ZNQ 299/18/19

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: 29/10/2018 FACSIMILE NUMBER: 031 204 1162

ENQUIRIES MAY BE DIRECTED TO: NOLWAZI MTHEMBU CONTACT NUMBER: 031 - 240 1254

PHYSICAL ADDRESS: 800 VUSI MZIMELA ROAD, MAYVILLE, 4091

ZNQ NUMBER: ZNQ 299/18/19 CLOSING DATE: 01/11/2018 CLOSING TIME: 11:00

DESCRIPTION: 03 BOXES, SUTURE 2/0 (3 METRIC) BRAIDED SYNTHETIC ABSORBABLE SUTURE VIOLET

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	Price c
01	03 BOXES	SUTURE 2/0 (3 METRIC) BRAIDED SYNTHETIC				
		ABSORBABLE SUTURE VIOLET				
VALUE ADDED TAX @ 14% (Only if VAT Vendor)						
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.
4. 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*
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.
6. This quotation will be evaluated specification & correctness of information.
7. Only offers that comply with or greater than specification will be considered.
8. Late quotes will not be considered.
9. All products supplied must be valid for a minimum period of six months.
10. A Bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
12. 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.
13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
14. If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.
15. The supplier shall furnish any information, when requested.
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.*
17. 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.
18. 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.
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.
21. 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.
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 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	SUTURE 2/0 (3 METRIC) BRAIDED SYNTHETIC ABSORBABLE SUTURE VIOLET
UNIT OF ISSUE	BOX
SIZE	70 CM
QUALITY STANDARDS	

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

(1) Peritoneal body repair
(2) uterosacral vault suspension

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

- Strength
- Versatility

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state[1], 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.....
2.2. Identity Number: .....
2.3. Position occupied in the Company (director, trustee, shareholder[2]):.....
2.4. Company Registration Number: .....
2.5. Tax Reference Number: .....
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

[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);
b) any municipality or municipal entity;
c) provincial legislature;
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.