Province of the EASTERN CAPE HEALTH

**PART A**

INVITATION TO BID SBD1

| YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (*NAME OF DEPARTMENT/ PUBLIC ENTITY*) | | | | | |
|---|---|---|---|---|---|
| **BID NUMBER:** | **SCMU3-26/27-0647-PED** | CLOSING DATE: | **17 AUGUST 2026** | CLOSING TIME: | **11H00** |
| **DESCRIPTION** | **Request for advertising of non-awarded pharmaceutical items (Tablets & Injections) for a period of twelve (12) months** | | | | |

**BID RESPONSE DOCUMENTS MAY BE SENT VIA EMAIL**

procurement.pedepot@gmail.com
Thulani.lumkwana@echealth.gov.za

| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO** | | **TECHNICAL ENQUIRIES MAY BE DIRECTED TO:** | |
|---|---|---|---|
| CONTACT PERSON | **Thulani Lumkwana** | CONTACT PERSON | **Mr.D.Martin** |
| E-MAIL ADDRESS | Thulani.Lumkwana@echealth.gov.za | E-MAIL ADDRESS | deon.martin@echealth.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** |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE | TICK APPLICABLE BOX] ☐ Yes ☐ No | B-BBEE STATUS LEVEL SWORN AFFIDAVIT | [TICK APPLICABLE BOX] ☐ Yes ☐ No | |

***[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]***

| | | | |
|---|---|---|---|
| ***ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?*** | ☐Yes ☐No [IF YES ENCLOSE PROOF] | ***ARE YOU A FOREIGN BASED SUPPLIER FOR** THE GOODS /SERVICES /WORKS OFFERED?* | ☐Yes ☐No [IF YES, ANSWER THE QUESTIONAIRE BELOW] |

**QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS**

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? ☐ YES ☐ NO

DOES THE ENTITY HAVE A BRANCH IN THE RSA? ☐ YES ☐ NO

DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? ☐ YES ☐ NO

DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? ☐ YES ☐ NO

IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? ☐ YES ☐ 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.**

PART B TERMS AND CONDITIONS FOR BIDDING

| 1. BID SUBMISSION: | |
|---|---|
| 1.1. | BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION. |
| 1.2. | **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED– (NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.** |
| 1.3. | THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |
| 1.4. | **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).** |

| 2. TAX COMPLIANCE REQUIREMENTS | |
|---|---|
| 2.1 | BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS. |
| 2.2 | BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS. |
| 2.3 | APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA. |
| 2.4 | BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID. |
| 2.5 | IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER. |
| 2.6 | WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED. |
| 2.7 | NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE." |

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID**.

SIGNATURE OF BIDDER: ……………………………………………………………………………………………

CAPACITY UNDER WHICH THIS BID IS SIGNED: ……………………………………………………………
(Proof of authority must be submitted e.g. company resolution)

DATE:…………………………...

## DOCUMENT CONTROL SHEETS

| SCMU3-26/27-0647_-PED Request for advertising of non-awarded pharmaceutical items (Tablets & Injections) for a period of twelve (12) months | | | |
|---|---|---|---|
| **Revision** | | | |
| **Drafted By: End User** | **Date:** 20/8/26 | **Name: Ms. J.Kriel** | **Signature:** |
| | | | |
| **Reviewed By: Demand Unit** | **Date:** 20/08/2026 | **Name: Ms. T. Lumkwana** | **Signature:** |
| | | | |
| **Approved By: Chairperson of Specification Committee** | **Date:** 20/8/26 | **Name: Mr. D. Martin** | **Signature:** |
| | | | |



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## DEFINITIONS

The rules of interpretation and defined terms contained in the General Conditions of Contract (GCC) shall apply to this invitation to bid unless the context requires otherwise. In addition, the following terms used in this invitation to bid shall, unless indicated otherwise, have the meanings assigned to such terms in the table below.

| | |
|---|---|
| **DoH** | means the Eastern Cape Department of Health acting for and on behalf of the Eastern Cape Provincial Government; |
| **Invitation to bid** | means this invitation to bid comprising<br>○ The cover page and the table of content and definitions<br>○ Part 1 which details the Conditions of Bid;<br>○ Part 2 which details the Conditions of Contract and Operational Requirements;<br>○ Part 3 which details the bid strategy<br>○ Part 4 which details the Specifications relating to the Technology / Services<br>○ Part 5 which contains all the requisite bid forms and certificates;<br>As read with GCC – *General Conditions of Contract* |
| **Services** | means the services defined on the cover page of this invitation to bid and described in detail in the Specifications; |
| **Specifications** | means the specifications contained in Part 4 of this invitation to bid; |

## PART 1

**SPECIAL CONDITIONS OF BID**

### 1. BACKGROUND AND INTRODUCTORY PROVISIONS

Refer to Part 3 of this invitation to bid for background and introductory information relating to the Services and this invitation to bid.

### 2. OFFER AND SPECIAL CONDITIONS

2.1 Without detracting from the generality of clause below, bidders must submit a completed and signed Invitation to Bid form (SBD 1) and requisite bid forms attached as Part 1 with its bid. Bidders must take careful note of the special conditions.

**2.2** **All bids submitted in reply to this invitation to bid should incorporate all the forms, parts, certificates and other documentation forming part of this invitation to bid, duly completed where required.**

**2.3** In the event that any form or certificate provided in Part 5 of this invitation to bid does not have adequate space for the bidder to provide the requested details, the bidder should attach an annexure to such form or certificate on which the requested details should be provided and the bidder should refer to such annexure in the form or certificate provided.

