

**BID WCGHCC0007/2024: SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH AND WELLNESS, WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

**BID NUMBER: WCGHCC0007/2024**

**CLOSING DATE: 26 APRIL 2024**

**CLOSING TIME: 11:00**

YOU ARE HEREBY INVITED TO SUBMIT A BID TO THE  
WESTERN CAPE GOVERNMENT: DEPARTMENT OF HEALTH AND WELLNESS  
FOR THE

BID WCGHCC0007/2024: SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH AND WELLNESS, WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

**BID DOCUMENTS MUST BE DEPOSITED IN THE BID BOX MARKED "DEPARTMENT OF HEALTH" AT:**

The foyer of the main entrance

Western Cape Government Building (**next to Cape High Court**)  
Junction of Dorp and Keerom Streets  
Cape Town



**DEPUTY DIRECTOR: CLINICAL SOURCING**

**DATE: 22 March 2024**

## 1.1 STRUCTURE OF THE DOCUMENT

THIS BID IS DUE AT **11:00 ON FRIDAY, 26 APRIL 2024**

VALIDITY EXPIRES ON, **23 JULY 2024 (90 DAYS)**

This Bid Document contains the following sections:

SECTION	DESCRIPTION
	<b>Table of Contents</b>
<b>Section 1</b>	<b>Introduction:</b> including abbreviations and acronyms, queries, scope, bid submissions, and timeline
<b>Section 2</b>	<b>Bid Conditions and Conditions of Contract:</b> Including: preferential procurement, rights of parties, Bid Documents, supplier database registration, mandatory documentation, prequalification criteria, briefing session and acceptance of bid.
<b>Section 3</b>	<b>Special Conditions of Contract (SCC):</b> to be read with Section 4: GCC and Section 6: Specifications
<b>Section 4</b>	<b>General Conditions of Contract (GCC):</b> to be read with Section 3: SCC
<b>Section 5</b>	<b>Western Cape Bid Document (WCBD 1)</b>
<b>Section 6</b>	<b>Specifications:</b> To be read with Section 3: SCC and Section 4: GCC
<b>Section 7</b>	<b>Declaration of Bidder</b>
<b>Section 8</b>	<b>National Industrial Participation (WCBD 5)</b>
<b>Section 9</b>	<b>Preference Point Claim Form (WCBD6.1)</b> and a description of abuse by means of 'fronting'.
<b>Section 10</b>	<b>Local Content:</b> not applicable to this bid
<b>Section 11</b>	<b>Bidders Checklist</b>
<b>Section 12</b>	<b>Annexures</b>

## 1.2 ABBREVIATIONS & ACRONYMS USED THROUGHOUT THIS DOCUMENT

The following abbreviations and acronyms, used throughout this document, shall have the following meaning:

CSD	Central Supplier Database
ROE	Rate of Exchange
SAHPRA	South African Health Products Regulatory Authority
WCBD	Western Cape Bidding Document
WCGHW	Western Cape Government Health and Wellness
ZAR	South African Rand

## 1.3 QUERIES

1.3.1 All queries shall be directed to the appropriate officials, as shown below:

Contact	Email	Telephone
Nontando Mguqulwa	<a href="mailto:Nontando.Mguqulwa@westerncape.gov.za">Nontando.Mguqulwa@westerncape.gov.za</a>	021 483 6202
Franklin Booyesen	<a href="mailto:Franklin.Booyesen@westerncape.gov.za">Franklin.Booyesen@westerncape.gov.za</a>	021 483 9253

Bidders should not rely on any information other than that supplied in these documents or other written information supplied by the officials listed in par. 1.3.1 above.

All questions will be answered in writing, and a consolidated list of all relevant questions posed, and clarifications provided will be provided to all Bidders as outlined in par. 1.6 below.

## 1.4 SCOPE

1.4.1 The Western Cape Department of Health (hereafter referred to as 'the Department') invites Bidders to submit bids for the provision of compression therapy consumables for a three-year period.

1.4.2 These goods are to be provided in a healthcare environment and will be subject to all relevant regulatory requirements applicable to the healthcare sector throughout the duration of the contract.

## 1.5 INVITATION TO BID

The invitation to bid will be published on the e-Tender website.

## 1.6 SUBMISSION OF BIDS

1.6.1 Bidders should ensure that bids are delivered timeously to the correct address by bid closing by **11:00 ON FRIDAY, 26 APRIL 2024**:

<b>BID DOCUMENTS MUST BE DEPOSITED IN THE BID BOX MARKED "DEPARTMENT OF HEALTH" AT:</b>
The foyer of the main entrance.
Western Cape Government Building (next to Cape High Court) Junction of Dorp and Keerom Streets Cape Town.
<b>The bid box is generally open 24 hours a day, 7 days a week.</b>

1.6.2 **Late bids and/or sample submissions will not be accepted for consideration.**

1.6.3 By the time of bid closing, Bidders are required to submit a hard copy of all documents, including all pages of this bid document, all its annexures and any requested or supplementary information provided by the bidder in response to this call for bids.

1.6.4 Bids submitted by telegram, telex, fax or email will not be considered.

1.6.5 Bidders are advised to refrain from soliciting the advice of the Security Personnel on duty should there be any uncertainty regarding the location of the Department's bid box. Any queries in this regard should be posed to the officials listed in par. 1.3.1.

**2.1 APPLICABLE CONDITIONS AND PREFERENTIAL PROCUREMENT**

2.1.1 This bid is subject to:

- the General Conditions of Contract (GCC);
- any other Special Conditions of Contract (SCC);
- the application of the **80:20** Preferential Procurement Points System;
- the provisions outlined in this Section 2.

2.1.2 The aforementioned conditions form part of the bid and failure to comply herewith may invalidate a bid.

**2.1.3 Order of Precedence:**

2.1.3.1 The General Conditions of Contract form part of all Bid Documents for the Department and may not be amended.

2.1.3.2 The SCC supplements the GCC.

2.1.3.3 Whenever there is a conflict between the SCC and GCC, the SCC shall prevail.

2.1.4 In this document words in the singular also mean the plural and vice versa and words in the masculine also mean the feminine and neuter.

2.1.5 Offers are to be valid for 90 Business Days from the closing date of bid.

2.1.6 The cost of complying with all the conditions, obligations and liabilities described in the General and Special Conditions of Contract and Specifications are deemed to be included in the prices stated in Section 7. The Bidder shall have no claim for further payment in respect of any work or method of execution, unless described, implied or specifically provided for in the Contract.

**2.2 RIGHTS OF THE PARTIES**

2.2.1 Receipt of this invitation to bid does not confer any right on any party in respect of the services or in respect of, or against, the Department. Conversely, parties have no rights, expressed or implied, with respect to any of the services because of their participation in the bid process.

2.2.2 The Department reserves the right, at its sole discretion, to:

- a) withdraw any services, in whole or in part, from the scope of this bid, prior to the award of the bid;
- b) terminate any party's participation in the bid process for non-compliance with bid requirements that are both material and mandatory;
- c) accept or reject any response to this invitation to bid without liability to any party;
- d) amend the bid process, including its closing date or any other date within its scope, on reasonable notice to bidders and at its sole discretion;
- e) cancel the bid or any part of the bid before the bid has been awarded, if:
  - i. Due to changed circumstances, there is no longer a need for goods or services specified in the invitation.
  - ii. Funds are no longer available to cover the total envisaged expenditure.
  - iii. No acceptable tender is received.
  - iv. There is a material irregularity in the tender process.
- f) not accept the lowest or any other bid and to accept the bid which it deems to be in the best interest of the Department; and
- g) reject all responses submitted and to embark on a new bid process.

2.2.3 The decision to cancel or amend the tender invitation shall be published in the same way that this tender invitation was advertised.

2.2.4 Any personal information provided by any party in any bid or tender documents, is provided for, and may only be used by, each party for the purposes of completing the procurement and supply process in question and attending to any ancillary matters relating to such procurement process. The parties undertake to use any personal information provided by any other party only for the purposes for which such personal information was provided, unless otherwise agreed in writing between the parties. Nothing contained in these tender documents shall be construed as excluding the application of the Promotion of Access to Information Act, 2000 (Act 2 of 2000) and the Protection of Personal Information Act, 2013 (Act 4 of 2013).

## 2.3 BID DOCUMENTS

- 2.3.1 Bid Documents shall be completed in black ink only.
- 2.3.2 All documentation submitted will be in English.
- 2.3.3 All bids must be deposited in a sealed envelope, marked with the name and address of the bidder, the bid number and closing date. The envelope shall not contain documents related to any bid other than that indicated on the envelope.
- 2.3.4 Bidders must respond to all sections of this bid and provide completed, signed, original Bid Documents and all mandatory documents as outlined in Paragraph 2.5. Only original, signed documents will be considered by the Department as official bid submissions. Bidders may prepare photocopies for their own records.
- 2.3.5 No alterations, erasures, omissions or additions shall be made to the text or condition of these documents, except where expressly requested. Should any unauthorised change be made, such changes will not be recognised, and the original document shall apply.
- 2.3.6 No offers may be submitted on documents other than the Bid Documents included herein. The Bid Documents may not be re-typed or redrafted.
- 2.3.7 Any additional information which the Bidder feels appropriate for inclusion in their offer and made available to the Department for consideration should be furnished as a separate Annexure to the Bidder's offer.
- 2.3.8 Bidders must ensure that no pages are omitted or duplicated in their bid submissions. The Department accepts no liability arising from omitted or duplicated pages.
- 2.3.9 Failure to submit any of the information requested may result in the Bidder being disqualified.
- 2.3.10 All bids must be accompanied by a letter signed by the bidder, authorizing the Department, in the name and stead of the bidder, to confirm with third parties the accuracy of any information submitted as part of this bid.

## 2.4 SUPPLIER DATABASE REGISTRATION

- 2.4.1 **All bidders must be duly registered on the Central Supplier Database (CSD) at the time of bid closing**
- 2.4.2 **In instances where a bidder's tax compliance status cannot be verified or if a bidder's tax status is non-compliant on the CSD, the bidder will be afforded 7 working days to confirm tax compliance in order for the bid to be considered.**
- 2.4.3 All prospective unregistered bidders are invited to self-register on the CSD on [www.csd.gov.za](http://www.csd.gov.za) such **registration is to be completed at the time of bid closing.**
- 2.4.4 All **bidders who are already registered on the CSD** are advised to confirm their registration status on [www.csd.gov.za](http://www.csd.gov.za) before submitting their bid.
- 2.4.5 Assistance with the registration process can be sought by contacting the Department's e-Procurement Helpdesk at: [SCM.eProcurementDOH@westerncape.gov.za](mailto:SCM.eProcurementDOH@westerncape.gov.za).

## 2.5 MANDATORY WESTERN CAPE BID DOCUMENTS

- 2.5.1 Bidders must complete all of the following mandatory Western Cape Bid Documents:

Section of this Document	Western Cape Bid Document (WCBD) Reference	Western Cape Bid Document Name
Section 5	WCBD1	Offer by the Bidder and Bid Summary
Section 6	WCBD3.1	Pricing Schedule
Section 7	WCBD4	Declaration of Interest
Section 8	WCBD5	The National Industrial Participation Programme
Section 9	WCBD6.1	Preference Points Claim Form in terms of the Preferential Procurement Regulations 2017 and Codes of Good Practice

2.5.2 Bidders are not required to complete the following Western Cape Bid Document, and it has therefore been omitted from this Bid Document:

Western Cape Bid Document (WCBD) Reference	Reason for omission from Bid	Western Cape Bid Document Name
WCBD2	Held on CSD	Tax Clearance Certificate Requirements

2.5.3 **Only the B-BBEE status stated on the completed WCBD 6.1 listed above will apply to the evaluation of this bid and not the B-BBEE status on the CSD.**

2.5.4 The mandatory Western Cape Bid Documents and all further mandatory documents are listed in Section 11.

**2.6 MANUFACTURER/SUPPLY AGREEMENT**

If you are not the manufacturer of the product(s) offered for this bid, please provide written proof from your supplier(s)/manufacturer(s) that they have no objection to you offering their product(s) for this bid, and that if you are awarded this bid, they will continue to supply this product to you to enable you to comply with your contractual obligations towards the Department of Health for the period indicated in the bid document.

**2.7 SINGLE VS MULTIPLE ITEM AWARDS**

2.7.1 The Department reserves the right to award items in this bid as single or multiple awards and where it's deemed appropriate, to award an entire range of consumables to a single supplier, or to multiple suppliers.

**2.8 STERILISATION STANDARDS**

2.8.1 The original certificate/validation of sterilisation (or a valid, certified copy) must be included in the bid document by bid closing for all items that are required to be sterile. Any of the following sterilisation standards may apply, unless otherwise specifically stated:

Steam	<ul style="list-style-type: none"> <li>• ISO17665-1</li> <li>• SANS 17666-1</li> <li>• ISO 11124</li> </ul>
Gas	<ul style="list-style-type: none"> <li>• EN Harmonising standards</li> <li>• ISO 11125</li> </ul>
Gamma	<ul style="list-style-type: none"> <li>• EN Harmonising standards</li> <li>• ISO 11137</li> </ul>

**2.9 MANUFACTURING STANDARDS**

2.9.1 All bidders are required to provide a valid, certified copy of ISO 13485-Medical Devices for each manufacturer whose products form part of their bid, except for certain items where it is specifically stated in the specification section that it is not a requirement.

2.9.2 Where bidders offer items from more than one manufacturer: valid, certified copies of manufacturing standards for each facility **and** country where products are manufactured or sourced must be included in the bid documents.

