCM Rep (in full)	MEKAZA N.P.
Designation / Rank (in full)	AOM	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/26	Date	28/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY		Queen Nandi Regional Hospital	
ITEM DESCRIPTION		Boys Growth Chart Premature	
ITEM PURPOSE		It is used for tracking their physical development.	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)			**COMPLIES (YES/NO)**
1.	Printed one side only in full colour on 80gm bond, white A4 paper.		
2.	100 leaves padded at head		
	235gm kraft backing board		
	2 holes punched.		
QUALITY STANDARD		None.	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		Shrink wrapped. 10 pads per pack.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Johnson	Name of SCM Rep (in full)	Mkhize N.I.
Designation / Rank (in full)	RN	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	29/05/2026	Date	29/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Growth Chart Girls	
ITEM PURPOSE	Used for weight and growth monitoring by multidisciplinary team.	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Pads, Growth Chart-Preterm Girls.	
2.	Printed one side only in full colour 80gm bond	
3.	White A 4 paper.	
4.	100 leaves padded at head.	
5.	235gm kraft board.	
6.	2 holes punched.	
QUALITY STANDARD	None.	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Shrink wrapped. 10 pads per pack	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	No	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No	

Note:

1. The bidder is requested to complete fully the "COMPLIES YES/NO" segment.
2. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.

SPECIFICATION APPROVED BY

Name of End-user (in full)	SP Sikhakhane	Name of SCM Rep (in full)	Mthiyane N.I.
Designation / Rank (in full)	AOM	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/26	Date	28/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Combined Birth Register	
ITEM PURPOSE		
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	Combined Birth Register Labour Ward and Postnatal Ward	
2.	**Stock:** Covers – Grey Chip 1200mic	
	End sheets – White Cartridge 90gsm	
	Text – White Cartridge 90gsm.	
	Cloth – Novalite Emotions two tone Green (12187)	
3.	**Size:** 305mm x 425mm (landscape closed)	
4.	**Pages:** 208 pages including end sheets	
5.	**Foil:** Cover – Gold (Area – 160mm x 240mm)	
6.	**Print**: End sheet Front – Full colour one side	
	End sheet Back – Black throughout	
	Text – Black throughout	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Each	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	AN Xulu	Name of SCM Rep (in full)	MTH Zu N.F.
Designation / Rank (in full)	AOM	Designation/ Rank (in full)	SCM
Signature		Signature	
Date	28/05/2026	Date	28/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Admission Record ICU	
ITEM PURPOSE	It is used to streamline the transition of a critically ill patient into the Intensive Care Unit.	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Admission Record ICU Welcome	
2.	16 pages, 8 leaves.	
3.	Self cover	
3.	Printed both sides head to head in full colour on 80gm, white A4 paper.	
4.	Saddle stitched.	
5.	2 holes punched.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Boxed/250.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	SP. Sikwakhe	Name of SCM Rep (in full)	Mchize N.J.
Designation / Rank (in full)	AOM	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	28/05/26	Date	28/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Charts, Daily Assessment-KMC	
ITEM PURPOSE	It is used to monitor low birth-birth-weight or premature infants and track their readiness for hospital discharge.	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	4 pages , 2 leaves,	
2.	Self-cover	
3.	Printed both sides head to head in full colour on 80gm bond, white A3 folded to A4.	
4.	2 Holes punched.	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Shrink wrapped. 100 documents per pack.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	N. Johnson	Name of SCM Rep (in full)	M Khuzwayo N.T.
Designation / Rank (in full)	RN	Designation/ Rank (in full)	SCS
Signature		Signature	
Date	29/05/26	Date	29/05/2026

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	QUEEN NANDI REGIONAL HOSPITAL	
ITEM DESCRIPTION	Neonatal Record	
ITEM PURPOSE	For Neonatal Records	
ITEM DETAILED SPECIFICATION		**COMPLIES (YES/NO)**
1.	8 pages	
2.	4 leaves	
3.	Self cover	
4.	Printed both sides head to head in full colour on 80gm bond	
5.	White A4 paper	
6.	Saddle stitched	
7.	2 holes punched	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Pad	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by Submission of Artwork in the quotation during submission of quotations before the closing date	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	M. Ogm.T.	Name of SCM Rep (in full)	MTHEMBU N.T.
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	SCLS
Signature	M.Ogm	Signature	
Date	28/05/2024	Date	28/05/2024

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Queen Nandi Regional Hospital	
ITEM DESCRIPTION	Maternity Care Peri-Operative Record	
ITEM PURPOSE	It is used to ensure patient safety and maintain legal, continuous documentation for any surgery during pregnancy or the puerperium (e.g., Caesarean sections or non-obstetric procedures).	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Book - Care Peri-Operative Record	
2.	6 leaves printed back-to-back (both sides).	
3.	Writing: in full colours.	
4.	Size: A4	
QUALITY STANDARD	None	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Book.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes: by submission of Artwork in the quotation during submission of quotations before the closing date.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes: Available on request.	