### 3. CLOSING TIME OF BIDS AND PROVISIONS RELATING TO SUBMISSION OF BIDS

3.1 The closing time for the receipt of bids in response to this invitation to bid is detailed on the cover page of this invitation to bid.

3.2 Only one email to be submitted per bid, subject to include the bid number.

3.4 All bids must be received before the closing time and date stipulated above and must be emailed to the specified email addresses.

### 4. ENQUIRIES

Should any bidder have any enquiries relating to this invitation to bid, such inquiries may only be addressed to the person detailed on the cover page to this invitation to bid at the number stipulated.

### 5. COMPULSORY BID BRIEFING

There shall be no briefing session for this Specialized Agency Service requirements.

### 6. PRICING

6.1 The bidder must submit details regarding the bid price for the Services on the Pricing Schedule form/s attached as Part 5 – Schedule A- which completed form/s must be submitted together with the bid documents.

6.2 Pricing must be stipulated INCLUSIVE OF VALUE ADDED TAX and all applicable taxes.

6.3 It is an express requirement of this invitation to bid that the bidders provide some transparency in respect to their pricing approach. In this regard, bidders must indicate the basis on which they have calculated their pricing by completing all aspects of the Pricing Schedule form Part 5 – Schedule A

7. **DECLARATION OF INTEREST**

The bidder should submit a duly signed declaration of interest (SBD 4) together with the bid. The declaration of interest is attached as Part 3 – Schedule B.

8. **QUALIFICATIONS OF BIDDERS**

Bidders must submit detailed information together with their bid of their experience in the relevant trade together with present contracts. These details should be submitted together with the bid on the form attached as Part 3 – Schedule C.

9. **PARTNERSHIPS AND LEGAL ENTITIES**

In the case of the bidder being a partnership, close corporation or a company all certificates reflecting the names, identity numbers and address of the partners, members or directors (as the case may be) must be submitted with the bid.These details should be submitted on the form attached as Part 3 – Schedule D

10. **CONSORTIUM / JOINT VENTURE**

10.1 It is recognized that bidders may wish to form consortia to provide the Services.

10.2 A bid in response to this invitation to bid by a consortium shall comply with the following

10.2.1 It shall be signed so as to be legally binding on all consortium members;

10.2.2 One of the members shall be nominated by the others as authorized to be the lead member and this authorization shall be included in the agreement entered into between the consortium members;

10.2.3 The lead member shall be the only authorized party to make legal statements, communicate with the DOH and receive instructions for and on behalf of any and all the members of the consortium;

10.2.4 A copy of the agreement entered into by the consortium members shall be submitted with the bid.

10.2.5 Each party to the Consortium must submit a consolidated HDI Goal Claim

11. **ORGANISATIONAL PRINCIPLES**

The bidder should submit a clear indication of the envisaged authorized organizational principles, procedures and functions for an effective delivery of the required Service at the relevant Institutions with the bid. These details should be submitted on the form attached as Part 5 – Schedule F

12. **DETAILS OF THE PROSPECTIVE BIDDERS' NEAREST OFFICE TO THE LOCATION OF THE CONTRACT**

The bidder should provide full details regarding the bidders nearest office to the Institutions at which the Services are to be provided (see Part 4 of this invitation to bid). These details should be provided on the form attached as Part 3 – Schedule F which completed form, must be submitted together with the bid.

13. **FINANCIAL PARTICULARS**

Bidder must provide full details regarding its financial particulars and standing, which particulars should be submitted together with the bid on the form attached as Part 3- Schedule G.

14. **PREFERENCE POINTS CLAIM FORMS**

Part 5 – Schedule H contains the Preference Points Claim Forms in terms of Preferential Procurement Regulations to be completed and signed by the bidder to the extent applicable and returned with this bid.

15. **VALIDITY**

Bid documentation submitted by the bidder will be valid and open for acceptance for a period of 90 (NINETY) calendar days from the closing date and time stipulated on the front cover of this invitation to bid.

16. **ACCEPTANCE OF BIDS**

The State, the DoH does not bind itself to accept either the lowest or any other bid and reserves the right to accept the bid which it deems to be in the best interest of the State even if it implies a waiver by the State, the DoH, of certain requirements which the State, the DoH, considers to be of minor importance and not complied with by the bidder.

17. **NO RIGHTS OR CLAIMS**

17.1 Receipt of the invitation to bid does not confer any right on any party in respect of the Services or in respect of or against the DoH. The DoH reserves the right, in its sole discretion, to withdraw by notice to bidders any Services or combination of Services from the bid process, to terminate any party's participation in the bid process or to accept or reject any response to this invitation to bid on notice to the bidders without liability to any party. Accordingly, parties have no rights, expressed or implied, with respect to any of the Services as a result of their participation in the bid process.

17.2 Neither the DoH, nor any of their respective directors, officers, employees, agents, representatives or advisors will assume any obligations for any costs or expenses incurred by any party in or associated with any appraisal and/or investigation relating to this invitation to bid or the subsequent submission of a bid in response to this invitation to bid in respect of the Services or any other costs, expenses or liabilities of whatsoever nature and howsoever incurred by bidders in connection with or arising out of the bid process.

18. **NON DISCLOSURE, CONFIDENTIALITY AND SECURITY**

18.1 The invitation to bid and its contents are made available on condition that they are used in connection with the bid process set out in the invitation to bid and for no other purpose. All information pertaining to this invitation to bid and its contents shall be regarded as restricted and divulged on a "need to know" basis with the approval of the DoH.