**2.10 SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY (SAHPRA) REGISTRATION**

2.10.1 A valid, certified copy of a SAHPRA licence as a manufacturer, distributor or wholesaler of medical devices and IVDs must be provided for all items in this bid except for those where it is specifically stated in the specification that it is not a requirement. A valid, certified copy of an MCC certificate may also be considered.

**General contact information;**

- Tel: (012) 501 0300
- Email: enquiries@sahpra.org.za
- Business hours – Monday to Thursday: 08h30 – 15h15; Friday: 08h30 – 12h00 – excludes public holidays
- Documents should be dropped off at Reception only.
- All visitors to report to the main reception on the 2nd Floor (Heading office).

**Postal Address;**

South African Health Products Regulatory Authority  
 Private Bag X828  
 Pretoria  
 0001



2.10.2 No proof of application for registration will be accepted, as communicated by SAHPRA here: <http://www.sahpra.org.za/wp-content/uploads/2020/07/MD004-EXTENSION-Use-of-Acknowledgement-Letter-in-Lieu-of-Licence-v1-31032020.pdf>

## 2.11 HAZARDOUS SUBSTANCES (incl. Latex)

Bidders are to submit verification reports for each item specified to be free of latex, the department may request verification reports for each item specified to be free of latex. All **samples supplied for evaluation must be as per bid document and also have an indication on its packaging confirming that its latex free.**

## 2.12 EVALUATION PROCESS & CLINICAL EVALUATION OF SAMPLES

The Department reserves the right to visit the premises of the Bidder and/or any subcontractor nominated by the Bidder to supply the goods in scope of this bid by prior arrangement with the Bidder.

Samples will only be requested from bidders who are deemed to be compliant to mandatory requirements articulated in this bid document.

Bidders will be informed in writing to submit samples but are required to have samples ready for delivery on or before **17 May 2024.**

It is the responsibility of bidders to ensure that their products are available when Western Cape Government Health and Wellness requests them.

No late samples will be considered under any circumstances and offers corresponding to late samples will be summarily disregarded. It is recommended that bidders prepare and label samples in advance as failure to supply samples will invalidate a bidder's offer.

Each individual sample must be marked with the **bid number, item number and the bidder's name and address** in clear, legible print of a reasonable size. An individual evaluation report form for each sample **must be attached to the sample** and must not be supplied separately in a box or envelope.

It is the bidder's responsibility to provide written proof that samples of each product were delivered to the specified institution. This shall consist of a document with the name of the designated institution, a list of item number(s) and description(s) of the sample(s) submitted along with the quantities provided for each, the signature of the representative who delivered the samples and the signature of the official receiving the samples. These documents must be forwarded to Clinical Sourcing as soon as the deliveries are made.

**Samples will not be evaluated if:**

- \* the evaluation report/form **does not contain Sections A-C;**
- \* the evaluation report/form is **supplied without samples for clinical evaluation;**
- \* the **sample and evaluation form do not match;**
- \* the **sample and bid do not match;**
- \* **each item/sub-item is not accompanied by a separate evaluation form; and/or**
- \* **products are incorrectly labelled/not labelled and/or reflect incorrect supplier catalogue numbers.**

**No representative samples will be accepted for evaluation.** Please provide a sample for each item/sub-item for which you have made an offer as proof of your ability to supply the specified goods and as evidence that the supplies perform as required under clinical conditions.

The offers of bidders who are unable to comply with this paragraph 2.12 regarding the supply of samples will be disregarded.

**Samples of successful bidders will be retained for the full contract period.**

**Unsuccessful bidders must collect their samples within two weeks of notification after the award.** Samples not collected within this period will be disposed of or destroyed.

**As all offers are considered *sub judice* until a contract is concluded, no information about clinical evaluations may be disclosed and no discussion about results will be undertaken by the Department before finalization of the contract.**

## 2.13 AWARD

The Department reserves the right to award the Services in part or in whole and will determine the award of the bid to the Service Provider, based on compliance to mandatory requirements and specifications (measured through clinical acceptability), and thereafter price and preference points.

## 2.14 CONSENT TO THE AWARD

The Service Provider will be required to indicate their consent to the award by means of a completed and signed contract form following the award. The Service Provider will be notified and presented with the 'Contract Form - Purchase of Goods/Works/Services (WCB 7.1)' for acceptance.

Bidders are advised to ensure that they are fully familiar with the nature and extent of the obligations to be accepted by them if their bid is accepted.

**2.15 CONTACT DETAILS**

Bidders are required to provide the particulars of the contact person responsible for all queries related to this bid, and if bidders are successful, this contract, and to whom all correspondence can be directed:

Name: .....Designation: .....

Telephone no with area code: .....Fax no: .....

Cell phone no: .....Email address: .....

**2.16 OPTION TO EXTEND FOR AN ADDITIONAL TWO YEARS**

Bidders are advised that there may be an option to extend the duration of the contract period based on the needs of the province and supplier performance.

Communication regarding a possible extended period will be communicated to contractors towards the end of year 3 of the contract.





The following Special Conditions of Contract form part of the Contract which will be concluded between the Department and the Service Provider. By submitting a bid in response to this call for submissions, Bidders accept all the Special Conditions listed herein. The Special Conditions of Contract are to be read as incorporating all provisions in all sections of this bid, and, together with the General Conditions of Contract, constitute the full bid.

### 3.1 DEFINITIONS

For purposes of this Bid Document:

- words in the singular also mean the plural and vice versa and words in the masculine also mean the feminine and neuter.
- terms defined in the GCC are used through this document.

### 3.2 TRANSFER, CESSION AND USE OF SUBCONTRACTORS

The Bidder may not assign, cede, transfer, sell or alienate in any way this Contract or any part thereof to any other person or company without prior written approval from the Department for the Contract period as stipulated in the GCC.

The Bidder may only appoint subcontractors as identified in the WCBD 6.1 in **Section 9** of this document and must seek written approval from the Department prior to implementing any change to its subcontractor agreements.

The Department will have no contractual relationship through this Contract with any subcontractor appointed by the Bidder. However, any subcontractor appointed by the Bidder shall be subject to all Departmental policies, strategies, rules, laws and regulations.

The Bidder will be exclusively responsible for contractual compliance by any subcontractor. This includes the delivery of services, all damage caused by a sub-contractor, and the management and payment of any subcontractor appointed to deliver the services.

### 3.3 WARRANTY

The Bidder warrants that the goods supplied under the contract are new, unused and of the most recent or current models, and incorporating all recent improvements in design and materials, unless provided otherwise in the contract; or

In addition to 4.15.1 and 4.15.2, the Bidder further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship, or from any action/omission of the Service Provider, that may develop under normal use of the supplied goods in the conditions prevailing in the Republic of South Africa. Where goods are required to be adapted for the Department's needs, the Bidder shall provide the same warranty.

This warranty in 4.15.3 shall remain valid for twelve (12) months after the goods, or any portion thereof, as the case may be, have been delivered to, and accepted at, the final destination indicated in the contract.

The Department shall promptly notify the Bidder in writing of any claims arising under warranty.

Upon receipt of such notice, the Bidder shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without cost to the Department.

If the Bidder, having been notified, fails to remedy the defect(s) within the period specified in the SCC, the Department may proceed to take such remedial action as may be necessary, at the Service Provider's risk and expense and without prejudice to any other rights which the Department may have against the Service Provider under the contract.

### 3.4 DELIVERY AND DOCUMENTS

Delivery of all goods shall be made by the Service Provider in accordance with the terms specified in the GCC.

Products **shall be delivered within 21 days of receipt of the first order and thereafter ex stock, 48-72 hours**. This means that the contractor must deliver within 21 days after receipt of the first order from hospitals and/or the Western Cape Warehouse and within 48 to 72 hours after receiving subsequent orders. The supplier shall ensure the integrity of the goods while in transit.

**Bidders will be obliged to deliver stock in accordance with the Department's delivery conditions** in the WCBD 3.1 (bid specification). A written indication to this effect is required from bidders in the questionnaire following each bid specification. Failure to comply with this requirement will invalidate your offer. In this regard you are referred to Provincial Treasury Practice Note 6, which states:

- (i) *It often happens that bidders, in contrast with the special conditions stipulated in the bid document, set their own conditions, which might contradict or be in conflict with the bid conditions. When it is in the interest of the Department to accept such conditions, and insofar as these conditions do not prejudice other bidders, recommendations for its acceptance may be made to the person executing his delegated power.*

- (ii) However, where it is not in the interest of the Department to accept same, or prejudicial to other bidders, the bidder may be requested to renounce/withdraw these conditions. ...If the condition is of such a nature that it is materially unacceptable, the bid may be invalidated. In this instance the bidder must be informed in clear terms of the consequence should he fail to adhere to the abovementioned request.

Is the delivery period firm? (Please circle your option)

**YES / NO**

Where unlimited quantities cannot be delivered within the delivery periods quoted, bidders should indicate the rate of delivery per week or per month that can be maintained.

Delivery rate per week .....

Delivery rate per month .....

### 3.5 DELIVERY LOCATIONS

Goods **are required for delivery into the stores of institutions and/or the Western Cape Warehouse** under the control of the Department of Health, Western Cape Government (please see Annexure A) in such quantities as may be ordered from time to time. It is essential that adequate stock is available to the Department at all times.

### 3.6 PACKAGING OF PRODUCTS FOR BID AND CONTRACT PURPOSES

All items must be delivered in a carton/box.

Each item must be individually packaged according to the specification and include the following information, at a minimum:

- Name of the manufacturer/supplier
- Bidder Item name
- Bidder Item code
- Date of manufacture
- Product expiry date
- Batch/lot number
- Date of sterilisation
- Expiry date of sterilisation
- Sterilisation method, e.g. ETO, steam, etc. – must appear on outer and immediate packaging
- Sterilisation process indicator – must appear on outer or immediate packaging

Successful bidders who are the supplier/distributor but not the manufacturer are required to ensure that delivered items are marked with the successful bidder's details on a separate label, which must read "Contractor's Details" and must include company name, address and contact details, on the outer packaging.

### 3.7 PRICES

Bid prices shall be quoted in South African Rand (ZAR) and be inclusive of all costs (incl. delivery to those Institutions listed in Annexure A) and applicable taxes, i.e. **prices shall be quoted nett and VAT inclusive.**

Bidders intending to quote a price less a discount must deduct the discount and then insert the net bid price in the space provided. Bidders who are prepared to offer a special discount on individual orders in respect of certain items, should complete the following schedule:

Discount on individual orders of:

R1 000 – R5 000 in value ..... %

Over R5 000 – R10 000 in value ..... %

Over R10 000 in value ..... %

Different bid price structures for various periods during the contract period, which are subject to fluctuation, will not be considered. Bidders wishing to make provision for cost variations during the contract period should bid either:

- a) fix bid prices for various periods (three tier prices: year 1, 2 and 3), subject to the applicable variations; or
- b) bid only one price (a flat rate) for all three years, subject to ROE only.



### 3.8 FIRM PRICES (SEE WCBD3.1, PARAGRAPHS 1.1-1.3)

Bids at firm prices for the duration of the contract may receive preference over bids for which prices are not firm.

Prices subject to ROE variations are deemed **firm**. Where the bid prices will be affected partially or as a whole by a ROE variations and bidders are not in a position to absorb the effect, bids at prices subject to ROE will be considered. In the absence of any indication of exchange variation, bidders accept that no adjustment because of ROE variation may be claimed.

No ROE claims will be considered within the first 3 months of the contract period, and after that, claims will only be considered monthly. Only ROE claims made within 60 days of delivery will be considered.

If items with wholly or partially imported content are offered, confirm whether prices are subject to ROE variations. (Please circle your option). YES / NO

If yes, the following particulars in respect of each of the applicable items must be provided in the attached WCBD3.1 paragraph B.

- a) The ROE used in the conversion of the price of the item to ZAR at the time of bidding (determined 10 days before bid closing, **on Wednesday, 3 April 2024**).
- b) The value of the imported components/raw materials that will be used in the manufacture/assembly of the supply/item and its value expressed as an actual value of the bid price.
- c) Please note that if the ZAR should strengthen against the applicable foreign currency, the Department reserves the right to claim such monies from the contractor.

### 3.9 NON-FIRM PRICES (SEE WCBD3.2, PARAGRAPHS 2 & 2.1)

If prices are not firm; bidders are required to submit full particulars of the basis on which changes in contract prices will be calculated (details on form WCBD3.2).

**No price adjustments will be considered within the first 3 months of the contract period, and after those adjustments will only be considered quarterly.**

### 3.10 NEGOTIATIONS

The Department reserves the right to enter into negotiations with bidders (before the contract is concluded) and contractors (after the contract is concluded) regarding *inter alia* price revisions, increases and service delivery should it be deemed necessary.

### 3.11 ORDERING RESTRICTIONS

Institutions shall not be restricted to minimum order quantities.

### 3.12 QUANTITIES

The quantities reflected in the specification/WCBD3.1 are estimated quantities and are not guaranteed. Usage will be determined solely by the requirements of ordering institutions.

### 3.13 CLINICAL EVIDENCE

The Department reserves the right to request clinical evidence of any product or medical device if and when required.

### 3.14 PAYMENT

In the interest of security and expeditious payment, it is the policy of the Department to effect payments by electronic funds transfer (EFT) as far as possible.

If a successful bidder is not yet a regular participant in Departmental contracts and has not been registered already, the supplier will be required to furnish the Department with its banking details for the systems in operation (LOGIS, BAS, SYSPRO) in order to be registered. Successful bidders must ensure, therefore, that their banking details are provided to institutions on request where necessary.

