STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 20 232/18/19 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL FACSIMILE NUMBER: 031 240 1162 DATE ADVERTISED: 17/09/2018 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 

### THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

DESCRIPTION 01 box, Indocyanine green 25MG

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	01 box	Indocyanine green 25MG				_
						_
		15%				-
VALU	E ADDED TA	X @ 14% (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) & 17. 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 bilinations conditions developing any under this agreement, as the Principal (s) liables.
- 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.

- 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

  20. 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, be informed in due course.

  The supplier shall furnish any information, when requested. 14.

- 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.
- 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.
- 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
- 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 penod 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

ITEM DESCRIPTION DETAILED	INDOCYANINE GREEN 25MG	
UNIT OF ISSUE	BOX	
SIZE	25MG	
QUALITY STANDARDS	SABS	

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

Indocyanine green is an intravenous dye used for free flap surgery to assess flap viability intra
Operatively

## FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

-used	in	conjunc	tion with	the	microscope	in	theatre

-accesses flap viability

-thereby decreases theatre time

### **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 mus	st be	completed and sub-	nittea with the quote.	
2.1	Full Name of bidder/representation	ve	2.4.	Company Registra	ation Number:	
00	Literation Management		2.5.	Tax Reference Nu	ımber:	
2.3.	Position occupied in the Compan	y (director, trustee, shareholder²)	:2.6.	VAT Registration	Number:	
27	The names of all directors / trust		heir in	ndividual identity nu	mbers, tax reference numb	pers and, if applicable,
	employee / persal numbers must	t be indicated in paragraph 3 belo	ow.			[TICK APPLICABLE]
2.8.	Are you or any person connected	d with the bidder presently emplo	yed b	y the state?		YES NO
2.8.1	. If so, furnish the following particular	ılars:				
	Name of person / director / truste Name of state institution at which	e / snarenoider/ member	the hi	dder is employed:		
	Position occupied in the state ins	titution:	uie bi	Any other part	culars:	
201	2. If you are presently employed	by the state, did you obtain the a	appro	priate authority to u	ndertake remunerative wor	k outside employment
2.0.2	in the public sector?	by the state, did you obtain the	.pp.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES NO
283	2.1. If yes, did you attach proof o	of such authority to the quote doc	umen	t?		120   110
(Note: I	Failure to submit proof of such aut	thority, where applicable, may res	sult in	the disqualification	of the quote.)	
281	2.2. If no furnish reasons for not	n-submission of such proof:				
2.9.	Did you or your spouse, or any	of the company's directors / trust	ees/	shareholders / men	nbers or their spouses con	duct business with the
	state in the previous twelve mor	nths?				YES NO
2.9.	1. If so, furnish particulars:					
2.10	. Do you, or any person connecte	d with the bidder, have any relati	onshi	p (family, friend, oth	er) with a person employe	
M20002	may be involved with the evalua	tion and or adjudication of this qu	uote?			YES NO
2.10	.1. If so, furnish particulars: Are you, or any person connecte	-durith the hidder owers of any	olotio	nahin (family, friand	other) between any other	hidder and any nerson
2.11	. Are you, or any person connects	be involved with the evaluation a	eidilo	r adjudication of this	, other) between any other	YES NO
2 11	.1. If so, furnish particulars:	be involved with the evaluation a	and o	adjudication of this	quoto.	TES   NO
2.11	2. Do you or any of the directors / t	rustees / shareholders / member:	s of th	ie company have ar	iv interest in any other relat	ted companies whether
2.12	or not they are bidding for this c	ontract?				YES NO
2.12	2.1. If so, furnish particulars:					
3.	Full details of directors / truste The Department Of Health will v	es / members / snarenoiders.	ctooc	/ mambars / share	shalders on CSD. It is the	eunnliere' reenoneihility
NB:	to ensure that their details are	up-to-date and verified on CSD.	Siees If the	Denartment canno	t validate the information	on CSD, the quote will
	not be considered and passed of	over as non-compliant according	to Na	tional Treasury Inst	ruction Note 4 (a) 2016/17	
	•	Troi do non compilant decorang	.00	mona. Troubary me.		
4	DECLARATION					
I, T	HE UNDERSIGNED (NAME	<b>)</b>			CERTIFY THAT THE	HE INFORMATION
FU	RNISHED IN PARAGRAPHS	§ 2.				
ΙA	CCEPT THAT THE STATE N	MAY REJECT THE OUOTE	OR A	ACT AGAINST N	AE SHOULD THIS DEC	CLARATION
	OVE TO BE FALSE.			,, , , , , , , , , , , , , , , , , ,		3
	ne of bidder	Signature		Position		ate
IVal	ne of blader	Signature		Position	U.	ale
"Sta	ate" means –					
a)		t, national or provincial public entity of		c) provincial legislature		
	constitutional institution within the mea Act, 1999 (Act No. 1 of 1999);	aning of the Public Finance Managemen		<ul> <li>national Assembly o</li> <li>Parliament.</li> </ul>	r the national Council of provinces	s; or
b)	any municipality or municipal entity;		6	, ramament.		

<sup>2&</sup>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.