18.2 In the event that the bidder is appointed pursuant to this invitation to bid such bidder may be subject to security clearance prior to commencement of the Services.

19. **ACCURACY OF INFORMATION**

19.1 The information contained in the invitation to bid has been prepared in good faith. Neither the DoH nor any of their respective directors, advisors, officers, employees, agents, representatives make any representation or warranty or give any undertaking express or implied, or accept any responsibility or liability whatsoever, as to the contents, accuracy or completeness of the information contained in the invitation to bid, or any other written or oral information made available in connection with the bid and nothing contained herein is, or shall be relied upon as a promise or representation, whether as to the past or the future.

19.2 This invitation to bid may not contain all the information that may be required to evaluate a possible submission of a response to this invitation to bid. The bidder should conduct its own independent analysis of the operations to the extent required to enable it to respond to this bid.

20. **COMPETITION**

20.1 Bidders and their respective officers, employees and agents are prohibited from engaging in any collusive action with respect to the biding process which serves to limit competition amongst bidders.

20.2 In general, the attention of bidders is drawn to Section 4(1)(iii) of the Competition Act 1998 (Act No. 89 of 1998) (the Competition Act) that prohibits collusive biding.

20.3 If bidders have reason to believe that competition issues may arise from any submission of a response to this bid invitation they may make; they are encouraged to discuss their position with the competition authorities before submitting response.

20.4 Any correspondence or process of any kind between bidders and the competition authorities must be documented in the responses to this invitation to bid.

21. **RESERVATION OF RIGHTS**

21.1 Without limitation to any other rights of the DOH (whether otherwise reserved in this invitation to bid or under law), the DOH expressly reserves the right to: -

21.1.1 Request clarification on any aspect of a response to this invitation to bid received from the bidder, such requests and the responses to be in writing;

21.1.2 Amend the bidding process, including the timetables, closing date and any other date at its sole discretion;

21.1.3 Reject all responses submitted by bidders and to embark on a new bid process.

21.1.4 Award the bid to one or more than one service provider.

21.1.5 It is recommended that the successful bidder employ professional and or general operation staff that are within the sub-area.

22. **REQUIREMENTS**

22.1 Previous performance of the bidder will be an advantage and considered in the evaluation of the bid.

22.2 Financial standing of the bidder will be considered for risk analysis and bidders are required to submit documentary proof to demonstrate financial stability in the form of: -

22.3.1 Latest financial statements in the case of Companies and in the case of Close Co-operation CC.

22.3.2 Letter from the financial institution confirming availability of funds or letter of good standing and/or proof from the financial institution indicating a positive rating must be attached.

22.3.3 Form Part 5 schedule H must be completed accordingly.

## 23. EVALUATION CRITERIA

Bidders required to meet the following criteria indicated in stages.

23.1 The bid will be evaluated as follows:

- Stage 1: Administrative compliance /pre-qualification
- Stage 2: Mandatory Requirements
- Stage 3: Functionality
- Stage 4: Price and Specific Goal Points The stages are detailed below
- Post Tender Negations

| # | **STAGE 1 - ADMINISTRATIVE REQUIREMENTS** | **Complied** | | |
|---|---|---|---|---|
| | | YES | NO | N/A |
| A | Invitation to Bid (SBD1) | | | |
| B | Pricing Schedule (SBD 3.2) | | | |
| C | Declaration of Interest (SBD 4) | | | |
| D | Preferential Points Claim (SBD 6.1) | | | |
| E | Attach Detailed CSD report | | | |
| F | Medicine Registration Certificate for each item bid | | | |
| **STAGE 2 - MANDATORY REQUIREMENTS** | | | | |
| A | **A. Where the bidder is the manufacturer and/or registration certificate holder (dossier holder)**<br>The bidder has submitted:<br>• Valid SAHPRA Manufacturer Licence for Medicines.<br>Only compliant items proceed to further evaluation. | | | |
| B | **Where the bidder is not the manufacturer/dossier holder of an item:**<br>The following have been submitted for each item offered:<br>• Valid SAHPRA Wholesaler, Distributor and/or Importer Licence of the bidder (as applicable);<br>**AND**<br>• Valid SAHPRA Manufacturer Licence for medicines of the manufacturer;<br>**OR**<br>• Where applicable, a recognised Good Manufacturing Practice (GMP) Certificate issued to the manufacturer by a recognised regulatory authority.<br>Only compliant items proceed to further evaluation. | | | |
| C | **Where the bidder is not the manufacturer/dossier holder of an item:**<br>Manufacturer/Third-Party Agreement (Letter of Authorisation or Unconditional Written Undertaking) from the manufacturer confirming the bidder is authorised to supply the offered products.<br>Evidence that the manufacturer or registration certificate holder has authorised the supply of the product.<br>Only compliant items proceed to further evaluation. | | | |

**FAILURE TO SUBMIT ANY OF THE ABOVEMENTIONED MANDATORY REQUREMENT DOCUMENTS WILL DISQUALIFY THE BIDDER**

- **Specific Goals**
  Bidders are required to complete the preference claim form (SBD 6.1) and submit required documentation for claiming specific goals points as outlined on the document.

- **Unconditional written undertaking from the third party /Consortia / Joint Venture Agreement (where applicable)**
  Bidders bidding as a third party/ Consortia / Joint Ventures with a SAHPRA registered manufacturer must submit a "Unconditional written undertaking from the third party" and/or "Joint Venture agreement" signed by all JV partners with the bid. The parties must complete and sign the agreement. Template can be found in the Annexure: PBD 1.