Payment shall be made within **30 days from receipt of a valid, correct invoice**.

### 3.15 STATEMENT OF SUPPLIES AND SERVICES

Contractors must comply when requested by the Department or person appointed by the Department to furnish particulars of supplies delivered against contracts awarded in consequence of this bid. If a contractor fails to do so, the Department, without prejudice to any other rights that it may have, may institute enquiries at the expense of the contractor to obtain the required particulars.

### 3.16 COMPLIANCE FOR QUALITY

Random samples will be collected from various institutions to conduct quality compliance testing throughout the contract period.

## 4.1 DEFINITIONS

The following terms shall be interpreted as indicated:

- 4.1.1 "**Closing time**" means the date and hour specified in the bidding documents for the receipt of bids.
- 4.1.2 "**Contract**" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- 4.1.3 "**Contract price**" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
- 4.1.4 "**Corrupt practice**" means the offering, giving, receiving, or soliciting of anything of value to influence the action of a public official in the procurement process or in contract execution.
- 4.1.5 "**Countervailing duties**" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
- 4.1.6 "**Country of origin**" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
- 4.1.7 "**Day**" means calendar day.
- 4.1.8 "**Delivery**" means delivery in compliance of the conditions of the contract or order
- 4.1.9 "**Delivery ex stock**" means immediate delivery directly from stock actually on hand.
- 4.1.10 "**Delivery into consignees store or to his site**" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.
- 4.1.11 "**Dumping**" occurs when a private enterprise abroad markets its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA.
- 4.1.12 "**Force majeure**" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 4.1.13 "**Fraudulent practice**" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 4.1.14 "**GCC**" means the General Conditions of Contract.
- 4.1.15 "**Goods**" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 4.1.16 "**Imported content**" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.
- 4.1.17 "**Local content**" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.
- 4.1.18 "**Manufacture**" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 4.1.19 "**Order**" means an official written order issued for the supply of goods or works or the rendering of a service.
- 4.1.20 "**Project site,**" where applicable, means the place indicated in bidding documents.

- 4.1.21 "Purchaser" means the organization purchasing the goods.
- 4.1.22 "Republic" means the Republic of South Africa.
- 4.1.23 "SCC" means the Special Conditions of Contract.
- 4.1.24 "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as but not limited to: installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.
- 4.1.25 "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

#### **4.2 APPLICATION**

- 4.2.1 These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.
- 4.2.2 Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.
- 4.2.3 Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

#### **4.3 GENERAL**

- 4.3.1 Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.
- 4.3.2 With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria, 0001, or accessed electronically from [www.treasury.gov.za](http://www.treasury.gov.za).

#### **4.4 STANDARDS**

- 4.4.1 The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

#### **4.5 USE OF CONTRACT DOCUMENTS AND INFORMATION; INSPECTION.**

- 4.5.1 The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.
- 4.5.2 The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 4.5.1 except for purposes of performing the contract.
- 4.5.3 Any document, other than the contract itself mentioned in GCC clause 4.5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.
- 4.5.4 The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

#### **4.6 PATENT RIGHTS**

The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

#### **4.7 PERFORMANCE SECURITY**

- 4.7.1 Within thirty (30) Business days of receipt of the notification of contract award, the Service Provider shall furnish to the purchaser the performance security of the amount specified in SCC.
- 4.7.2 The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.
- 4.7.3 The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:  
a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or  
a cashier's or certified cheque.



4.7.4 The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) Business days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

#### **4.8 INSPECTIONS, TESTS AND ANALYSES**

4.8.1 All pre-bidding testing will be for the account of the bidder.

4.8.2 If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by representative of the Department or an organization acting on behalf of the Department.

4.8.3 If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

4.8.4 If the inspections, tests and analyses referred to in clauses 4.8.2 and 4.8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

4.8.5 Where the supplies or services referred to in clauses 4.8.2 and 4.8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

4.8.6 Supplies and services which are referred to in clauses 4.8.2 and 4.8.3 and which do not comply with the contract requirements may be rejected.

4.8.7 Any contract supplies may on or after delivery be inspected, tested or analysed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal, the rejected supplies shall be returned at the suppliers' cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

4.8.8 The provisions of clauses 4.8.4 to 4.8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 4.23 of GCC.

#### **4.9 PACKING**

4.9.1 The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

4.9.2 The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

#### **4.10 DELIVERY AND DOCUMENTS**

4.10.1 Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

4.10.2 Documents to be submitted by the supplier are specified in SCC.

#### **4.11 INSURANCE**

4.11.1 The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

#### **4.12 TRANSPORTATION**

4.12.1 Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.





#### **4.13 INCIDENTAL SERVICES**

- 4.13.1 The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:
- a) performance or supervision of on-site assembly and/or commissioning of the supplied goods; furnishing of tools required for assembly and/or maintenance of the supplied goods; furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods; performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
- training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the supplied goods.
- 4.13.2 Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

#### **4.14 SPARE PARTS**

- 4.14.1 As specified in the SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:
- a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
  - b) in the event of termination of production of the spare parts:
    - (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
    - (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

#### **4.15 WARRANTY**

- 4.15.1 The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any actor omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.
- 4.15.2 This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.
- 4.15.3 The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.
- 4.15.4 Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.
- 4.15.5 If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

#### **4.16 PAYMENT**

- 4.16.1 The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.
- 4.16.2 The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfilment of other obligations stipulated in the contract.
- 4.16.3 Payments shall be made promptly by the purchaser, but in no case later than thirty (30) Business days after submission of an invoice or claim by the supplier.
- 4.16.4 Payment will be made in Rand unless otherwise stipulated in SCC.

#### **4.17 PRICES**

- 4.17.1 Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

#### **4.18 CONTRACT AMENDMENTS**

- 4.18.1 No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.



#### **4.19 ASSIGNMENT**

4.19.1 The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

#### **4.20 SUBCONTRACTS**

4.20.1 The supplier shall notify the purchaser in writing of all subcontracts awarded under this contract if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

#### **4.21 DELAYS IN THE SUPPLIER'S PERFORMANCE**

4.21.1 Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

4.21.2 If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

4.21.3 No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

4.21.4 The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

4.21.5 Except as provided under GCC Clause 4.25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 4.22, unless an extension of time is agreed upon pursuant to GCC Clause 4.21.2 without the application of penalties.

4.21.6 Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without cancelling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

#### **4.22 PENALTIES**

4.22.1 Subject to GCC Clause 4.25, if the supplier fails to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The Purchaser may also consider termination of the contract pursuant to GCC Clause 4.23.

#### **4.23 TERMINATION FOR DEFAULT**

4.23.1 The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

- a) if the supplier fails to perform any or all of the services specified in the contract within the timeframes so agreed, or within any extension thereof granted by the purchaser pursuant to GCC Clause 4.21.2;
- b) if the Supplier fails to perform any other obligation(s) under the contract; or
- c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

4.23.2 In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

4.23.3 Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

4.23.4 If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) Business days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) Business days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.



- 4.23.5 Any restriction imposed on any person by the Accounting Officer /Authority will, at the discretion of the Accounting Officer/Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer/Authority actively associated.
- 4.23.6 If a restriction is imposed, the purchaser must, within five (5) Business days of such imposition, furnish the National Treasury, with the following information:
- (i) the name and address of the supplier and/or person restricted by the purchaser;
  - (ii) the date of commencement of the restriction
  - (iii) the period of restriction; and
  - (iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

- 4.23.7 If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, 2004 (Act 12 of 2004), the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

#### **4.24 ANTI-DUMPING AND COUNTERVAILING DUTIES AND RIGHTS**

- 4.24.1 When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which may be due to him.

#### **4.25 FORCE MAJEURE**

- 4.25.1 Notwithstanding the provisions of GCC Clauses 4.22 and 4.23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.
- 4.25.2 If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

#### **4.26 TERMINATION FOR INSOLVENCY**

- 4.26.1 The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

#### **4.27 SETTLEMENT OF DISPUTES**

- 4.27.1 If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.
- 4.27.2 If, after thirty (30) Business days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter maybe commenced unless such notice is given to the other party.
- 4.27.3 Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.
- 4.27.4 Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.



- 4.27.5 Notwithstanding any reference to mediation and/or court proceedings herein,
- a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and
  - b) the purchaser shall pay the supplier any monies due the supplier.

#### **4.28 LIMITATION OF LIABILITY**

- 4.28.1 Except in cases of criminal negligence or wilful misconduct, and in the case of infringement pursuant to Clause 4.6;
- a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and
  - b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

#### **4.29 GOVERNING LANGUAGE**

- 4.29.1 The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

#### **4.30 APPLICABLE LAW**

- 4.30.1 The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

#### **4.31 NOTICES**

- 4.31.1 Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice
- 4.31.2 The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

#### **4.32 TAXES AND DUTIES**

- 4.32.1 A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.
- 4.32.3 A local supplier shall be entirely responsible for all taxes, duties, and license fees incurred until delivery of the contracted goods to the purchaser.
- 4.32.3 No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

#### **4.33 NATIONAL INDUSTRIAL PARTICIPATION PROGRAMME (NIP)**

- 4.33.1 The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

#### **4.34 PROHIBITION OF RESTRICTIVE PRACTICES**

- 4.34.1 In terms of section 4 (1) (b) (iii) of the Competition Act, 1998 (Act 89 of 1998), as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is/are or a contractor(s) was/were involved in collusive bidding (or bid rigging).
- 4.34.2 If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has/have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act, 1998 (Act 89 of 1998).
- 4.34.3 If a bidder(s) or contractor(s), has/have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and/or terminate the contract in whole or part, and/or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and/or claim damages from the bidder(s) or contractor(s) concerned.

**SECTION 5: OFFER BY THE BIDDER  
WESTERN CAPE BID DOCUMENT 1 (WCB D1)**

**5.1** I/We hereby bid to supply all or any of the supplies and/or to render all or any of the services described in the attached documents to the Department on the terms and conditions and in accordance with the specifications stipulated in the Bid Documents (and which shall be taken as part of, and incorporated into, this bid) at the prices and on the terms regarding time for delivery and/or execution inserted therein.

**5.2** I/We agree that:

- c) the offer herein shall remain binding upon me/us and open for acceptance by the Department during the validity period indicated and calculated from the closing hour and date of the bid, unless otherwise agreed to in writing;
- d) this bid and its acceptance shall be subject to the relevant laws and regulations, as amended from time to time, the conditions in this document and the B-BBEE Certificate issued by a Verification Agency accredited by the South African Accreditation Systems (SANAS) or an affidavit confirming annual total revenue and level of black ownership together with the bid or an affidavit issued by Companies Intellectual Property Commission, with all of which I am/we are fully acquainted;
- e) If I/we withdraw my/our bid within the period for which I/we have agreed that the bid shall remain open for acceptance, or fail to fulfil the contract when called upon to do so, the Department may, without prejudice to its other rights, agree to the withdrawal of my/our bid or cancel the contract that may have been entered into between me/us and the Department and I/we will then pay to the Department any additional expense incurred by the Department having either to accept any less favourable bid or, if fresh bids have to be invited, the additional expenditure incurred by the invitation of fresh bids and by the subsequent acceptance of any less favourable bid; the Department shall also have the right to recover such additional expenditure by set-off against moneys which may be due or become due to me/us under this or any other bid or against any guarantee or deposit that may have been furnished by me/us or on my/our behalf for the due fulfilment of this or any other bid or contract and pending the ascertainment of the amount of such additional expenditure to retain such moneys, guarantee or deposit as security for any loss the Department may sustain by reason of my/our default;
- f) if my/our bid is accepted the contract will be concluded on signature of a letter of acceptance by the Department;
- g) the law of the Republic of South Africa shall govern the contract created by the acceptance of my/our bid and I/we choose domicilium citandi et executandi (should be a full street address where service of documents will be accepted) in the Republic at:

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**5.3** I/We furthermore confirm that I/we have satisfied myself/ourselves as to the correctness and validity of my/our bid; that the price(s) and rate(s) quoted cover all the work/item(s) specified in the Bid Documents and that the price(s) and rate(s) cover all my/our obligations under a resulting contract and that I/we accept that any mistakes regarding price(s) and calculations will be at my/our risk.

**5.4** I/we hereby accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me/us under this agreement as the Principal(s) liable for the due fulfilment of this contract.

**5.5** Notwithstanding any Sub-Contracting, Co-Contracting or Joint Venture entered into, I/we agree that any action arising from this contract may in all respects be instituted against me/us and I/we hereby undertake to satisfy fully any sentence or judgement which may be pronounced against me/us as a result of such action.

**5.6** I/We declare that I/we have participation\*/no participation\* in the submission of any other offer for the supplies/services described in the attached documents. If in the affirmative, state name(s) of tenderer(s) involved:       \*(Delete whichever is not applicable)

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**PART A  
INVITATION TO BID**

**ZERO-TOLERANCE TO FRAUD, THEFT AND CORRUPTION (ANTI-FRAUD, THEFT AND CORRUPTION)**

THE WCG IS COMMITTED TO GOVERN ETHICALLY AND TO COMPLY FULLY WITH ANTI-FRAUD, THEFT AND CORRUPTION LAWS AND TO CONTINUOUSLY CONDUCT ITSELF WITH INTEGRITY AND WITH PROPER REGARD FOR ETHICAL PRACTICES.

THE WCG HAS A ZERO TOLERANCE APPROACH TO ACTS OF FRAUD, THEFT AND CORRUPTION BY ITS OFFICIALS AND ANY SERVICE PROVIDER CONDUCTING BUSINESS WITH THE WCG.