Note:

1. **The bidder is requested to complete fully the "COMPLIES YES/NO" segment.**
2. **FAILURE TO COMPLY WITH THE ABOVE WILL RESULT FOR A BIDDER'S QUOTATION TO BE DISQUALIFIED.**

SPECIFICATION APPROVED BY

Name of End-user (in full)	NTOKOZO NENE	Name of SCM Rep (in full)	MKHIZE N.F
Designation / Rank (in full)	R/NURSE	Designation/ Rank (in full)	SCM
Signature		Signature	
Date	27/8/2020	Date	27/08/2020

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE: QUEEN NANDI REGIONAL HOSPITAL
Physical Address: 29 Union Street, Empangeni
Postal Address: Private Bag 20005, Empangeni, 3880
Tel: 035 907 7043 Faxx: 035 772 1365 Email: vincentmboneni.zungu@kznhealth.gov.za
www.kznhealth.gov.za
Supply Chain Management

QUOTATION NO.	**ZNQ/QNR /26-27**
QUOTATION DESCRIPTION	**Supply and deliver Stationery**
BIDDER NAME	

EVALUATION CRITERIA:

This Institution intends to evaluate valid quotations using three (3) evaluation stages. These area peremptory requirements, should the bidder / tender fail to comply with any of the stages as stated below, the quotation will be regarded as no-responsive and will not progress to the final stage of evaluation. The Department will evaluate quotation received before the closing date and time using three (3) stages,

Stage 1: Administrative, Compulsory and Mandatory Requirements:

Stage 2: Compliance with specifications

Stage 3: Price and Specific Goals

STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS

NO.	REQUIREMENTS	INCLUDED IN THE PUBLISHED DOCUMENT?	TO BE RETURNED BY BIDDER/ TENDERER?
	Administrative Compliance		
1.	PARTICULARS OF QUOTATION	YES	YES
2.	OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01,	YES	YES
3.	BIDDER'S DISCLOSURE (SBD4)	YES	YES
4.	GENERAL CONDITIONS OF CONTRACT (GCC)	YES	YES
5.	SPECIAL CONDITIONS OF CONTRACT (SCC)	YES	YES
6.	PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 (SBD 6.1)	YES	YES
	Compulsory Compliance		
7.	SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS	NO	YES
8.	A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs& QSEs)	NO	YES
9.	COPY OF CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD)	NO	NO
	Mandatory Requirements		
16.	SUBMISSION OF SAPMLE BY MEANS OF AN ARTWORK, SHOULD YOU FAIL TO SUBMIT OF SAPMLE BY MEANS OF AN ARTWORK YOU WILL BE TREATED AS NON-RESPONSE	YES (AVAILABLE ON REQUEST)	YES

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

STAGE 2: COMPLIANCE WITH SPECIFICATION

Requirement	Complies With Specification Yes /No
The bidder / Tenderer to confirm that the product to be supplied comply with attached specification document, should you fail to indicate with yes, it will mean, you do not comply and your quotation will not progress to the next stage of evaluation	

STAGE 3: PRICE AND PREFERENCE POINTS

The value of this quotation is estimated not to exceed R 50 000 000 (inclusive of all applicable taxes), therefore the 80/20 preference point system shall be applicable. Points for this quotation will be awarded for:

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

The Department has identified the following specific goal:

Specific Goal	Number of Points allocated	Proof To Claim Specific Goal (Returnable Documents)
RDP Goal: Full points allocated to promote enterprises located in a specific district for work to be done or services to be rendered in that District NB: King Cetshwayo District	20	1. Ownership Certificate issued by the Companies and Intellectual Property Commission (CIPC). 2. Municipal Utility bill or letter from the Ward Councilor (in the company's name) confirming the area in which the Business operates. 3. The Department will download CSD to verify this information.
NOTE: Should a responsive bidder fail to submit proof to claim points, as stated above this will not result in disqualification, however the bidder will not be awarded points for specific goals.		

EVALUATION CRITERIA AND SPECIFICATION APPROVED BY					
Official	Title (Ms/ Miss/ Mrs/ Mr/Dr)	Surname	Initials	Date	Signature
End User Representative	Ms	Nene	NH	27/8/26	
SCM Official	Mr	Mkh. ze	N.T.	27/08/2026	