- **Company Registration Documents**
  Bidder shall submit valid proof of registration of the company with CIPC with the bid documents at the closing date and time of the bid. If by law registration with CIPC is not required, proof of ownership/shareholding must be provided.

- **Declaration of Interests (SBD 4)**
  Bidders must complete in full and duly sign returnable forms for declaration of interest and submit with the bid.

- **Summary Form of Offer (SBD1)**
  Bidders must complete in full and duly sign the bid form of offer (SBD 1) using ink. An incomplete form of offer with missing fields shall make the bid non-responsive and shall lead to disqualification.

- **Pricing Schedules**
  Bidders must complete in full, initial and duly sign the returnable pricing schedules (SBD 3.2) using "ink", and submit together with the bid. Failure to complete all fields in the pricing schedules may lead to bid disqualification.

- Central Supplier Database Registration
  Bidders must submit valid proof of registration with the Eastern Cape Treasury central supplier database.

**24. STAGE 3 – Functional Requirements of Bidder (Functional Evaluation = 30 Points)**

- All bidders are required to respond to the functional evaluation criteria scorecard and compliance checklist for detailed information.
- Only Bidders that have met the Pre-Qualification Criteria will be evaluated for functionality. Functionality will be evaluated as follows:
  (a) A bidder that scores less than 24 points out of 30 in respect of functionality will be regarded as non-responsive bid and will be disqualified.
  (b) Only bidders that obtain a minimum of 80% (percent) equivalent to 24 points for functionality will qualify for further evaluation in terms of price.
  (c) All points scored by qualifying bidders will not be taken into consideration for price evaluation.

The following evaluation Functionality Scoring Matrix is applicable. Prospective bidders are required to obtain a minimum threshold of 24 points to proceed to next stage of price evaluation. Any bidder(s) who do not meet the required threshold will be disqualified and not considered any further.

**Functionality Evaluation Scoring**

| **Criteria** | **Scoring Matrix** | **Max Score** | **Evidence** |
|---|---|---|---|
| References | Client's references up to 3 with positive references letters & contact details, for supply and delivery of the item.<br>Three references = 5<br>Two references = 3<br>One references = 2<br>Zero references = 1 | 5 | Listing of client name, accumulative contract value of R100 000 up to R1000 000 contact details and reference letters. |
| Quality Assurance | Quality assurance certificate = 10<br>No quality assurance certificate/no JVC = 0 | 10 | Provide copy of SAPHRA Certificate |
| Product information | Product information material<br>Detailed e.g. extra info attached= 10<br>Moderate e.g. only indicated expiry and or product registration on pricing sheet = (5)<br>Below average e.g. only indicated product registration (3)<br>No product information material = 0 | 10 | Mandatory requirements: -<br>- Expire date or Range of expiry<br>- Product Registration Number<br>- SAHPRA License No<br>- Confirmation/ Original Manufacturer<br>- Primary importer evidence .<br>- product pictures.<br>- package insert |
| Execution plan | Detailed execution plan (schedule 0)<br>- Detailed (5)<br>- Moderate (3)<br>- Below average (1)<br>- No execution plan (0) | 5 | The bidder must provide an execution plan on how the contract is going to be effected successfully including;<br>- Lead times to hospitals/depots (7 – 14 days)<br>-ordering process |
| | **Total Points** | **30** | |

***FAILURE TO MEET THE MINIMUM REQUIRED 80 (24/30) POINTS WILL DISQUALIFY THE BIDDER***

**STAGE 4:**

**25. Stage 4: (PRICE AND SPECIFIC GOALS EVALUTION)**

The bid will be evaluated in terms of the 80/20-point system as stipulated in the Revised Preferential Procurement Regulations, 2022. 80 points will be allocated for price and 20 points for attaining the Specific Goals points.

In terms of Regulation 6 of the Preferential Procurement Regulations pertaining to the Preferential Procurement Policy Act (Act 5 of 2022), responsive bids will be adjudicated by the department on the 80/20- preference points system in terms of which points are awarded to bidders on the basis of:

NB: Bidders are required together with their bids to submit required documents of original or certified copies as proof of claimed specific goals.

- A bid will not be disqualified from the bidding process if the bidder does not claim or submit required documentation to claim specific goals points. Such a bidder will score 0 out of maximum of 20 points for specific goals.

  - The bid price (maximum 80 points)
  - Specific Goals Points (maximum 20 points)
  -

The following formula will be used to calculate the points for price: Ps=80(1-Pt-Pmin) Pmin

Where

Ps = Points scored for comparative price of bid under consideration

Pt = Comparative price of bid under consideration

Pmin = Comparative price of lowest acceptable bid

A maximum of 20 points may be allocated to bidders for attaining their Specific Goals in accordance with the table below:

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

*(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.*

*Note to tenderers: The tenderer must indicate how they claim points for each preference point system.*)

| The specific goals allocated points in terms of this tender | Number of points allocated (80/20 system)<br>(To be completed by the organ of state) |
|---|---|
| **Historically Disadvantaged Individuals - Race** | **20% (4)** |
| **Historically Disadvantaged Individuals - Women** | **20% (4)** |
| **Historically Disadvantaged Individuals – Disability** | **20% (4)** |
| **Youth** | **20% (4)** |
| **Military** | **10% (2)** |
| **Locality Ownership – South Africa = 2**<br>**- Outside South Africa = 0** | **10% (2)** |
| **Total** | **20** |

Service providers must submit proof of its Specific Goals points claimed / status of contributor.

