KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:
RIETVLEI DISTRICT HOSPITAL (SCM)

Private Bag X501, Stafford's Post
R56 Road UMZIMKHULU 4686

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	RIETVLEI DISTRICT HOSPITAL	
ITEM DESCRIPTION	Isolation gowns Large	
ITEM PURPOSE	1. patient care	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Isolation gowns	
2.	Large, disposable	
3.		
QUALITY STANDARD	high quality	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	unit	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	No	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	No	

Note: 1. SPECIFIC GOAL/S ALLOCATED POINTS IN TERMS OF THIS TENDER IS: SA OWNED
2. Bidders must supply as per this specification
3. This specification must be fully completed and signed, specification (Annexure A) must be returned with a quotation.
4. Any deviation from this specification will disqualify your quote.
5.

Compulsory to be completed by bidder and returned with quotation document.

I, ... From ..... Do hereby acknowledge that I have read and understand the
(Print Name) (Name of Business)
Specification as laid out above and will ensure that the quotation price submitted will address all the requirements as stipulated

SPECIFICATION APPROVED BY

Name of End-user (in full)	Ncebakazi Caluza	Name of SCM Rep (in full)	Sphatha Gcuma
Designation / Rank (in full)	Supply Chain Clerk	Designation/ Rank (in full)	Supply Chain Clerk
Signature		Signature	
Date	11/08/2026.	Date	11/08/2026

Bidder Initial here _____

OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000

QUOTE NUMBER: ZNQ /RVH /62/ 08/ /2026 - 2027

DESCRIPTION: SUPPLY AND DELIVER ISOLATION GOWNS

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
RDP Goal: Full points allocated to promote South African owned enterprises	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE R	PRICE C
1.	UNIT	2500	ISOLATION GOWNS DISPOSABLE-LARGE				
			PLEASE SUBMIT SA ID COPY				
			PLEASE ATTACH SOUCE DOCUMENT				
			OF CSD UNIQUE NUMBERS				
VALUE ADDED TAX @ 15% (Only If VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____