



KWAZULU-NATAL PROVINCE
AGRICULTURE AND RURAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

INVITATION OF QUOTATION FROM R1 - R1 MILLION

THIS FORM SHOULD BE COMPLETED IN FULL AND SHOULD BE ACCOMPANY **A VALID BBBEE CERTIFICATE/SWORN AFFIDAVIT /CSD REPORT**

| | |
|--|---|
| QUOTATION NUMBER: R/N/2324/258 | VALIDITY PERIOD OF QUOTATION..... Days (To be completed by the Supplier) |
| CLOSING DATE: 11/08/2023 | CLOSING TIME:11H00 |
| DESCRIPTION(SPECIFICATION/S) OF ITEMS/ SERVICE REQUIRED: MEDICAL SUNDRIES See attached spec. | COMPANY NAME: TEL NO: FAX NO: CONTACT PERSON: CSD REG NUMBER MAAA..... |
| DOES OFFER COMPLY WITH SPECIFICATION? | YES/NO (DELETE WHICH EVER IS NOT APPLICABLE) |
| DOES ARTICLE COMPLY WITH SABS SPECIFICATION? HAS IT BEEN INSPECTED BY SABS? | YES/NO YES/NO (DELETE WHICH EVER IS NOT APPLICABLE) |
| DELIVERY PERIOD AFTER INITIAL ORDER? | |
| IS THE PRICE FIRM | |
| WHERE ARE THE STOCK HELD? (PHYSICAL ADDRESS , PLEASE) | |
| QUOTATION PRICE INCLUDING VAT (VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY) | TOTAL: R |
| OFFICIAL COMPANY STAMP / COMPANY NAME | SIGNATURE OF BIDDER DATE |
| Quotation to be returned to: XOLISILE MKHIZE Xolisile.Mkhize@kzndard.gov.za | |
| Tel. No: 033 343 8433 | |
| NB: ALL DOCUMENTS PERTAINING TO THIS QUOTATION, MUST BE COMPLETED IN FULL, SIGNED AND RETURNED WITH ALL SUPPORTING DOCUMENTS. | |

FOR ENQUIRY ONLY

END-USER NAME : Warren McCall
TELEPHONE NUMBER : 071 687 5621/072 195 3946
E-MAIL ADDRESS : warren.mccall@kzndard.gov.za
PROPOSED DELIVERY DATE : Phakimisa Industrial park, Hluhluwe, Station Rd, 3960 (state Vet)
DELIVERY ADDRESS : Phakimisa Industrial park, Hluhluwe, station Road, 3960
LOCAL MUNICIPALITY : Big 5 Hlabisa
DISTRICT : Umkhanyakude

| LINE NO. | DESCRIPTION OR SPECIFICATION OF ITEM (Please be very specific and clear) | REQUIRED QUANTITY | UNIT PRICE EXCL. VAT | | TOTAL PRICE | |
|---|--|-------------------|----------------------|---|-------------|---|
| | | | R | C | R | C |
| 1. | Stainless steel double edge disposable razor blades. Pack of 5's | 50x pack of 5 | | | | |
| 2. | Elastoplast fabric plaster 25mm x3mm | 50 single rolls | | | | |
| 3. | Surgical sterile gloves size 6.5. single use, packaged as pairs. 50 pairs in a box | 4 boxes | | | | |
| 4. | Disposable sterile single use self adhesive fenestrated surgical drapes, (Foliodrape) - 75cm x 90 cm | 5 boxes | | | | |
| 5. | Surgical sterile gloves size 7½. single use, packaged as pairs. 50 pairs in a box | 1 boxes | | | | |
| 6. | Surgical sterile gloves size 8. single use, packaged as pairs. 50 pairs in a box | 1 boxes | | | | |
| 7. | (Maczyn) sterile synthetic absorbable monofilament sutures. USP 2/0, reverse cut 3/8 circle needle. 12 sterile packets per box | 4 boxes | | | | |
| 8. | (Braun) Plain absorbable Chromic Catgut 50 meter Cassette USP size 2. Suture material | 1 | | | | |
| 9. | (Braun) Plain absorbable Chromic Catgut 75 meter cassette USP size 1. Suture material | 1 | | | | |
| 10. | (Braun) Plain absorbable Chromic Catgut 75 meter cassette USP size 0. Suture material | 1 | | | | |
| | | | | | | |
| * LABOUR (IF APPLICABLE) | | | | | | |
| *DELIVERY (IF APPLICABLE) | | | | | | |
| TOTAL | | | | | | |
| *ONLY APPLICABLE TO VAT REGISTERED SUPPLIERS 15% VAT | | | | | | |
| TOTAL PRICE | | | | | | |
| CIDB Grading (IF APPLICABLE) | | | | | | |

COMPANY NAME : _____

CSD NUMBER : _____

ADDRESS : _____

CONTACT PERSON : _____

CONTACT NUMBER : _____

*VAT Registration No. (Supplier) -----

PRICES ARE VALID FOR DAYS **Mark one Box (X)**

| | | | |
|----|----|----|-----|
| 30 | 60 | 90 | 120 |
|----|----|----|-----|

SIGNATURE.....

DATE.....

PART A INVITATION TO BID

| | | | | | |
|--|--|------------------------------|--|--|---|
| YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY) | | | | | |
| BID NUMBER: | R/N/2324/258 | CLOSING DATE: 11 AUGUST 2023 | | CLOSING TIME: | 11:00 |
| DESCRIPTION | MEDICAL SUNDRIES | | | | |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS) | | | | | |
| | | | | | |
| | | | | | |
| BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO | | | TECHNICAL ENQUIRIES MAY BE DIRECTED TO: | | |
| CONTACT PERSON | XOLISILE MKHIZE | | CONTACT PERSON | WA McCAI | |
| TELEPHONE NUMBER | 033 343 8433 | | TELEPHONE NUMBER | 071 687 5621 | |
| FACSIMILE NUMBER | | | FACSIMILE NUMBER | | |
| E-MAIL ADDRESS | Xolisile.Mkhize@kzndard.gov.za | | E-MAIL ADDRESS | Warren.mccall@kzndard.gov.za | |
| SUPPLIER INFORMATION | | | | | |
| NAME OF BIDDER | | | | | |
| POSTAL ADDRESS | | | | | |
| STREET ADDRESS | | | | | |
| TELEPHONE NUMBER | CODE | | NUMBER | | |
| CELLPHONE NUMBER | | | | | |
| FACSIMILE NUMBER | CODE | | NUMBER | | |
| E-MAIL ADDRESS | | | | | |
| VAT REGISTRATION NUMBER | | | | | |
| SUPPLIER COMPLIANCE STATUS | TAX COMPLIANCE SYSTEM PIN: | | OR | CENTRAL SUPPLIER DATABASE No: | MAAA |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF] | | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | | <input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER THE QUESTIONNAIRE BELOW] |
| QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS | | | | | |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW. | | | | | |