

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL
DATE ADVERTISED: 03/10/2018
ENQUIRIES MAY BE DIRECTED TO: NOLWAZI MTHEMBU
PHYSICAL ADDRESS: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL 800 VUSI MZIMELA ROAD MAYVILLE 4058
FACSIMILE NUMBER: 031 240 1162
CONTACT NUMBER: 031 240 1254

ZNQ NUMBER: 242/18/19 CLOSING DATE: 08/10/2018 CLOSING TIME: 11:00

DESCRIPTION: 02 Boxes, EUS Balloon OE-A51 (box/20)

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:

Table with columns: Item No, Quantity, Description, Brand & model, Country of manufacture, Price (R, c). Includes a row for 're-advertisement' and summary rows for 'VALUE ADDED TAX @ 14%' and 'TOTAL QUOTATION 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

- 1. The institution is under no obligation to accept the lowest or any quote.
2. The price quoted must include VAT (if VAT vendor).
3. The department reserves the right to evaluate all quotations excluding VAT as some Bidders may not be VAT vendors.
...
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.



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**NEW SPECIFICATION FOR
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 REQUESTED NOT BRAND /CODES ATTACHED TO
NSI REQUEST FORM**

ITEM DESCRIPTION DETAILED	EUS BALLONS -OE-A51
UNIT OF ISSUE	2 BOXES
SIZE	
QUALITY STANDARDS	

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

IT IS INSETED IN THE BENDING SECTION AT THE DISTAL OF THE ENDOSCOPE.
IT IS NOT RE-USABLE

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

None sterile

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.

- | | |
|--|---|
| 2.1. Full Name of bidder/representative..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder ²):..... | 2.6. VAT Registration Number: |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. If so, furnish the following particulars:
 Name of person / director / trustee / shareholder/ member:
 Name of state institution at which you or the person connected to the bidder is employed:.....
 Position occupied in the state institution: Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder Signature Position Date
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¹"State" means –

- | | |
|---|---|
| a) 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); | c) provincial legislature; |
| b) any municipality or municipal entity; | d) national Assembly or the national Council of provinces; or |
| | e) Parliament. |

²"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.