THE WCG EXPECTS ALL ITS OFFICIALS AND ANYONE ACTING ON ITS BEHALF TO COMPLY WITH THESE PRINCIPLES TO ACT IN THE BEST INTEREST OF THE WCG AND THE PUBLIC AT ALL TIMES.

THE WCG IS COMMITTED TO PROTECTING PUBLIC REVENUE, EXPENDITURE, ASSETS AND REPUTATION FROM ANY ATTEMPT BY ANY PERSON TO GAIN FINANCIAL OR OTHER BENEFIT IN AN UNLAWFUL, DISHONEST OR UNETHICAL MANNER.

INCIDENTS AND SUSPICIOUS ACTIVITIES WILL BE THOROUGHLY INVESTIGATED AND WHERE CRIMINAL ACTIVITY IS CONFIRMED, RESPONSIBLE PARTIES WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

<b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>					
BID NUMBER:	<b>WCGHCC0007/2024</b>	CLOSING DATE:	<b>26 APRIL 2024</b>	CLOSING TIME:	<b>11:00</b>
DESCRIPTION	<b>SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH AND WELLNESS, WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.</b>				
<b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>					
The foyer of the main entrance					
Western Cape Government Building (next to Cape High Court)					
Junction of Dorp and Keerom Streets					
Cape Town					
<b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>			<b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>		
CONTACT PERSON	<b>Nontando Mguqulwa</b>		CONTACT PERSON	<b>Franklin Booysen</b>	
TELEPHONE NUMBER	<b>021 483 6202</b>		TELEPHONE NUMBER	<b>021 483 9253</b>	
FACSIMILE NUMBER	<b>N/A</b>		FACSIMILE NUMBER	<b>N/A</b>	
E-MAIL ADDRESS	<b>Nontando.Mguqulwa@westerncape.gov.za</b>		E-MAIL ADDRESS	<b>Franklin.Booyesen@westerncape.gov.za</b>	
<b>SUPPLIER INFORMATION</b>					
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:		AND	CENTRAL SUPPLIER DATABASE No:	MAAA
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, WAS THE CERTIFICATE ISSUED BY A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN NATIONAL ACREDITATION SYSTEM (SANAS)	[TICK APPLICABLE BOX] <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs&amp; QSEs) MUST BE SUBMITTED TOGETHER WITH A COMPLETED 6.1 IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS/ SERVICES/ WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [[IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [[IF YES, ANSWER THE QUESTIONNAIRE BELOW]
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**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, 2022, 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 (WCBD7).**

**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 VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING THROUGH THE WEBSITE WWW.SARS.GOV.ZA.
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE WITH TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE AND CSD NUMBER AS MENTIONED IN 2.3 ABOVE.
- 2.6 WHERE NO TCS PIN 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: .....

**ABBREVIATIONS & ACRONYMS**

For the purposes of these specifications, the following abbreviations and acronyms shall have the following meanings:

<b>Abbreviation or Acronym</b>	<b>Meaning</b>
TTS	Through the scope
OTW	Over the wire
OTSC	Over the scope
Hot	Requires the use of a diathermy machine
Cold	Does not require the use of a diathermy machine
Single use	Limited to one patient per procedure
Resposable	May be used a finite number of times until the item needs replacing
AGC	Argon Gas Coagulation
ERCP	Endoscopic retrograde cholangio-pancreatography
CSD	Central Supplier Database
ISO 13485	Manufacturing Standards: Any version of 2003
Latex Free	Proof such as Material Safety Data Sheet

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT																																						
1	<p><b>PRESSURE GARMENT MATERIAL:</b> Elasticized fabric. 2-way stretch, Composed of 85% nylon and 15% spandex. Shall have greater stretch in width than in length of fabric and shall retain stretch ability.</p> <p><b>Approximate measurements:</b>  <b>Beige/Cream/Nude</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;"><u>Width</u></td> <td style="width:35%;"><u>Length</u></td> <td style="width:35%;"><u>Weight</u></td> <td style="width:15%;"></td> </tr> <tr> <td>1.1</td> <td>1500 mm</td> <td>10 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> <tr> <td>1.2</td> <td>1500 mm</td> <td>30 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> </table> <p><b>Black</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;"><u>Width</u></td> <td style="width:35%;"><u>Length</u></td> <td style="width:35%;"><u>Weight</u></td> <td style="width:15%;"></td> </tr> <tr> <td>1.3</td> <td>1500 mm</td> <td>10 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> <tr> <td>1.4</td> <td>1500 mm</td> <td>30 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> </table> <p><b>(Dark) Brown</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;"><u>Width</u></td> <td style="width:35%;"><u>Length</u></td> <td style="width:35%;"><u>Weight</u></td> <td style="width:15%;"></td> </tr> <tr> <td>1.5</td> <td>1500 mm</td> <td>10 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> <tr> <td>1.6</td> <td>1500 mm</td> <td>30 meters</td> <td>225 g/ m<sup>2</sup></td> </tr> </table> <p><b>Note to bidders:</b></p> <ul style="list-style-type: none"> <li>This may be a multiple item award.</li> <li>Provide 3 x 1m<sup>2</sup> samples of each colour and provide colour pallet.</li> <li>Attach an evaluation form to EACH sample</li> </ul>	<u>Width</u>	<u>Length</u>	<u>Weight</u>		1.1	1500 mm	10 meters	225 g/ m <sup>2</sup>	1.2	1500 mm	30 meters	225 g/ m <sup>2</sup>	<u>Width</u>	<u>Length</u>	<u>Weight</u>		1.3	1500 mm	10 meters	225 g/ m <sup>2</sup>	1.4	1500 mm	30 meters	225 g/ m <sup>2</sup>	<u>Width</u>	<u>Length</u>	<u>Weight</u>		1.5	1500 mm	10 meters	225 g/ m <sup>2</sup>	1.6	1500 mm	30 meters	225 g/ m <sup>2</sup>	<b>Price per roll</b>		
<u>Width</u>	<u>Length</u>	<u>Weight</u>																																						
1.1	1500 mm	10 meters	225 g/ m <sup>2</sup>																																					
1.2	1500 mm	30 meters	225 g/ m <sup>2</sup>																																					
<u>Width</u>	<u>Length</u>	<u>Weight</u>																																						
1.3	1500 mm	10 meters	225 g/ m <sup>2</sup>																																					
1.4	1500 mm	30 meters	225 g/ m <sup>2</sup>																																					
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		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>																																				
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		R.....	R.....	R.....																																				
		R.....	R.....	R.....																																				

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
1.1				
1.2				
1.3				
1.4				
1.5				
1.6				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- .....
- H. Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
2	<b>Thread, Sewing</b> , 100% Staple spun Polyester Fibre, High Tensile Strength, shrink proof, colour fast, suitable for light to heavyweight fabrics and seams, more elastic and durable than the traditional cotton thread. used for general seaming and overlocking, conforming to SABS 1362:2018.	<b>Price per each</b>		
	<b>Sewing Machine</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
2.1	Beige 1000-meter spools	R.....	R.....	R.....
2.2	Black 1000-meter spools	R.....	R.....	R.....
2.3	Dark Brown 1000-meter spools	R.....	R.....	R.....
2.4	White 1000-meter spools	R.....	R.....	R.....
	<b>Overlocker Machine</b>			
2.5	Beige 5000-meter cones	R.....	R.....	R.....
2.6	Black 5000-meter cones	R.....	R.....	R.....
2.7	Dark Brown 5000-meter cones	R.....	R.....	R.....
2.8	White 5000-meter cones	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	<ul style="list-style-type: none"> <li>This may be a multiple item award.</li> <li>Provide 2 samples of each type and colour.</li> <li>Attach an evaluation form to EACH sample.</li> <li>Technical Data sheet and certificate of conformance to be submitted, failure to submit may invalidate you offer.</li> </ul>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
2.1				
2.2				
2.3				
2.4				
2.5				
2.6				
2.7				
2.8				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
3	<p><b>Zipper, Stretch, nylon</b>, for compression garments, knitted Vertical Elastic Tape, for 2 way stretch fabric, suitable for curve shaped applications without puckering. Lockable slider, easy to grip with an open hole to facilitate a D Ring, Colours: Beige, Black and Dark Brown. All available lengths.</p> <p><b>Width Sizes</b> (bidders to submit a price list for all different lengths)</p> <p>3.1 3mm open end</p> <p>3.2 3mm closed end</p> <p><b>Width Sizes:</b> (bidders to submit a price list for all different lengths)</p> <p>3.3 5mm open end</p> <p>3.4 5mm closed end</p> <p><b>Note to bidders:</b></p> <ul style="list-style-type: none"> <li>• This may be a multiple item award. Items may be awarded in series, per price list.</li> <li>• Provide 3 samples of each to the evaluating institution.</li> <li>• Attach an evaluation form to EACH sample</li> </ul>	<p><b>Attach Pricelist</b></p> <p><b>1<sup>st</sup> year                  2<sup>nd</sup> year                  3<sup>rd</sup> year</b></p>		
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
3.1				
3.2				
3.3				
3.4				


- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- .....
- H. Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
4	<p><b>Sleeve, Compression</b>, soft flat knit, 15 – 20mmHg, 2-way stretch, for <b>left and right hand</b>, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, <b>all available colours</b>.</p> 	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
4.1	<b>Short Length</b> Size: Small	R.....	R.....	R.....
4.2	Medium	R.....	R.....	R.....
4.3	Large	R.....	R.....	R.....
4.4	X Large	R.....	R.....	R.....
4.5	XX Large	R.....	R.....	R.....
4.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b> Size:	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
4.7	Small	R.....	R.....	R.....
4.8	Medium	R.....	R.....	R.....
4.9	Large	R.....	R.....	R.....
4.10	X Large	R.....	R.....	R.....
4.11	XX Large	R.....	R.....	R.....
4.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b> Size:	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
4.13	Small	R.....	R.....	R.....
4.14	Medium	R.....	R.....	R.....
4.15	Large	R.....	R.....	R.....
4.16	X Large	R.....	R.....	R.....
4.17	XX Large	R.....	R.....	R.....
4.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	<ul style="list-style-type: none"> <li>• Provide 2 sample of each size to WCGH</li> <li>• Attach an evaluation form with bidder and item details to EACH sample</li> <li>• <b>Labelling of class and size must be clearly visible on each garment</b></li> <li>• Clearly indicate all available colours in the bid document</li> </ul>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
4.1				
4.2				
4.3				
4.4				
4.5				
4.6				
4.7				
4.8				
4.9				
4.10				
4.11				
4.12				
4.13				
4.14				
4.15				
4.16				
4.17				
4.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
5.1				
5.2				
5.3				
5.4				
5.5				
5.6				
5.7				
5.8				
5.9				
5.10				
5.11				
5.12				
5.13				
5.14				
5.15				
5.16				
5.17				
5.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
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- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
6	<b>Arm Sleeve, Compression</b> , soft flat knit, with silicone grip band, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
6.1	Small	R.....	R.....	R.....
6.2	Medium	R.....	R.....	R.....
6.3	Large	R.....	R.....	R.....
6.4	X Large	R.....	R.....	R.....
6.5	XX Large	R.....	R.....	R.....
6.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
6.7	Small	R.....	R.....	R.....
6.8	Medium	R.....	R.....	R.....
6.9	Large	R.....	R.....	R.....
6.10	X Large	R.....	R.....	R.....
6.11	XX Large	R.....	R.....	R.....
6.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
6.13	Small	R.....	R.....	R.....
6.14	Medium	R.....	R.....	R.....
6.15	Large	R.....	R.....	R.....
6.16	X Large	R.....	R.....	R.....
6.17	XX Large	R.....	R.....	R.....
6.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	<ul style="list-style-type: none"> <li>• Provide 2 samples of each size to WCGH</li> <li>• Attach an evaluation form with bidder and item details to EACH sample</li> <li>• <b>Labelling of class and size must be clearly visible on each garment</b></li> <li>• Clearly indicate all available colours in the bid document</li> </ul>			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
6.1				
6.2				
6.3				
6.4				
6.5				
6.6				
6.7				
6.8				
6.9				
6.10				
6.11				
6.12				
6.13				
6.14				
6.15				
6.16				
6.17				
6.18				


- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
7	<p><b>Arm Sleeve, Compression</b>, soft flat knit, with silicone grip band, 20 – 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> 	<b>Price per each</b>		
	<p><b>Short Length Size:</b></p>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
7.1	Small	R.....	R.....	R.....
7.2	Medium	R.....	R.....	R.....
7.3	Large	R.....	R.....	R.....
7.4	X Large	R.....	R.....	R.....
7.5	XX Large	R.....	R.....	R.....
7.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length Size:</b></p>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
7.7	Small	R.....	R.....	R.....
7.8	Medium	R.....	R.....	R.....
7.9	Large	R.....	R.....	R.....
7.10	X Large	R.....	R.....	R.....
7.11	XX Large	R.....	R.....	R.....
7.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length Size:</b></p>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
7.13	Small	R.....	R.....	R.....
7.14	Medium	R.....	R.....	R.....
7.15	Large	R.....	R.....	R.....
7.16	X Large	R.....	R.....	R.....
7.17	XX Large	R.....	R.....	R.....
7.18	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <ul style="list-style-type: none"> <li>Provide 2 samples of each size to WCGH</li> <li>Attach an evaluation form with bidder and item details to EACH sample</li> <li><b>Labelling of class and size must be clearly visible on each garment</b></li> <li>Clearly indicate all available colours in the bid document</li> </ul>			





