STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 ZNQ 450 15 19

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS A DATE ADVERTISED::04/02/2019	FACSIMILE NUMBER: 031 240 1162
ENQUIRIES MAY BE DIRECTED TO: NOLWAZI MTHEMBU PHYSICAL ADDRESS: 800 VUSI MZIMELA ROAD, MAYVILLE, 4091	
FN1SICAL ADDRESS.	

DESCRIPTION 07 Units, Tracheostomy mini tube neonate size 2.0, 07 Units, Tracheostomy mini tube neonate size 2.5,07 Units, Tracheostomy mini tube neonate size 3.0, 07 Units, Tracheostomy mini tube neonate size 3.5 THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS	OF BIDDER (FIRM)					
NAME OF BIDDER						
PHYSICAL ADDRESS	DATE					
CONTACT NUMBER	FACSIMILE NUMBER					
SIGNATURE OF BIDDER	SARS PIN					
[By signing this document I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:					
UNIQUE REGISTRATION REFERENCE: ↓						

Item	Quantity	Description	Brand & model	Country of	Price		
No	•	Debuggering Proceedings		manufacture	R	С	
01	07 Units	Tracheostomy mini tube neonate size 2.0					
02	07 Units	Tracheostomy mini tube neonate size 2.5					
03	07 Units	Tracheostomy mini tube neonate size 3.0					
04	07 Units	Tracheostomy mini tube neonate size 3.5					
						_	
		15 90					
VALU	E ADDED TA	X @ 145% (Only if VAT Vendor)					
TOTA	L QUOTATIO	N PRICE (VALIDITY PERIOD 60 Days)					

Does this offer comply with the specification?	State delivery period e.g. E.g. 1day, 1week	
Is the price firm?	All delivery costs must be included in the quote price	

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

- The institution is under no obligation to accept the lowest or any quote.

 The price quoted must include VAT (if VAT vendor).
 The department reserves the right to evaluate all quotations excluding VAT as some Bidders may not be VAT vendors.
 The Bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & preference quoted cover all for the work/litem (s) & accept that any mistakes regarding the price (s) & calculations will be at the Bidder's risk.

 The Bidder must accept full responsibility for the proper execution & fulfilment of all 18. 4
- 5 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.

 This quotation will be evaluated specification & correctness of information.

 Only offers that comply with or greater than specification will be considered.

 Late quotes will not be considered.

 All products supplied must be valid for a minimum period of six months.

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

 All delivery costs must be included in the quote price, for delivery at the prescribed destination.

- 9.
- destination.

- 16. 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.
 - The supplier shall indemnify the KZN Department of Health (aka 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.
- 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.

 19. The purchaser, may terminate this contract in whole or in part if the supplier fails to
 - deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- destination.

 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. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point. If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.

 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.

 Where 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.

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 - 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.
 - 22. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.



NEW SPECIFICATION FORM IALCH SUPPLY CHAIN DEPARTMENT

Postal Address: Private Bag x03 Mayville Physical Address 800 vusi Mzimela Road Mayville Tel.:0312402094, Fax: 0312401050

Email.:Nolwazi.mthembu@ialch.co.za www.kznhealth.gov.za

DETAILED SPECIFICATION FOR THE ITEM REQUSTED NOT BRAND /CODES ATTACHED TO NSI REQUEST FORM

ITEM DESCRIPTION DETAILED	TRACHEOSTOMY MINI TUBE NEONATE
UNIT OF ISSUE	EACH
SIZE	NEONATE 2.0 2.5,3.0,3.5,
QUALITY STANDARDS	SABS

DETAILED EXPLANATION OF THE ITEM/ WHAT IS THIS ITEM/PRODUCT USED FOR etc.

-								
- 0	$\Gamma D \Lambda$	α		101		/ \ \ \ '	TII	DE
-	IRA		-	1.0	ΓOΝ	1 T	111	D_{Γ}

- -Used when access to the respiratory tract through a tracheostomy is required
- -access into trachea via incision where devices is placed

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

-Soft & flexible neck flange with 2ways	
-Soft & flevible neck flange with 2ways	
-bolt a lickibic ficor liange with zways	

- -15mm connector -thin walled radio opaque curved cannula
- -has an obturator

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2.	In order to give effect to the above, the following questionnaire must	be	completed and submitted with the	quote.			
21	Full Name of bidder/representative	2.4.	Company Registration Number: .				
	Identity Number:	2.5.	Tax Reference Number:				
	Position occupied in the Company (director, trustee, shareholder²):2	2.6.	VAT Registration Number:				
2.7.	The names of all directors / trustees / shareholders / members, the employee / persal numbers must be indicated in paragraph 3 below		dividual identity numbers, tax refer			applica PLICAE	
2.8.	Are you or any person connected with the bidder presently employe		y the state?		s		_
	1.If so, furnish the following particulars:		2				-1
	Name of person / director / trustee / shareholder/ member:						
	Name of state institution at which you or the person connected to the	e bio	dder is employed:				
(20)(20)	Position occupied in the state institution:		Any other particulars:				
2.8.2	2. If you are presently employed by the state, did you obtain the ap	prop	riate authority to undertake remun				
	in the public sector?		10	L YE	S	NO	
	2.1. If yes, did you attach proof of such authority to the quote docum						
	Failure to submit proof of such authority, where applicable, may result 2.2. If no, furnish reasons for non-submission of such proof:						
2.0.4	Did you or your spouse, or any of the company's directors / trustee		shareholders / members or their sr	ouses conduct hi	ısine	ss with	the
2.5.	state in the previous twelve months?	,5 , ,	shareholders / members of their op	YE		NO	_
29	If so, furnish particulars:				<u> </u>	1110	
	. Do you, or any person connected with the bidder, have any relation			n employed by the	e sta	te and	who
	may be involved with the evaluation and or adjudication of this quot			YE		NO	200
	.1. If so, furnish particulars:						510-12
2.11	. Are you, or any person connected with the bidder, aware of any rela			any other bidder	and	any pe	rsor
	employed by the state who may be involved with the evaluation and			YE	S	NO	
2.11	.1. If so, furnish particulars:	· · · · ·				560	587
2.12	. Do you or any of the directors / trustees / shareholders / members of	t the	company have any interest in any				
0.40	or not they are bidding for this contract?			YE	S	NO	
2.12	.1. If so, furnish particulars:		······································				
	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / truste to ensure that their details are up-to-date and verified on CSD. If to not be considered and passed over as non-compliant according to	he [Department cannot validate the inf	formation on CSI			
4	DECLARATION						
	HE UNDERSIGNED (NAME) RNISHED IN PARAGRAPHS 2.	••••	CERTIFY	THAT THE INF	OR	MAT	ION
	CCEPT THAT THE STATE MAY REJECT THE QUOTE OF TO BE FALSE.	R A	CT AGAINST ME SHOULD 1	THIS DECLAR	ATIC	ON	
Nan	ne of bidder Signature		Position	Date			
¹*Sta	te" means –						
a) b)	any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity:	c) d) e)		I of provinces; or			

^{**}Shareholder* means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.