a) The Specific Goals supporting documents required to verify claimed points may in line with the specified requirements include: Women Ownership: proof of ownership (CIPRO certificate/CSD Report with percentage of ownership or controlling interest) with ID copy.
b) Youth Ownership: proof of ownership (CIPRO certificate/CSD Report with percentage of ownership or controlling interest) with id no.
c) Disability Ownership: proof of ownership (CIPRO certificate/CSD Report with percentage of ownership or controlling interest) with valid medical documentary proof.
d) Military Veterans Ownership: proof of ownership (CIPRO certificate/CSD Report with percentage of ownership or controlling interest) and letter from department of military veterans confirming of veteran status.
e) Locality Ownership: Service providers within South Africa = score 2 points
Outside South Africa = 0 points, South Africa = 2 point and proof of business address (municipal account or valid lease agreement) must be provided.
f) Updated CSD report

25.1 A bid will not be disqualified from the bidding process if the bidder does not fill in specific goals. Such bidders will score 0 out of maximum of 20 points for Specific goals.

25.2 Bidders are required to complete the preference claim form (SBD 6.1) and submit their supporting documents to claim Specific Goals.

25.3 The points scored by a bidder in respect of Specific Goals will be added to the points scored for price.

| | **POINTS** |
|---|---|
| **PRICE** | **80** |
| **SPECIFIC GOALS** | **20** |
| **Total points for Price and SCIFIC GOALS must not exceed** | **100** |

25.4 Only bidders who have completed and signed the declaration part of the preference claim form and who have claimed Specific Goals will be considered for preference points.

25.5 The department may, before a bid is adjudicated or at any time, require a bidder to substantiate claims it has made with regards to preference.

25.6 The total points scored will be rounded off to the nearest 2 decimals.

25.7 In the event that two or more bids have scored equal total points, the contract will be awarded to the bidder scoring the highest number of specific Goals.

25.8 However, when functionality is part of evaluation process and two or more bidders have scored equal points including equal specific goals, the contract will be awarded to the bidder scoring the highest functionality.

25.9 Should two or more bids equal in all respects, the award shall be decided by drawing of lots.

**26. STAGE 5: POST TENDER NEGOTIATIONS**

26.1 The department reserves the right to enter into Post Tender Negotiations.

**SBD4**

**BIDDER'S DISCLOSURE**

## 1. PURPOSE OF THE FORM

1.1 Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa, 1996 (Constitution), and further expressed in the various applicable legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

1.2 If a person is listed in the Register for Tender Defaulters and/or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

## 2. DECLARATION ON EMPLOYMENT BY ORGAN OF STATE

2.1 Is the bidder, or any of the directors / trustees / shareholders / members / partners of the bidder employed by an organ of state, as defined in section 239 of the Constitution? **YES/NO**

2.2 If YES, furnish particulars of the names, individual identity numbers, in the table below:

| **Full Name** | **Identity Number** | **Name of organ of state** |
|---|---|---|
| | | |
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| | | |

2.3 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.3.1 If so, furnish particulars:

………………………………………………………………………………………
………………………………………………………………………………………
…………………………………………………………………

2.4 Does the bidder or any of its directors/trustees/shareholders members/partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise, whether or not they are bidding for this contract?
**YES/NO**

2.4.1 If so, indicate all companies registered in the CSD in the table below:

| **Supplier registration number (MAAA)** | **Status (active/inactive/deleted)** |
|---|---|
| | |
| | |
| | |
| | |
| | |

Failure to disclose all CSD-registered active companies linked to all Directors will lead to disqualification**.**

## 3 GENERAL DECLARATION

I, ………………………………………………………………………………………, the undersigned, in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read and I understand the contents of this disclosure.

3.2 I understand that the accompanying bid will be disqualified if this disclosure is found to be false.

3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor.

3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.7 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act, 1998 (Act No. 89 of 1998) and or may be referred to law enforcement agencies for criminal investigation and or may be restricted from conducting business with the state for a period not exceeding 10 years in terms of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004) or any other applicable legislation.

I CERTIFY THAT THE ABOVE IS CORRECT.

I ACCEPT THAT THE PROCURING INSTITUTION MAY REJECT THE BID OR TAKE APPROPRIATE ACTION AGAINST ME IF THIS DECLARATION IS FALSE.

| | |
|---|---|
| ……………………………… | ………………………………………… |
| Signature | Date |
| ……………………………… | ………………………………………… |
| Designation | Name of bidder |

## Part 3 – Schedule B

### Qualifications and Experience

1. Details of the extent of the bidders activities and business, e.g. branches etc.:

---

---

---

2. A list of existing /previous contracts relating to services which are similar to the Services: Also see Project Reference returnable attachment on next page53

| Description of Contract | Start Date | End date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. The number of years that the bidder has been in the business of providing services which are materially the same as the Services:

---

4. The name of the person who shall manage the Services:

---

5. Detail such person's qualifications and experience below :

---

.............................................................................

**SIGNATURE OF (ON BEHALF OF) BIDDER**

.............................................................................

**NAME IN CAPITALS**

In the presence of:

1. .........................................................

2. .........................................................

**PROJECT REFERENCE FORM**

**Organization Type**

**PARTNERSHIP/CLOSED CORPORATION/COMPANY**
**(delete which is not applicable)**

The bidder comprises of the following partners/members/directors:

1. NAME ______________________________

   ADDRESS : ______________________________

   ID NUMBER: ______________________________

2. NAME : ______________________________

   ADDRESS : ______________________________

   ID NUMBER: ______________________________

3. NAME : ______________________________

   ADDRESS : ______________________________

   ID NUMBER: ______________________________

4. NAME : ______________________________

   ADDRESS : ______________________________

   ID NUMBER: ______________________________

5. NAME : ______________________________

   ADDRESS : ______________________________

   ID NUMBER: ______________________________

..............................................................................
**SIGNATURE OF (ON BEHALF OF) BIDDER**

..............................................................................
**NAME IN CAPITALS**

In the presence of :

1. ..........................................................