**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
7.1				
7.2				
7.3				
7.4				
7.5				
7.6				
7.7				
7.8				
7.9				
7.10				
7.11				
7.12				
7.13				
7.14				
7.15				
7.16				
7.17				
7.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
8	<b>Arm Sleeve with gauntlet, Compression</b> , soft flat knit, one-piece, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
8.1	Small	R.....	R.....	R.....
8.2	Medium	R.....	R.....	R.....
8.3	Large	R.....	R.....	R.....
8.4	X Large	R.....	R.....	R.....
8.5	XX Large	R.....	R.....	R.....
8.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
8.7	Small	R.....	R.....	R.....
8.8	Medium	R.....	R.....	R.....
8.9	Large	R.....	R.....	R.....
8.10	X Large	R.....	R.....	R.....
8.11	XX Large	R.....	R.....	R.....
8.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
8.13	Small	R.....	R.....	R.....
8.14	Medium	R.....	R.....	R.....
8.15	Large	R.....	R.....	R.....
8.16	X Large	R.....	R.....	R.....
8.17	XX Large	R.....	R.....	R.....
8.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	<ul style="list-style-type: none"> <li>• Provide 2 samples of each size to WCGH</li> <li>• Attach an evaluation form with bidder and item details to EACH sample</li> <li>• <b>Labelling of class and size must be clearly visible on each garment</b></li> <li>• Clearly indicate all available colours in the bid document</li> </ul>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
8.1				
8.2				
8.3				
8.4				
8.5				
8.6				
8.7				
8.9				
8.10				
8.11				
8.12				
8.13				
8.14				
8.15				
8.16				
8.17				
8.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
9	<b>Arm Sleeve with gauntlet, Compression</b> , soft soft flat knit, one-piece, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
9.1	Small	R.....	R.....	R.....
9.2	Medium	R.....	R.....	R.....
9.3	Large	R.....	R.....	R.....
9.4	X Large	R.....	R.....	R.....
9.5	XX Large			
9.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
9.7	Small	R.....	R.....	R.....
9.8	Medium	R.....	R.....	R.....
9.9	Large	R.....	R.....	R.....
9.10	X Large	R.....	R.....	R.....
9.11	XX Large			
9.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
9.13	Small	R.....	R.....	R.....
9.14	Medium	R.....	R.....	R.....
9.15	Large	R.....	R.....	R.....
9.16	X Large	R.....	R.....	R.....
9.17	XX Large			
9.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
9.1				
9.2				
9.3				
9.4				
9.5				
9.6				
9.7				
9.8				
9.9				
9.10				
9.11				
9.12				
9.13				
9.14				
9.15				
9.16				
9.17				
9.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
10	<b>Arm Sleeve with gauntlet, Compression</b> , soft flat knit, one-piece, w/silicone grip band, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
10.1	Small	R.....	R.....	R.....
10.2	Medium	R.....	R.....	R.....
10.3	Large	R.....	R.....	R.....
10.4	X Large	R.....	R.....	R.....
10.5	XX Large	R.....	R.....	R.....
10.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
10.7	Small	R.....	R.....	R.....
10.8	Medium	R.....	R.....	R.....
10.9	Large	R.....	R.....	R.....
10.10	X Large	R.....	R.....	R.....
10.11	XX Large	R.....	R.....	R.....
10.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
10.13	Small	R.....	R.....	R.....
10.14	Medium	R.....	R.....	R.....
10.15	Large	R.....	R.....	R.....
10.16	X Large	R.....	R.....	R.....
10.17	XX Large	R.....	R.....	R.....
10.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand Name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
10.1				
10.2				
10.3				
10.4				
10.5				
10.6				
10.7				
10.8				
10.9				
10.10				
10.11				
10.12				
10.13				
10.14				
10.15				
10.16				
10.17				
10.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.5 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
11	<b>Arm Sleeve with gauntlet, Compression</b> , soft flat knit, one-piece, w/silicone grip band, 20 – 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
11.1	Small	R.....	R.....	R.....
11.2	Medium	R.....	R.....	R.....
11.3	Large	R.....	R.....	R.....
11.4	X Large	R.....	R.....	R.....
11.5	XX Large	R.....	R.....	R.....
11.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
11.7	Small	R.....	R.....	R.....
11.8	Medium	R.....	R.....	R.....
11.9	Large	R.....	R.....	R.....
11.10	X Large	R.....	R.....	R.....
11.11	XX Large	R.....	R.....	R.....
11.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
11.13	Small	R.....	R.....	R.....
11.14	Medium	R.....	R.....	R.....
11.15	Large	R.....	R.....	R.....
11.16	X Large	R.....	R.....	R.....
11.17	XX Large	R.....	R.....	R.....
11.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
11.1				
11.2				
11.3				
11.4				
11.5				
11.6				
11.7				
11.8				
11.9				
11.10				
11.11				
11.12				
11.13				
11.14				
11.15				
11.16				
11.17				
11.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
12	<b>Sleeve, Compression</b> , soft flat knit, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Bra strap with Velcro</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
12.1	Small	R.....	R.....	R.....
12.2	Medium	R.....	R.....	R.....
12.3	Large	R.....	R.....	R.....
12.4	X Large	R.....	R.....	R.....
12.5	XX Large	R.....	R.....	R.....
12.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Shoulder / Chest strap with Velcro</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
12.7	Small	R.....	R.....	R.....
12.8	Medium	R.....	R.....	R.....
12.9	Large	R.....	R.....	R.....
12.10	X Large	R.....	R.....	R.....
12.11	XX Large	R.....	R.....	R.....
12.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
12.1				
12.2				
12.3				
12.4				
12.5				
12.6				
12.7				
12.8				
12.9				
12.10				
12.11				
12.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
13	<b>Sleeve, Compression</b> , soft flat knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Bra strap with Velcro</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
13.1	Small	R.....	R.....	R.....
13.2	Medium	R.....	R.....	R.....
13.3	Large	R.....	R.....	R.....
13.4	X Large	R.....	R.....	R.....
13.5	XX Large	R.....	R.....	R.....
13.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Shoulder strap with Velcro</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
13.7	Small	R.....	R.....	R.....
13.8	Medium	R.....	R.....	R.....
13.9	Large	R.....	R.....	R.....
13.10	X Large	R.....	R.....	R.....
13.11	XX Large	R.....	R.....	R.....
13.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
13.1				
13.2				
13.3				
13.4				
13.5				
13.6				
13.7				
13.8				
13.9				
13.10				
13.11				
13.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
14	<p><b>Glove, Compression</b>, soft flat knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p>  <p><b>Gloves with open fingers</b>  <b>Size:</b>                      14.1 X Small                      14.2 Small                      14.3 Medium                      14.4 Large                      14.5 X Large                      14.6 XX Large                      14.7 <b>Custom made</b></p> <p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
14.1				
14.2				
14.3				
14.4				
14.5				
14.6				
14.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
15	<p><b>Glove, Compression</b>, soft flat knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Long Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
15.1	X Small	R.....	R.....	R.....
15.2	Small	R.....	R.....	R.....
15.3	Medium	R.....	R.....	R.....
15.4	Large	R.....	R.....	R.....
15.5	X Large	R.....	R.....	R.....
15.6	XX Large	R.....	R.....	R.....
15.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

<b>IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.</b>				
No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
15.1				
15.2				
15.3				
15.4				
15.5				
15.6				
15.7				
E.	Are you the manufacturer? Please circle your option.			<b>YES/NO</b>
F.	Does the offer comply with specification? Please circle your option.			<b>YES/NO</b>
G.	If not to specification, please indicate deviation(s)			.....
				.....
H.	<b>Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)</b>			.....
I.	Are the prices firm for the duration of the contract? Please circle your option.			<b>YES/NO</b>
J.	If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.			
K.	Is product <b>latex and DEHP free</b> ? Please circle your option.			<b>YES/NO</b>
<p><b>Note:</b> All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as <b>Annexure A</b>.</p>				

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
16	<p><b>Glove, Compression</b>, soft flat knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
16.1	X Small	R.....	R.....	R.....
16.2	Small	R.....	R.....	R.....
16.3	Medium	R.....	R.....	R.....
16.4	Large	R.....	R.....	R.....
16.5	X Large	R.....	R.....	R.....
16.6	XX Large	R.....	R.....	R.....
16.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.				
No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
16.1				
16.2				
16.3				
16.4				
16.5				
16.6				
16.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
17	<p><b>Glove, Compression</b>, soft flat knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Long Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
17.1	X Small	R.....	R.....	R.....
17.2	Small	R.....	R.....	R.....
17.3	Medium	R.....	R.....	R.....
17.4	Large	R.....	R.....	R.....
17.5	X Large	R.....	R.....	R.....
17.6	XX Large	R.....	R.....	R.....
17.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
17.1				
17.2				
17.3				
17.4				
17.5				
17.6				
17.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.


K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
18	<p><b>Gauntlet, Compression</b>, soft flat knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p>  <p><b>Gauntlet with open thumb stub</b>  <b>Size:</b></p> <p>18.1 X Small                      18.2 Small                      18.3 Medium                      18.4 Large                      18.5 X Large                      18.6 XX Large                      18.7 <b>Custom made</b></p> <p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
18.1				
18.2				
18.3				
18.4				
18.5				
18.6				
18.7				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
19	<b>Gauntlet, Compression</b> , soft flat knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours. <b>Long Gauntlet with open thumb stub</b> <b>Size:</b>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
19.1	X Small	R.....	R.....	R.....
19.2	Small	R.....	R.....	R.....
19.3	Medium	R.....	R.....	R.....
19.4	Large	R.....	R.....	R.....
19.5	X Large	R.....	R.....	R.....
19.6	XX Large	R.....	R.....	R.....
19.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
19.1				
19.2				
19.3				
19.4				
19.5				
19.6				
19.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
20	<b>Gauntlet, Compression</b> , soft flat knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours. <b>Gauntlet with open thumb stub</b> <b>Size:</b>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
20.1	X Small	R.....	R.....	R.....
20.2	Small	R.....	R.....	R.....
20.3	Medium	R.....	R.....	R.....
20.4	Large	R.....	R.....	R.....
20.5	X Large	R.....	R.....	R.....
20.6	XX Large	R.....	R.....	R.....
20.7	<b>Custom made</b>	R.....	R.....	R.....
<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>				

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
20.1				
20.2				
20.3				
20.4				
20.5				
20.6				
20.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s)  
 .....  
 .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)**  
 .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
21	<b>Gauntlet, Compression</b> , soft flat knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours. <b>Long Gauntlet with open thumb stub</b> <b>Size:</b>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
21.1	X Small	R.....	R.....	R.....
21.2	Small	R.....	R.....	R.....
21.3	Medium	R.....	R.....	R.....
21.4	Large	R.....	R.....	R.....
21.5	X Large	R.....	R.....	R.....
21.6	XX Large	R.....	R.....	R.....
21.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.				
No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
21.1				
21.2				
21.3				
21.4				
21.5				
21.6				
21.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....  
.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**WCBD3.1**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
22	<b>Sleeve, Compression</b> , circular knit, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
22.1	Small	R.....	R.....	R.....
22.2	Medium	R.....	R.....	R.....
22.3	Large	R.....	R.....	R.....
22.4	X Large	R.....	R.....	R.....
22.5	XX Large	R.....	R.....	R.....
22.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
22.7	Small	R.....	R.....	R.....
22.8	Medium	R.....	R.....	R.....
22.9	Large	R.....	R.....	R.....
22.10	X Large	R.....	R.....	R.....
22.11	XX Large	R.....	R.....	R.....
22.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
22.13	Small	R.....	R.....	R.....
22.14	Medium	R.....	R.....	R.....
22.15	Large	R.....	R.....	R.....
22.16	X Large	R.....	R.....	R.....
22.17	XX Large	R.....	R.....	R.....
22.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
22.1				
22.2				
22.3				
22.4				
22.5				
22.6				
22.7				
22.8				
22.9				
22.10				
22.11				
22.12				
22.13				
22.14				
22.15				
22.16				
22.17				
22.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
23	<b>Arm Sleeve, Compression</b> , circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
23.1	Small	R.....	R.....	R.....
23.2	Medium	R.....	R.....	R.....
23.3	Large	R.....	R.....	R.....
23.4	X Large	R.....	R.....	R.....
23.5	XX Large	R.....	R.....	R.....
23.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
23.7	Small	R.....	R.....	R.....
23.8	Medium	R.....	R.....	R.....
23.9	Large	R.....	R.....	R.....
23.10	X Large	R.....	R.....	R.....
23.11	XX Large	R.....	R.....	R.....
23.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
23.13	Small	R.....	R.....	R.....
23.14	Medium	R.....	R.....	R.....
23.15	Large	R.....	R.....	R.....
23.16	X Large	R.....	R.....	R.....
23.17	XX Large	R.....	R.....	R.....
23.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
23.1				
23.2				
23.3				
23.4				
23.5				
23.6				
23.7				
23.8				
23.9				
23.10				
23.11				
23.12				
23.13				
23.14				
23.15				
23.16				
23.17				
23.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
24	<b>Arm Sleeve, Compression</b> , circular knit, with silicone grip band, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
24.1	Small	R.....	R.....	R.....
24.2	Medium	R.....	R.....	R.....
24.3	Large	R.....	R.....	R.....
24.4	X Large	R.....	R.....	R.....
24.5	XX Large	R.....	R.....	R.....
24.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
24.7	Small	R.....	R.....	R.....
24.8	Medium	R.....	R.....	R.....
24.9	Large	R.....	R.....	R.....
24.10	X Large	R.....	R.....	R.....
24.11	XX Large	R.....	R.....	R.....
24.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
24.13	Small	R.....	R.....	R.....
24.14	Medium	R.....	R.....	R.....
24.15	Large	R.....	R.....	R.....
24.16	X Large	R.....	R.....	R.....
24.17	XX Large	R.....	R.....	R.....
24.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
24.1				
24.2				
24.3				
24.4				
24.5				
24.6				
24.7				
24.8				
24.9				
24.10				
24.11				
24.12				
24.13				
24.14				
24.15				
24.16				
24.17				
24.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: 11:00 ON FRIDAY, 26 APRIL 2024 OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
25	<b>Arm Sleeve, Compression</b> , circular knit, with silicone grip band, 20 – 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
25.1	Small	R.....	R.....	R.....
25.2	Medium	R.....	R.....	R.....
25.3	Large	R.....	R.....	R.....
25.4	X Large	R.....	R.....	R.....
25.5	XX Large	R.....	R.....	R.....
25.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
25.7	Small	R.....	R.....	R.....
25.8	Medium	R.....	R.....	R.....
25.9	Large	R.....	R.....	R.....
25.10	X Large	R.....	R.....	R.....
25.11	XX Large	R.....	R.....	R.....
25.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
25.13	Small	R.....	R.....	R.....
25.14	Medium	R.....	R.....	R.....
25.15	Large	R.....	R.....	R.....
25.16	X Large	R.....	R.....	R.....
25.17	XX Large	R.....	R.....	R.....
25.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
25.1				
25.2				
25.3				
25.4				
25.5				
25.6				
25.7				
25.8				
25.9				
25.10				
25.11				
25.12				
25.13				
25.14				
25.15				
25.16				
25.17				
25.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
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- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
26	<b>Arm Sleeve with gauntlet, Compression</b> , circular knit, one-piece, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
26.1	Small	R.....	R.....	R.....
26.2	Medium	R.....	R.....	R.....
26.3	Large	R.....	R.....	R.....
26.4	X Large	R.....	R.....	R.....
26.5	XX Large	R.....	R.....	R.....
26.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
26.7	Small	R.....	R.....	R.....
26.8	Medium	R.....	R.....	R.....
26.9	Large	R.....	R.....	R.....
26.10	X Large	R.....	R.....	R.....
26.11	XX Large	R.....	R.....	R.....
26.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
	<b>Size:</b>			
26.13	Small	R.....	R.....	R.....
26.14	Medium	R.....	R.....	R.....
26.15	Large	R.....	R.....	R.....
26.16	X Large	R.....	R.....	R.....
26.17	XX Large	R.....	R.....	R.....
26.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
26.1				
26.2				
26.3				
26.4				
26.5				
26.6				
26.7				
26.8				
26.9				
26.10				
26.11				
26.12				
26.13				
26.14				
26.15				
26.16				
26.17				
26.18				


- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
27	<p><b>Arm Sleeve with gauntlet, Compression</b>, circular knit, one-piece, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> 	<b>Price per each</b>		
	<p><b>Short Length</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
27.1	Small	R.....	R.....	R.....
27.2	Medium	R.....	R.....	R.....
27.3	Large	R.....	R.....	R.....
27.4	X Large	R.....	R.....	R.....
27.5	XX Large	R.....	R.....	R.....
27.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
27.7	Small	R.....	R.....	R.....
27.8	Medium	R.....	R.....	R.....
27.9	Large	R.....	R.....	R.....
27.10	X Large	R.....	R.....	R.....
27.11	XX Large	R.....	R.....	R.....
27.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
27.13	Small	R.....	R.....	R.....
27.14	Medium	R.....	R.....	R.....
27.15	Large	R.....	R.....	R.....
27.16	X Large	R.....	R.....	R.....
27.17	XX Large	R.....	R.....	R.....
27.18	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
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27.2				
27.3				
27.4				
27.5				
27.6				
27.7				
27.8				
27.9				
27.10				
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27.12				
27.13				
27.14				
27.15				
27.16				
27.17				
27.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
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- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

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SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
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28	<b>Arm Sleeve with gauntlet, Compression</b> , circular knit, one-piece, with silicone grip band, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
28.1	Small	R.....	R.....	R.....
28.2	Medium	R.....	R.....	R.....
28.3	Large	R.....	R.....	R.....
28.4	X Large	R.....	R.....	R.....
28.5	XX Large	R.....	R.....	R.....
28.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
28.7	Small	R.....	R.....	R.....
28.8	Medium	R.....	R.....	R.....
28.9	Large	R.....	R.....	R.....
28.10	X Large	R.....	R.....	R.....
28.11	XX Large	R.....	R.....	R.....
28.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
28.13	Small	R.....	R.....	R.....
28.14	Medium	R.....	R.....	R.....
28.15	Large	R.....	R.....	R.....
28.16	X Large	R.....	R.....	R.....
28.17	XX Large	R.....	R.....	R.....
28.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
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28.3				
28.4				
28.5				
28.6				
28.7				
28.8				
28.9				
28.10				
28.11				
28.12				
28.13				
28.14				
28.15				
28.16				
28.17				
28.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
29	<b>Arm Sleeve with gauntlet, Compression,</b> circular knit, one-piece, w/silicone grip band, 20 – 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
29.1	Small	R.....	R.....	R.....
29.2	Medium	R.....	R.....	R.....
29.3	Large	R.....	R.....	R.....
29.4	X Large	R.....	R.....	R.....
29.5	XX Large	R.....	R.....	R.....
29.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
29.7	Small	R.....	R.....	R.....
29.8	Medium	R.....	R.....	R.....
29.9	Large	R.....	R.....	R.....
29.10	X Large	R.....	R.....	R.....
29.11	XX Large	R.....	R.....	R.....
29.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
29.13	Small	R.....	R.....	R.....
29.14	Medium	R.....	R.....	R.....
29.15	Large	R.....	R.....	R.....
29.16	X Large	R.....	R.....	R.....
29.17	XX Large	R.....	R.....	R.....
29.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
29.1				
29.2				
29.3				
29.4				
29.5				
29.6				
29.7				
29.8				
29.9				
29.10				
29.11				
29.12				
29.13				
29.14				
29.15				
29.16				
29.17				
29.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

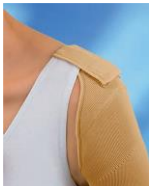

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
30	<p><b>Sleeve, Compression</b>, circular knit, 15 – 20mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Bra strap with Velcro</b></p> 	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
30.1	Size: Small	R.....	R.....	R.....
30.2	Medium	R.....	R.....	R.....
30.3	Large	R.....	R.....	R.....
30.4	X Large	R.....	R.....	R.....
30.5	XX Large	R.....	R.....	R.....
30.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Shoulder strap with Velcro</b></p> 	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
30.7	Size: Small	R.....	R.....	R.....
30.8	Medium	R.....	R.....	R.....
30.9	Large	R.....	R.....	R.....
30.10	X Large	R.....	R.....	R.....
30.11	XX Large	R.....	R.....	R.....
30.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
30.1				
30.2				
30.3				
30.4				
30.5				
30.6				
30.7				
30.8				
30.9				
30.10				
30.11				
30.12				

E. Are you the manufacturer? Please circle your option.

**YES/NO**

F. Does the offer comply with specification? Please circle your option.

**YES/NO**

G. If not to specification, please indicate deviation(s)

.....  
 .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)**

.....

I. Are the prices firm for the duration of the contract? Please circle your option.

**YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option.

**YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
31	<b>Sleeve, Compression</b> , circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Bra strap with Velcro</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
31.1	Small	R.....	R.....	R.....
31.2	Medium	R.....	R.....	R.....
31.3	Large	R.....	R.....	R.....
31.4	X Large	R.....	R.....	R.....
31.5	XX Large	R.....	R.....	R.....
31.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Shoulder strap with Velcro</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
31.7	Small	R.....	R.....	R.....
31.8	Medium	R.....	R.....	R.....
31.9	Large	R.....	R.....	R.....
31.10	X Large	R.....	R.....	R.....
31.11	XX Large	R.....	R.....	R.....
31.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
31.1				
31.2				
31.3				
31.4				
31.5				
31.6				
31.7				
31.8				
31.9				
31.10				
31.11				
31.12				

E. Are you the manufacturer? Please circle your option.

YES/NO

F. Does the offer comply with specification? Please circle your option.

YES/NO

G. If not to specification, please indicate deviation(s)

.....  
 .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)**

.....

I. Are the prices firm for the duration of the contract? Please circle your option.

YES/NO

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option.

YES/NO

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
32	<p><b>Glove, Compression</b>, circular knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
32.1	X Small	R.....	R.....	R.....
32.2	Small	R.....	R.....	R.....
32.3	Medium	R.....	R.....	R.....
32.4	Large	R.....	R.....	R.....
32.5	X Large	R.....	R.....	R.....
32.6	XX Large	R.....	R.....	R.....
32.7	<b>Custom made</b>	R.....	R.....	R.....
<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>				

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
32.1				
32.2				
32.3				
32.4				
32.5				
32.6				
32.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
33	<b>Glove, Compression</b> , circular knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.  <b>Long Gloves with open fingers</b> <b>Size:</b>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
33.1	X Small	R.....	R.....	R.....
33.2	Small	R.....	R.....	R.....
33.3	Medium	R.....	R.....	R.....
33.4	Large	R.....	R.....	R.....
33.5	X Large	R.....	R.....	R.....
33.6	XX Large	R.....	R.....	R.....
33.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
33.1				
33.2				
33.3				
33.4				
33.5				
33.6				
33.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....  
 .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
34	<p><b>Glove, Compression</b>, circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
34.1	X Small	R.....	R.....	R.....
34.2	Small	R.....	R.....	R.....
34.3	Medium	R.....	R.....	R.....
34.4	Large	R.....	R.....	R.....
34.5	X Large	R.....	R.....	R.....
34.6	XX Large	R.....	R.....	R.....
34.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
34.1				
34.2				
34.3				
34.4				
34.5				
34.6				
34.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
35	<p><b>Glove, Compression</b>, circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Long Gloves with open fingers</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
35.1	X Small	R.....	R.....	R.....
35.2	Small	R.....	R.....	R.....
35.3	Medium	R.....	R.....	R.....
35.4	Large	R.....	R.....	R.....
35.5	X Large	R.....	R.....	R.....
35.6	XX Large	R.....	R.....	R.....
35.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
35.1				
35.2				
35.3				
35.4				
35.5				
35.6				
35.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.


K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT
36	<p><b>Gauntlet, Compression</b>, circular knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p>  <p><b>Gauntlet with open thumb stub</b></p> <p><b>Size:</b></p>	<p><b>Price per each</b></p> <p><b>1<sup>st</sup> year      2<sup>nd</sup> year      3<sup>rd</sup> year</b></p>
36.1	X Small	R..... R..... R.....
36.2	Small	R..... R..... R.....
36.3	Medium	R..... R..... R.....
36.4	Large	R..... R..... R.....
36.5	X Large	R..... R..... R.....
36.6	XX Large	R..... R..... R.....
36.7	<b>Custom made</b>	R..... R..... R.....
<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>		

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
36.1				
36.2				
36.3				
36.4				
36.5				
36.6				
36.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....  
.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
37	<b>Gauntlet, Compression</b> , circular knit, 15 – 20 mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours. <b>Long Gauntlet with open thumb stub</b> <b>Size:</b>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
37.1	X Small	R.....	R.....	R.....
37.2	Small	R.....	R.....	R.....
37.3	Medium	R.....	R.....	R.....
37.4	Large	R.....	R.....	R.....
37.5	X Large	R.....	R.....	R.....
37.6	XX Large	R.....	R.....	R.....
37.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.				
No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
37.1				
37.2				
37.3				
37.4				
37.5				
37.6				
37.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
38	<p><b>Gauntlet, Compression</b>, circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Gauntlet with open thumb stub</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
38.1	X Small	R.....	R.....	R.....
38.2	Small	R.....	R.....	R.....
38.3	Medium	R.....	R.....	R.....
38.4	Large	R.....	R.....	R.....
38.5	X Large	R.....	R.....	R.....
38.6	XX Large	R.....	R.....	R.....
38.7	<b>Custom made</b>	R.....	R.....	R.....
<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>				

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
38.1				
38.2				
38.3				
38.4				
38.5				
38.6				
38.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



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SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
39	<p><b>Gauntlet, Compression</b>, circular knit, 20 - 30mmHg, 2-way stretch, left and right hand, ready-to-wear, optimal skin protection, breathable, easy fit for extended stretch resistant wear, washable, all available colours.</p> <p><b>Long Gauntlet with open thumb stub</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
39.1	X Small	R.....	R.....	R.....
39.2	Small	R.....	R.....	R.....
39.3	Medium	R.....	R.....	R.....
39.4	Large	R.....	R.....	R.....
39.5	X Large	R.....	R.....	R.....
39.6	XX Large	R.....	R.....	R.....
39.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
39.1				
39.2				
39.3				
39.4				
39.5				
39.6				
39.7				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.

