STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 ZND 216 18 17 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL FACSIMILE NUMBER: 031 240 1162 DATE ADVERTISED: 04/09/2018 ENQUIRIES MAY BE DIRECTED TO: NOLWAZI MTHEMBU CONTACT NUMBER: 031 240 1254 PHYSICAL ADDRESS: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL 800 VUSI MZIMELA ROAD MAYVILLE 4058 DESCRIPTION 02 Boxes, Pediatric Ureteric stent open tip 4/12-S-G 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 No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	С
01	02 Boxes	Pediatric Ureteric stent open tip 4/12-S-G				
) — (A. A. A	_
						-
						_
						\neg
		15%				
		X @ 14% (Only if VAT Vendor)				
TOTA	L QUOTATIO	N PRICE (VALIDITY PERIOD 60 Days)				6

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

- 3
- 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/item (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 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
- 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 21. The supplier shall fursish any information whose requested.
- The supplier shall furnish any information, when requested.

- 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
- 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. 20
 - 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 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.
- 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

DETAILED EXPLANATION	OF THE ITEM/ WHAT IS THIS ITEM/PRODUCT USED FOR etc.			
QUALITY STANDARDS	SABS			
SIZE	4/12-S-G			
UNIT OF ISSUE	EACH			
ITEM DESCRIPTION DETAILED	PEDIATRIC URETERIC STENT OPEN TIP			

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)					
-ease of use					

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state, 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 abov	e, the following questionnaire mus	t be	completed and submitted with the quote.	
2.1	Full Name of bidder/representati	ve	2.4.	Company Registration Number:	
2.2.	Identity Number:	600000000000000000000000000000000000000	2.5.	Tax Reference Number:	
2.3.	Position occupied in the Compar	ny (director, trustee, shareholder²):	2.6.	VAT Registration Number:	
2.7.	The names of all directors / trus	tees / shareholders / members, that be indicated in paragraph 3 below	eir in w.	ndividual identity numbers, tax reference n	umbers and, if applicable, [TICK APPLICABLE]
2.8.	Are you or any person connecte	d with the bidder presently employ	ed b	by the state?	YES NO
2.8.	1. If so, furnish the following partic	ulars:			
	Name of person / director / truste	ee / shareholder/ member:			
	Name of state institution at which	you or the person connected to the	ne bi	dder is employed:	
	Position occupied in the state ins	stitution:		Any other particulars:	work outside employment
2.8.		by the state, did you obtain the ap	pproj	oriate authority to undertake remunerative	
20	in the public sector?	of such authority to the quote docu	men	17	YES NO
(Note:	Eailure to submit proof of such au	thority, where applicable, may resi	ılt in	the disqualification of the quote.)	
2.9.	Did you or your spouse, or any	of the company's directors / truste	es/	shareholders / members or their spouses	conduct business with the
	state in the previous twelve mor	nths?			YES NO
2.9.	1. If so, furnish particulars:				
2.10				p (family, friend, other) with a person empl	
2 10		ation and or adjudication of this que			YES NO
		and with the hidden arrange of any se			ther hidder and any narron
2.1		ed with the bidder, aware of any re be involved with the evaluation ar		nship (family, friend, other) between any or	
2 1					YES NO
2.1	2 Do you or any of the directors /	trustees / shareholders / members	of th	e company have any interest in any other	related companies whether
	or not they are bidding for this of			,,,,,,,	YES NO
2.12					
3.	Full details of directors / trusto	age / mambare / sharaboldars			
	The Department Of Health will to ensure that their details are	validate details of directors / trus up-to-date and verified on CSD. If	the	I members I shareholders on CSD. It is Department cannot validate the informat tional Treasury Instruction Note 4 (a) 2016	ion on CSD, the quote wil
4	DECLARATION				
I, T	HE UNDERSIGNED (NAME	E)		CERTIFY THAT	THE INFORMATION
FU	RNISHED IN PARAGRAPHS	S 2.			
	CCEPT THAT THE STATE NOVE TO BE FALSE.	MAY REJECT THE QUOTE C)R A	ACT AGAINST ME SHOULD THIS	DECLARATION
Nar	ne of bidder	Signature		Position	Date
¹-Sta	ite" means –				
a)	any national or provincial departmen	t, national or provincial public entity or	c)		
b)	constitutional institution within the mea Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	aning of the Public Finance Management	d) e)	33.40.33.00	inces; or

^{2&}quot;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.