2. ..........................................................

## Part 3 – Schedule D
## Organizational structure

1. Provide full details of the organizational structure which will be utilized in the provision of the Services (including where appropriate an organogram)

................................................................................
**SIGNATURE OF (ON BEHALF OF) BIDDER**

................................................................................
**NAME IN CAPITALS**

In the presence of :

1. ........................................................

2. ........................................................

**Part 3 – Schedule E**
**Details of Supplier's Nearest Office**

1. Physical address of supplier's office

______________________________________________

______________________________________________

______________________________________________

______________________________________________

1. Physical address of supplier's control

______________________________________________

______________________________________________

______________________________________________

______________________________________________

2. Telephone No of office: ______________________________

3 Time period for which such office has been used by supplier: ______________________

............................................................................................
**SIGNATURE OF (ON BEHALF OF) BIDDER**

............................................................................................
**NAME IN CAPITALS**

In the presence of:

1. ...............................................................

2. ...............................................................

This schedule must be completed by the bidder and submitted together with the bid. **Documentary proof confirming availability of financial resources to execute the contract from the bidder's financial institution in the form of a 3 months bank statement.** If this requirement is not complied with in full the bid may be considered invalid.

Nature of Service: ______________________________

Name of bidder: ______________________________

Bid Number: ______________________________

| | **FINANCIAL POSITION OF BIDDER**<br><br>I/we hereby certify that I/we have the necessary financial capacity and resources to execute the above contract successfully for the bid amount. I / we hereby attach letter confirming availability of financial resources from the financial institution. I / we give the ECDOH permission to contact the financial institution below to confirm the information provided.<br><br>In the absence of the above, a letter confirming that the bidder has applied for financial assistance from any financial institution and that the institution is willing to favourably consider such application in the event that the bidder is successful, will also satisfy the Department. |
|---|---|
| **NAME OF FINANCIAL INSTITUTION** | |
| **ADDRESS** | |
| **TEL.NO** | |
| **FAX NO** | |
| **CONTACT PERSON** | |

..............................................................................
**SIGNATURE OF (ON BEHALF OF) BIDDER**

..............................................................................
**NAME IN CAPITALS**

In the presence of :

1. ..........................................................

2. ..........................................................

SBD 6.1

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

## 1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

**1.2 To be completed by the organ of state**

(*delete whichever is not applicable for this tender*).

a) The applicable preference point system for this tender is the 90/10 preference point system.

b) The applicable preference point system for this tender is the 80/20 preference point system.

Either the 90/10 or 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

(a) Price; and

(b) Specific Goals.

**1.4 To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

| | POINTS |
|---|---|
| **PRICE** | |
| **SPECIFIC GOALS** | |
| **Total points for Price and SPECIFIC GOALS** | **100** |

Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

(a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

(b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;

*(c)* **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

(d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and

(e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

**80/20** **or** **90/10**

$$Ps = 80\left(1 - \frac{Pt - P\,min}{P\,min}\right) \quad \text{or} \quad Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

**80/20** **or** **90/10**

$$Ps = 80\left(1 + \frac{Pt - P\,max}{P\,max}\right) \quad \text{or} \quad Ps = 90\left(1 + \frac{Pt - P\,max}{Pmax}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

## 4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

***(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.***

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.***)

| The specific goals allocated points in terms of this tender | Number of points allocated (80/20 system) (To be completed by the organ of state) | Number of points claimed (80/20 system) (To be completed by the tenderer) |
|---|---|---|
| Historically Disadvantaged Individuals Ownership | 20% (4) | |
| Women Ownership | 20% (4) | |
| Youth Ownership | 20% (4) | |
| Disability Ownership | 10% (2) | |
| Military Veterans Ownership | 10% (2) | |
| Locality Ownership | 20% (4) | |
| TOTAL | 100% (20) | |

**DECLARATION WITH REGARD TO COMPANY/FIRM**

4.3. Name of company/firm…………………………………………………………………….

4.4. Company registration number: …………………………………………………………...

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

…………………………………………

**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME**: …………………………………………………………

**DATE:** …………………………………………………………

**ADDRESS**: …………………………………………………………

…………………………………………………………

…………………………………………………………

…………………………………………………………

## Part 3 - Schedule H
## CONSENT FORM BY THE BIDDER

The bidder shall be bound by all SCM regulatory provision and amendment thereto whether expressly or impliedly in this document

The Head
Department of Health E.C
Private Bag X0038
Bisho, 5605

Sir/Madam

Granting of authority to request information from any legal entity relevant to this bid

1) I/we acknowledge that the information herein contained shall constitute the basis on which my/our bid is to be considered. I/we grant approval that any source regarding this bid may be fully investigated and that all such information shall be of material importance and directly relevant to the consideration of our bid. I /we further grant my/our consent to such source to provide confidential information.

2) I/we warrant that all the information herein contained is to the best of my/our knowledge and belief true and correct in all material respects and I/we am /are not aware of any information which, should it become known to the Eastern Cape Department of Health, would affect the consideration of my/our bid in any way.

3) The Eastern Cape Department of Health wishes to inform you that all information regarding your personal matters is treated as strictly as confidential.