K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
40	<b>Armpiece, Wrap, Compression, 20 – 30mmHg</b> , short stretch, adjustable durable fasteners, left and right hand, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
40.1	X Small	R.....	R.....	R.....
40.2	Small	R.....	R.....	R.....
40.3	Medium	R.....	R.....	R.....
40.4	Large	R.....	R.....	R.....
40.5	X Large	R.....	R.....	R.....
40.6	XX Large	R.....	R.....	R.....
40.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
40.8	X Small	R.....	R.....	R.....
40.9	Small	R.....	R.....	R.....
40.10	Medium	R.....	R.....	R.....
40.11	Large	R.....	R.....	R.....
40.12	X Large	R.....	R.....	R.....
40.13	XX Large	R.....	R.....	R.....
40.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
40.15	X Small	R.....	R.....	R.....
40.16	Small	R.....	R.....	R.....
40.17	Medium	R.....	R.....	R.....
40.18	Large	R.....	R.....	R.....
40.19	X Large	R.....	R.....	R.....
40.20	XX Large	R.....	R.....	R.....
40.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
40.1				
40.2				
40.3				
40.4				
40.5				
40.6				
40.7				
40.8				
40.9				
40.10				
40.11				
40.12				
40.13				
40.14				
40.15				
40.16				
40.17				
40.18				
40.19				
40.20				
40.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT																																																		
41	<p><b>Hand Gauntlet, Wrap, Compression</b>, 20 – 30mmHg, short stretch, adjustable fasteners, ambidextrous or left and right hand, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, inclusive of additional pads and/or fasteners, all available.</p> <p><b>Short Length</b>  <b>Size:</b>                      41.1 X Small                      41.2 Small                      41.3 Medium                      41.4 Large                      41.5 X Large                      41.6 <b>Custom made</b></p> <p><b>Regular Length</b>  <b>Size:</b>                      41.7 X Small                      41.8 Small                      41.9 Medium                      41.10 Large                      41.11 X Large                      41.12 <b>Custom made</b></p> <p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>	<p><b>Price per each</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">1<sup>st</sup> year</th> <th style="width:33%;">2<sup>nd</sup> year</th> <th style="width:33%;">3<sup>rd</sup> year</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> </tbody> </table>				1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....		R.....	R.....	R.....
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IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
41.1				
41.2				
41.3				
41.4				
41.5				
41.6				
41.7				
41.8				
41.9				
41.10				
41.11				
41.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
42	<b>Arm Sleeve, Compression, Night-time</b> , multi-layered soft flat knit and cushioning, 15 – 20mmHg, left and right hand, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, may include zipper, washable, all available colours.	<b>Price per each</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
42.1	Small	R.....	R.....	R.....
42.2	Medium	R.....	R.....	R.....
42.3	Large	R.....	R.....	R.....
42.4	X Large	R.....	R.....	R.....
42.5	XX Large	R.....	R.....	R.....
42.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
42.7	Small	R.....	R.....	R.....
42.8	Medium	R.....	R.....	R.....
42.9	Large	R.....	R.....	R.....
42.10	X Large	R.....	R.....	R.....
42.11	XX Large	R.....	R.....	R.....
42.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
42.13	Small	R.....	R.....	R.....
42.14	Medium	R.....	R.....	R.....
42.15	Large	R.....	R.....	R.....
42.16	X Large	R.....	R.....	R.....
42.17	XX Large	R.....	R.....	R.....
42.18	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
42.1				
42.2				
42.3				
42.4				
42.5				
42.6				
42.7				
42.8				
42.9				
42.10				
42.11				
42.12				
42.13				
42.14				
42.15				
42.16				
42.17				
42.18				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

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CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
43	<b>Arm Sleeve, Night-Time</b> , without Compression, multi-layered with cushioning, left and right hand, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.	<b>Price per each</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
43.1	Small	R.....	R.....	R.....
43.2	Medium	R.....	R.....	R.....
43.3	Large	R.....	R.....	R.....
43.4	X Large	R.....	R.....	R.....
43.5	XX Large	R.....	R.....	R.....
43.6	Universal fit	R.....	R.....	R.....
43.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
43.8	Small	R.....	R.....	R.....
43.9	Medium	R.....	R.....	R.....
43.10	Large	R.....	R.....	R.....
43.11	X Large	R.....	R.....	R.....
43.12	XX Large	R.....	R.....	R.....
43.13	Universal fit	R.....	R.....	R.....
43.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			





**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
43.1				
43.2				
43.3				
43.4				
43.5				
43.6				
43.7				
43.8				
43.9				
43.10				
43.11				
43.12				
43.13				
43.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
44	<p><b>Arm Sleeve with gauntlet, Compression, Night-Time</b>, multi-layered soft flat knit and cushioning, 15 – 20mmHg, left and right hand, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.</p> 	<b>Price per each</b>		
	<p><b>Short Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
44.1	Small	R.....	R.....	R.....
44.2	Medium	R.....	R.....	R.....
44.3	Large	R.....	R.....	R.....
44.4	X Large	R.....	R.....	R.....
44.5	XX Large	R.....	R.....	R.....
44.6	Universal fit	R.....	R.....	R.....
44.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
44.8	Small	R.....	R.....	R.....
44.9	Medium	R.....	R.....	R.....
44.10	Large	R.....	R.....	R.....
44.11	X Large	R.....	R.....	R.....
44.12	XX Large	R.....	R.....	R.....
44.13	Universal fit	R.....	R.....	R.....
44.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
44.15	Small	R.....	R.....	R.....
44.16	Medium	R.....	R.....	R.....
44.17	Large	R.....	R.....	R.....
44.18	X Large	R.....	R.....	R.....
44.19	XX Large	R.....	R.....	R.....
44.20	Universal fit	R.....	R.....	R.....
44.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
44.1				
44.2				
44.3				
44.4				
44.5				
44.6				
44.7				
44.8				
44.9				
44.10				
44.11				
44.12				
44.13				
44.14				
44.15				
44.16				
44.17				
44.18				
44.19				
44.20				
44.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
45	<b>Arm Sleeve with gauntlet, Night-Time</b> , without Compression, multi-layered with cushioning, left and right hand, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
45.1	Small	R.....	R.....	R.....
45.2	Medium	R.....	R.....	R.....
45.3	Large	R.....	R.....	R.....
45.4	X Large	R.....	R.....	R.....
45.5	XX Large	R.....	R.....	R.....
45.6	Universal fit (without compression)	R.....	R.....	R.....
45.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
45.8	Small	R.....	R.....	R.....
45.9	Medium	R.....	R.....	R.....
45.10	Large	R.....	R.....	R.....
45.11	X Large	R.....	R.....	R.....
45.12	XX Large	R.....	R.....	R.....
45.13	Universal fit (without compression)	R.....	R.....	R.....
45.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
45.1				
45.2				
45.3				
45.4				
45.5				
45.6				
45.7				
45.8				
45.9				
45.10				
45.11				
45.12				
45.13				
45.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
46	<p><b>Stockings, Anti-Embolitic</b>, Deep Vein Thrombosis (DVT), Below knee, 18mmHg compression, Latex free, Open (peep) toe, graduated with the highest compression at the ankle, with heel indicator for correct donning of the item. Various colours, Supplied in the following approximate sizes:</p> <p><b>Regular Length Size:</b></p> <p>46.1 Small 46.2 Medium 46.3 Large 46.4 X Large 46.5 XX Large 46.6 XXX Large</p> <p><b>Long Length Size:</b></p> <p>46.7 Small 46.8 Medium 46.9 Large 46.10 X Large 46.11 XX Large 46.12 XXX Large</p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per pa</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
46.1				
46.2				
46.3				
46.4				
46.5				
46.6				
46.7				
46.8				
46.9				
46.10				
46.11				
46.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
47	<p><b>Stockings, Compression,</b> Below knee, circular knit, <b>20 - 30mmHg.</b> Latex free, with silicone dot band, <b>Open toe.</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
47.1	Small	R.....	R.....	R.....
47.2	Medium	R.....	R.....	R.....
47.3	Large	R.....	R.....	R.....
47.4	X Large	R.....	R.....	R.....
47.5	XX Large	R.....	R.....	R.....
47.6	XXX Large	R.....	R.....	R.....
47.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
47.8	Small	R.....	R.....	R.....
47.9	Medium	R.....	R.....	R.....
47.10	Large	R.....	R.....	R.....
47.11	X Large	R.....	R.....	R.....
47.12	XX Large	R.....	R.....	R.....
47.13	XXX Large	R.....	R.....	R.....
47.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
47.1				
47.2				
47.3				
47.4				
47.5				
47.6				
47.7				
47.8				
47.9				
47.10				
47.11				
47.12				
47.13				
47.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
48	<b>Stockings, Compression</b> , Below knee, circular knit, <b>20 - 30mmHg</b> . Latex free, without silicone dot band, <b>Open toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pair</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
48.1	Small	R.....	R.....	R.....
48.2	Medium	R.....	R.....	R.....
48.3	Large	R.....	R.....	R.....
48.4	X Large	R.....	R.....	R.....
48.5	XX Large	R.....	R.....	R.....
48.6	XXX Large	R.....	R.....	R.....
48.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
48.8	Small	R.....	R.....	R.....
48.9	Medium	R.....	R.....	R.....
48.10	Large	R.....	R.....	R.....
48.11	X Large	R.....	R.....	R.....
48.12	XX Large	R.....	R.....	R.....
48.13	XXX Large	R.....	R.....	R.....
48.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
48.1				
48.2				
48.3				
48.4				
48.5				
48.6				
48.7				
48.8				
48.9				
48.10				
48.11				
48.12				
48.13				
48.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
49	<b>Stockings, Compression,</b> Below knee, circular knit, <b>20 - 30mmHg.</b> Latex free, with silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
49.1	Small	R.....	R.....	R.....
49.2	Medium	R.....	R.....	R.....
49.3	Large	R.....	R.....	R.....
49.4	X Large	R.....	R.....	R.....
49.5	XX Large	R.....	R.....	R.....
49.6	XXX Large	R.....	R.....	R.....
49.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
49.8	Small	R.....	R.....	R.....
49.9	Medium	R.....	R.....	R.....
49.10	Large	R.....	R.....	R.....
49.11	X Large	R.....	R.....	R.....
49.12	XX Large	R.....	R.....	R.....
49.13	XXX Large	R.....	R.....	R.....
49.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
49.1				
49.2				
49.3				
49.4				
49.5				
49.6				
49.7				
49.8				
49.9				
49.10				
49.11				
49.12				
49.13				
49.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
50	<b>Stockings, Compression</b> , Below knee, circular knit, <b>20 - 30mmHg</b> . Latex free, without silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
50.1	Small	R.....	R.....	R.....
50.2	Medium	R.....	R.....	R.....
50.3	Large	R.....	R.....	R.....
50.4	X Large	R.....	R.....	R.....
50.5	XX Large	R.....	R.....	R.....
50.6	XXX Large	R.....	R.....	R.....
50.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
50.8	Small	R.....	R.....	R.....
50.9	Medium	R.....	R.....	R.....
50.10	Large	R.....	R.....	R.....
50.11	X Large	R.....	R.....	R.....
50.12	XX Large	R.....	R.....	R.....
50.13	XXX Large	R.....	R.....	R.....
50.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
50.1				
50.2				
50.3				
50.4				
50.5				
50.6				
50.7				
50.8				
50.9				
50.10				
50.11				
50.12				
50.13				
50.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.







IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
51.1				
51.2				
51.3				
51.4				
51.5				
51.6				
51.7				
51.8				
51.9				
51.10				
51.11				
51.12				
51.13				
51.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
52	<p><b>Stockings, Compression</b>, Below knee, circular knit, <b>30 - 40mmHg</b>. Latex free, without silicone dot band, <b>Open toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Regular Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
52.1	Small	R.....	R.....	R.....
52.2	Medium	R.....	R.....	R.....
52.3	Large	R.....	R.....	R.....
52.4	X Large	R.....	R.....	R.....
52.5	XX Large	R.....	R.....	R.....
52.6	XXX Large	R.....	R.....	R.....
52.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
52.8	Small	R.....	R.....	R.....
52.9	Medium	R.....	R.....	R.....
52.10	Large	R.....	R.....	R.....
52.11	X Large	R.....	R.....	R.....
52.12	XX Large	R.....	R.....	R.....
52.13	XXX Large	R.....	R.....	R.....
52.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
52.1				
52.2				
52.3				
52.4				
52.5				
52.6				
52.7				
52.8				
52.9				
52.10				
52.11				
52.12				
52.13				
52.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: 11:00 ON FRIDAY, 26 APRIL 2024 OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
53	<b>Stockings, Compression</b> , Below knee, circular knit, <b>30 - 40mmHg</b> . Latex free, with silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pair</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
53.1	Small	R.....	R.....	R.....
53.2	Medium	R.....	R.....	R.....
53.3	Large	R.....	R.....	R.....
53.4	X Large	R.....	R.....	R.....
53.5	XX Large	R.....	R.....	R.....
53.6	XXX Large	R.....	R.....	R.....
53.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
53.8	Small	R.....	R.....	R.....
53.9	Medium	R.....	R.....	R.....
53.10	Large	R.....	R.....	R.....
53.11	X Large	R.....	R.....	R.....
53.12	XX Large	R.....	R.....	R.....
53.13	XXX Large	R.....	R.....	R.....
53.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
53.1				
53.2				
53.3				
53.4				
53.5				
53.6				
53.7				
53.8				
53.9				
53.10				
53.11				
53.12				
53.13				
53.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
54.1				
54.2				
54.3				
54.4				
54.5				
54.6				
54.7				
54.8				
54.9				
54.10				
54.11				
54.12				
54.13				
54.14				

E. Are you the manufacturer? Please circle your option. **YES/NO**

F. Does the offer comply with specification? Please circle your option. **YES/NO**

G. If not to specification, please indicate deviation(s) .....

.....

H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....

I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**

J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.