Please tick the appropriate box.

| | |
|---|---|
| | I/We hereby consent to the above |

______________________________ Signature

______________ Date

OR

| | |
|---|---|
| | I/We hereby withhold consent and fully understand the implications and ramifications of my/our decision and will not hold the Eastern Cape Department of Health responsible for not considering my/our tender |

______________________________ Signature

______________ Date

______________________________ Witness Signature

**Schedule I**
**EXECUTION PLAN**

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**Purpose**

The Department seeks to engage in the **Request for advertising of non-awarded pharmaceutical items for a period of twelve (12) months**

Atomoxetine Hydrochloride Capsules 18 mg; 28's
Atomoxetine Hydrochloride Capsules 25 mg; 28's
Budesonide Modified Release Capsules 3 mg; 100's
Danazol Capsules 100 mg; 60's
Duloxetine Capsules 30 mg; 28's
Duloxetine Capsules 60 mg; 28's
Finasteride Tablets 5 mg; 28's
Flumazenil Injection 0.1 mg/ml; 5 ml
Fluorometholone Ophthalmic Drops 0.1%; Dropper Bottle; 5 ml
Magnesium Chloride 660 mg and Zinc Oxide 6 mg Tablets; 60's
Nifedipine Tablets 30 mg; Controlled Release; 30's
Noradrenaline Injection 4 mg/4 ml
Sertraline Hydrochloride Capsules equivalent to Sertraline 50 mg; 28's
Sodium Chloride 0.9%; 200 ml; Non-PVC Bag; 1's
Sugammadex 200 mg/2 ml Injection; 2 ml; 1's
to healthcare facilities across the Eastern Cape Province.

**Motivation**

It is important to note that this product is regulated by the South African Health Products Regulatory Authority (SAHPRA). Therefore, all procurement must strictly adhere to SAHPRA requirements, including sourcing from licensed, compliant suppliers and ensuring that all quality assurance (QA) and regulatory documentation is in place prior to procurement and distribution.

**Way Forward**

In view of the above, the Department reserves the right to award to more than one service provider and place orders at an agreed-upon rate as and when there is a need. Furthermore, the Department could withdraw from the contract in the event of RT/NDoH/ Provincial contracts awarded prior to the expiry of the bid.

| ITEM NO. | 1 |
|---|---|
| **Item Specification** | **Atomoxetine Hydrochloride Capsules 18mg 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **12** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |

| | |
|---|---|
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 2 |
|---|---|
| **Item Specification** | **Atomoxetine Hydrochloride Capsules 25mg 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **12** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |

| | |
|---|---|
| API Source 2 Contact | |
| API Source 3 Full Site Name | |
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 3 |
|---|---|
| **Item Specification** | **Budesonide Modified Release Capsules 3mg 100's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **50** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 4 |
|---|---|
| **Item Specification** | **Danazol Capsules 100mg 60's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **150** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 5 |
|---|---|
| **Item Specification** | **Duloxetine Capsules 30mg 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **370** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 6 |
|---|---|
| **Item Specification** | **Duloxetine Capsules 60mg 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **350** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 7 |
|---|---|
| **Item Specification** | **Finasteride Tablets 5mg 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **40** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 8 |
|---|---|
| **Item Specification** | **Flumazenil Injection 0.1mg/ml; 5ml** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **1000** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |

| | |
|---|---|
| API Source 3 Full Site Name | |
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 9 |
|---|---|
| **Item Specification** | **Fluorometholone Ophthalmic Drops 0.1%; Dropper Bottle 5ml** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **300** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 10 |
|---|---|
| **Item Specification** | **Magnesium Chloride 660mg and Zinc Oxide 6mg Tablets 60's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **1200** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 11 |
|---|---|
| **Item Specification** | **Nifedipine Tablets 30mg CR 30's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **50** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 12 |
|---|---|
| **Item Specification** | **Sertraline Hydrochloride 50mg Capsules 28's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **2500** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 13 |
|---|---|
| **Item Specification** | **Noradrenaline Injection 4mg/4ml** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **500** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 14 |
|---|---|
| **Item Specification** | **Sodium Chloride 0.9%; 200ml; Non-PVC, Deph Free; bag 1's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **3000** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

| ITEM NO. | 15 |
|---|---|
| **Item Specification** | **Sugammadex 200mg/2ml; injection; 2ml 1's** |
| **Therapeutic Class and Series Numbers** | **Pharmaceutical** |
| **UNIT (Use for Estimate & Price)** | **Each** |
| **Estimate**<br>The quantities indicated are estimates only and do not constitute a commitment by the Department to purchase the full quantity or contract value. | **12** |
| **Quantity for full tender period** | |
| Registered Legal Name of Bidder | |
| Central Supplier Database Number | |
| Delivered price in ZAR<br>***Price must be two decimals*** | |
| Delivered price in ZAR per shipper pack<br>***Price must be two decimals*** | |
| Registered Product Name | |
| Conforms to specification? **(Y/N)** | |
| If **NO**: Detail deviation from specification. | |
| Product Registration Number | |
| License to Manufacture Medicines:<br>Licence Number | |
| License to Manufacture Medicines:<br>Expiry Date | |
| Expiry date should not be less than 12 months | |
| Pack Size Offered: Unit Pack | |
| Pack Size Offered: Shelf Pack | |
| Standard units in: Shipper Pack | |
| Lead-Time (7 -14 calendar days) | |
| Initial lead time (≤14 calendar days) | |
| Minimum Order Quantity -1 | |
| Batch size for the bid item, in number of packs | |
| Monthly batch capacity that will be assigned for the bid item for the duration of the contract, in number of batches. | |
| Do you require a technical amendment to perform according to the conditions of your bid: **(Y/N)** | |
| If YES: Provide details | |
| EAN 13 Barcode for Unit Pack | |
| EAN 13 Barcode for Shelf Pack | |
| ITF14 Barcode for Shipper Pack | |
| 2D Barcode or Similar | |
| NAPPI Code | |
| SEP (Current List - Corresponding Unit) | |
| Manufacturer **(PRIMARY)** | |
| Manufacturer **(SECONDARY)** | |
| Manufacturer **(TERTIARY)** | |
| Are any of the listed manufacturers' etc. 3rd parties to the bidder? (Y/N) **If YES complete PBD1** | |
| API Source 1 Full Site Name | |
| API Source 1 Full Address | |
| API Source 1 Country | |
| API Source 1 Contact | |
| API Source 2 Full Site Name | |
| API Source 2 Full Address | |
| API Source 2 Country | |
| API Source 2 Contact | |
| API Source 3 Full Site Name | |

| | |
|---|---|
| API Source 3 Full Address | |
| API Source 3 Country | |
| API Source 3 Contact | |
| % of Delivered Price attributable to API | |
| Local (API/Raw Material) | |
| Imported (API) | |
| % of Delivered Price attributable to Formulation | |
| Local (Formulation) | |
| Imported (Formulation) | |
| % of Delivered Price attributable to Packaging | |
| Local (Packaging) | |
| Imported (Packaging) | |
| % of Delivered Price attributable to Logistics | |
| % of Delivered Price attributable to Gross Margin | |
| Currency | |

**Annexure 1**

Contents

**PBD5 Declaration of compliance with good manufacturing practice (GMP)**

***To be signed by the Chief Executive Officer (CEO) of the Company in terms of this bid.***

**I, …………………………………………………………………………………………………………….**
**(*Full name*)**

**with the following identity number ……………………………………………………………………..**

**being the Chief Executive Officer (CEO) of ……………………………………………………….……**

**…………………………………………………………………………………………………………….. (*Organisation/Company Legal Name*)**

**hereby declares that to the best of my knowledge all reasonable steps have been taken to ensure that:**

**a)** **There are no outstanding or impending GMP or legal matters that may have a material impact on the Company's ability to perform in terms of this contract.**

**b)** **Has complied with all the legal requirements as stipulated in terms of Medicines and Related Substances Act 101 of 1965, as amended, for products offered.**

**c)** **In terms of this declaration, I undertake to inform the Department of Health at first knowledge of any circumstances that may result in interrupted supply.**

| | | |
|---|---|---|
| …………………………….. | ……………………………. | ……………………………. |
| **Signature CEO** | ***(Signed at Location)*** | ***(on date)*** |
| …………………………….. | ……………………………. | ……………………………. |
| **Witness Signature** | ***(Signed at Location)*** | ***(on date)*** |

**PBD1: AUTHORISATION DECLARATION**

| | |
|---|---|
| NAME OF THE BIDDER | |

**Are you sourcing the products from a third party?** **Yes** ◯ **No** ◯

**** If you have answered YES to the above question, please provide full details in the table below of the third party (ies) from whom you are sourcing the products.***

1. **Declaration by the bidder where the bidder is sourcing the products from a third party. The bidder hereby declares the following:-**
   - **1.1** **The bidder is sourcing the products listed in the PBD1.1 attached, from a third party in order to comply with the terms and conditions of the bid.**
   - **1.2** **The bidder has informed the third party of the terms and conditions of the bid and the third party is acquainted with the said terms and the description of the products listed in the PBD1.1.**
   - **1.3** **The bidder has received the attached, unconditional written undertaking from the third party to supply the products listed in the PBD1.1 in accordance with the terms and conditions of the bid document for the duration of the contract. A template has been attached (PBD1.2) that is to be used for the purpose of the third party undertaking.**
   - **1.4** **The bidder confirms that all financial and supply arrangements for the products have been mutually agreed upon between the bidder and the third party.**
2. **The bidder declares that the information contained herein is true and correct.**

3. **The bidder acknowledges that the Department of Health reserves the right to verify the information contained therein and if found to be false or incorrect may invoke any remedies available to it in the bid documents.**

| | | | | | |
|---|---|---|---|---|---|
| **Signed at** | | **on the** | | **day of** | |
| **Full Names** | | | | | |
| **Designation** | | | | | |
| **Signature** | | | | | |

**List of the products offered sourced from third party**

| Bid Item No | Brand Name | Name of the company from where the products will be sourced | Address and contact details of the company from where the products will be sourced |
|---|---|---|---|
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**Template for unconditional written undertaking from the third party**

***Note:***
***The authorisation letter must be on the official letterhead of the third party***
***A separate letter must be included for each third party***
***The authorisation letter must be addressed to the Bidding Company***

**Name of Bidding Company:** ____________________________________________

**Address of Bidding Company:** ____________________________________________

____________________________________________________________

**Attention:** _______

**Dear Sir/Madam**

**AUTHORISATION LETTER: CONTRACT NO__**

**We,_____*(Name of Third Party)***

**hereby authoa x07r4784s**
**+6.0 ise you,_____*(Name of Company)* to include the products listed below in your bid submission for the above-mentioned contract.**
**We confirm that we have firm supply arrangements in place, and have familiarised ourselves with the item descriptions, specifications and bid conditions relating to item/s listed below.**

| Item no. | Description of product | Brand name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

***(Should the table provided not be sufficient for all the items offered, please provide additional information as an attachment and it must be properly referenced to this document)***

**Yours faithfully,**

**Signature of the Third Party:** ______________________________ **Date:** ______________________