K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT																																																			
55	<p><b>Stockings, Compression,</b> Below knee, Soft flat knit, <b>20 - 30mmHg.</b> Latex free, with silicone dot band, <b>Open toe.</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> <p><b>Regular Length Size:</b></p> <p>55.1 Small 55.2 Medium 55.3 Large 55.4 X Large 55.5 XX Large 55.6 XXX Large 55.7 <b>Custom made</b></p> <p><b>Long Length Size:</b></p> <p>55.8 Small 55.9 Medium 55.10 Large 55.11 X Large 55.12 XX Large 55.13 XXX Large 55.14 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>		<p><b>Price per pa</b></p> <table style="width:100%"> <thead> <tr> <th>1st year</th> <th>2nd year</th> <th>3rd year</th> </tr> </thead> <tbody> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> </tbody> </table> <table style="width:100%"> <thead> <tr> <th>1st year</th> <th>2nd year</th> <th>3rd year</th> </tr> </thead> <tbody> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> <tr> <td>R.....</td> <td>R.....</td> <td>R.....</td> </tr> </tbody> </table>			1st year	2nd year	3rd year	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	1st year	2nd year	3rd year	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
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IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
55.1				
55.2				
55.3				
55.4				
55.5				
55.6				
55.7				
55.8				
55.9				
55.10				
55.11				
55.12				
55.13				
55.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
56	<p><b>Stockings, Compression</b>, Below knee, Soft flat knit, <b>20 - 30mmHg</b>. Latex free, without silicone dot band, <b>Open toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Regular Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
56.1	Small	R.....	R.....	R.....
56.2	Medium	R.....	R.....	R.....
56.3	Large	R.....	R.....	R.....
56.4	X Large	R.....	R.....	R.....
56.5	XX Large	R.....	R.....	R.....
56.6	XXX Large	R.....	R.....	R.....
56.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
56.8	Small	R.....	R.....	R.....
56.9	Medium	R.....	R.....	R.....
56.10	Large	R.....	R.....	R.....
56.11	X Large	R.....	R.....	R.....
56.12	XX Large	R.....	R.....	R.....
56.13	XXX Large	R.....	R.....	R.....
56.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
56.1				
56.2				
56.3				
56.4				
56.5				
56.6				
56.7				
56.8				
56.9				
56.10				
56.11				
56.12				
56.13				
56.14				

- E. Are you the manufacturer? Please circle your option. YES/NO
- F. Does the offer comply with specification? Please circle your option. YES/NO
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. YES/NO
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. YES/NO

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
57	<p><b>Stockings, Compression,</b> Below knee, Soft flat knit, <b>20 - 30mmHg.</b> Latex free, with silicone dot band, <b>Closed toe,</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> <p><b>Regular Length Size:</b></p> <p>57.1 Small</p> <p>57.2 Medium</p> <p>57.3 Large</p> <p>57.4 X Large</p> <p>57.5 XX Large</p> <p>57.6 XXX Large</p> <p>57.7 <b>Custom made</b></p> <p><b>Long Length Size:</b></p> <p>57.8 Small</p> <p>57.9 Medium</p> <p>57.10 Large</p> <p>57.11 X Large</p> <p>57.12 XX Large</p> <p>57.13 XXX Large</p> <p>57.14 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per pa</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
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		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
57.1				
57.2				
57.3				
57.4				
57.5				
57.6				
57.7				
57.8				
57.9				
57.10				
57.11				
57.12				
57.13				
57.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
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- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
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- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**PRICING SCHEDULE (PURCHASES)**

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NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
58	<b>Stockings, Compression</b> , Below knee, Soft flat knit, <b>20 - 30mmHg</b> . Latex free, without silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
58.1	Small	R.....	R.....	R.....
58.2	Medium	R.....	R.....	R.....
58.3	Large	R.....	R.....	R.....
58.4	X Large	R.....	R.....	R.....
58.5	XX Large	R.....	R.....	R.....
58.6	XXX Large	R.....	R.....	R.....
58.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
58.8	Small	R.....	R.....	R.....
58.9	Medium	R.....	R.....	R.....
58.10	Large	R.....	R.....	R.....
58.11	X Large	R.....	R.....	R.....
58.12	XX Large	R.....	R.....	R.....
58.13	XXX Large	R.....	R.....	R.....
58.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
58.1				
58.2				
58.3				
58.4				
58.5				
58.6				
58.7				
58.8				
58.9				
58.10				
58.11				
58.12				
58.13				
58.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


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PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT			
59	<p><b>Stockings, Compression,</b> Below knee, Soft flat knit, <b>30 - 40mmHg.</b> Latex free, with silicone dot band, <b>Open toe,</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> <p><b>Regular Length Size:</b></p> <p>59.1 Small 59.2 Medium 59.3 Large 59.4 X Large 59.5 XX Large 59.6 XXX Large 59.7 <b>Custom made</b></p> <p><b>Long Length Size:</b></p> <p>59.8 Small 59.9 Medium 59.10 Large 59.11 X Large 59.12 XX Large 59.13 XXX Large 59.14 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>		<b>Price per pa</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
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		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	
		R.....	R.....	R.....	



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
59.1				
59.2				
59.3				
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59.8				
59.9				
59.10				
59.11				
59.12				
59.13				
59.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
60	<b>Stockings, Compression</b> , Below knee, Soft flat knit, <b>30 - 40mmHg</b> . Latex free, without silicone dot band, <b>Open toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
60.1	Small	R.....	R.....	R.....
60.2	Medium	R.....	R.....	R.....
60.3	Large	R.....	R.....	R.....
60.4	X Large	R.....	R.....	R.....
60.5	XX Large	R.....	R.....	R.....
60.6	XXX Large	R.....	R.....	R.....
60.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
60.8	Small	R.....	R.....	R.....
60.9	Medium	R.....	R.....	R.....
60.10	Large	R.....	R.....	R.....
60.11	X Large	R.....	R.....	R.....
60.12	XX Large	R.....	R.....	R.....
60.13	XXX Large	R.....	R.....	R.....
60.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
60.1				
60.2				
60.3				
60.4				
60.5				
60.6				
60.7				
60.8				
60.9				
60.10				
60.11				
60.12				
60.13				
60.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
61	<p><b>Stockings, Compression</b>, Below knee, Soft flat knit, <b>30 – 40mmHg</b>. Latex free, with silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> <p><b>Regular Length Size:</b></p> <p>61.1 Small                      61.2 Medium                      61.3 Large                      61.4 X Large                      61.5 XX Large                      61.6 XXX Large                      61.7 <b>Custom made</b></p> <p><b>Long Length Size:</b></p> <p>61.8 Small                      61.9 Medium                      61.10 Large                      61.11 X Large                      61.12 XX Large                      61.13 XXX Large                      61.14 <b>Custom made</b></p> <p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>	<b>Price per pa</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
61.1				
61.2				
61.3				
61.4				
61.5				
61.6				
61.7				
61.8				
61.9				
61.10				
61.11				
61.12				
61.13				
61.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: 11:00 ON FRIDAY, 26 APRIL 2024 OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
62	<b>Stockings, Compression</b> , Below knee, Soft flat knit, <b>30 - 40mmHg</b> . Latex free, without silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with an ankle padding over anterior aspect of ankle joint already sewn in the garment, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Regular Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
62.1	Small	R.....	R.....	R.....
62.2	Medium	R.....	R.....	R.....
62.3	Large	R.....	R.....	R.....
62.4	X Large	R.....	R.....	R.....
62.5	XX Large	R.....	R.....	R.....
62.6	XXX Large	R.....	R.....	R.....
62.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length Size:</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
62.8	Small	R.....	R.....	R.....
62.9	Medium	R.....	R.....	R.....
62.10	Large	R.....	R.....	R.....
62.11	X Large	R.....	R.....	R.....
62.12	XX Large	R.....	R.....	R.....
62.13	XXX Large	R.....	R.....	R.....
62.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
62.1				
62.2				
62.3				
62.4				
62.5				
62.6				
62.7				
62.8				
62.9				
62.10				
62.11				
62.12				
62.13				
62.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
63	<p><b>Stockings, Compression</b>, Thigh high, circular knit, <b>20 - 30mmHg</b>. Latex free, with silicone dot band, <b>Open toe</b>. For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> 	<b>Price per pa</b>		
	<p><b>Short Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
63.1	Small	R.....	R.....	R.....
63.2	Medium	R.....	R.....	R.....
63.3	Large	R.....	R.....	R.....
63.4	X Large	R.....	R.....	R.....
63.5	XX Large	R.....	R.....	R.....
63.6	XXX Large	R.....	R.....	R.....
63.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
63.8	Small	R.....	R.....	R.....
63.9	Medium	R.....	R.....	R.....
63.10	Large	R.....	R.....	R.....
63.11	X Large	R.....	R.....	R.....
63.12	XX Large	R.....	R.....	R.....
63.13	XXX Large	R.....	R.....	R.....
63.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
63.15	Small	R.....	R.....	R.....
63.16	Medium	R.....	R.....	R.....
63.17	Large	R.....	R.....	R.....
63.18	X Large	R.....	R.....	R.....
63.19	XX Large	R.....	R.....	R.....
63.20	XXX Large	R.....	R.....	R.....
63.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
63.1				
63.2				
63.3				
63.4				
63.5				
63.6				
63.7				
63.8				
63.9				
63.10				
63.11				
63.12				
63.13				
63.14				
63.15				
63.16				
63.17				
63.18				
63.19				
63.20				
63.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
  - F. Does the offer comply with specification? Please circle your option. **YES/NO**
  - G. If not to specification, please indicate deviation(s) .....  
.....
  - H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
  - I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
  - J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
  - K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
64	<b>Stockings, Compression,</b> Thigh high, circular knit, <b>20 - 30mmHg.</b> Latex free, without silicone dot band, <b>Open toe,</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
64.1	Small	R.....	R.....	R.....
64.2	Medium	R.....	R.....	R.....
64.3	Large	R.....	R.....	R.....
64.4	X Large	R.....	R.....	R.....
64.5	XX Large	R.....	R.....	R.....
64.6	XXX Large	R.....	R.....	R.....
64.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
64.8	Small	R.....	R.....	R.....
64.9	Medium	R.....	R.....	R.....
64.10	Large	R.....	R.....	R.....
64.11	X Large	R.....	R.....	R.....
64.12	XX Large	R.....	R.....	R.....
64.13	XXX Large	R.....	R.....	R.....
64.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
64.15	Small	R.....	R.....	R.....
64.16	Medium	R.....	R.....	R.....
64.17	Large	R.....	R.....	R.....
64.18	X Large	R.....	R.....	R.....
64.19	XX Large	R.....	R.....	R.....
64.20	XXX Large	R.....	R.....	R.....
64.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
64.1				
64.2				
64.3				
64.4				
64.5				
64.6				
64.7				
64.8				
64.9				
64.10				
64.11				
64.12				
64.13				
64.14				
64.15				
64.16				
64.17				
64.18				
64.19				
64.20				
64.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
65	<p><b>Stockings, Compression</b>, Thigh high, circular knit, <b>20 - 30mmHg</b>. Latex free, with silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
65.1	Small	R.....	R.....	R.....
65.2	Medium	R.....	R.....	R.....
65.3	Large	R.....	R.....	R.....
65.4	X Large	R.....	R.....	R.....
65.5	XX Large	R.....	R.....	R.....
65.6	XXX Large	R.....	R.....	R.....
65.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
65.8	Small	R.....	R.....	R.....
65.9	Medium	R.....	R.....	R.....
65.10	Large	R.....	R.....	R.....
65.11	X Large	R.....	R.....	R.....
65.12	XX Large	R.....	R.....	R.....
65.13	XXX Large	R.....	R.....	R.....
65.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
65.15	Small	R.....	R.....	R.....
65.16	Medium	R.....	R.....	R.....
65.17	Large	R.....	R.....	R.....
65.18	X Large	R.....	R.....	R.....
65.19	XX Large	R.....	R.....	R.....
65.20	XXX Large	R.....	R.....	R.....
65.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
65.1				
65.2				
65.3				
65.4				
65.5				
65.6				
65.7				
65.8				
65.9				
65.10				
65.11				
65.12				
65.13				
65.14				
65.15				
65.16				
65.17				
65.18				
65.19				
65.20				
65.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
  - F. Does the offer comply with specification? Please circle your option. **YES/NO**
  - G. If not to specification, please indicate deviation(s) .....  
.....
  - H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
  - I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
  - J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
  - K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
66	<b>Stockings, Compression</b> , Thigh high, circular knit, <b>20 - 30mmHg</b> . Latex free, without silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
66.1	Small	R.....	R.....	R.....
66.2	Medium	R.....	R.....	R.....
66.3	Large	R.....	R.....	R.....
66.4	X Large	R.....	R.....	R.....
66.5	XX Large	R.....	R.....	R.....
66.6	XXX Large	R.....	R.....	R.....
66.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
66.8	Small	R.....	R.....	R.....
66.9	Medium	R.....	R.....	R.....
66.10	Large	R.....	R.....	R.....
66.11	X Large	R.....	R.....	R.....
66.12	XX Large	R.....	R.....	R.....
66.13	XXX Large	R.....	R.....	R.....
66.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
66.15	Small	R.....	R.....	R.....
66.16	Medium	R.....	R.....	R.....
66.17	Large	R.....	R.....	R.....
66.18	X Large	R.....	R.....	R.....
66.19	XX Large	R.....	R.....	R.....
66.20	XXX Large	R.....	R.....	R.....
66.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
66.1				
66.2				
66.3				
66.4				
66.5				
66.6				
66.7				
66.8				
66.9				
66.10				
66.11				
66.12				
66.13				
66.14				
66.15				
66.16				
66.17				
66.18				
66.19				
66.20				
66.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
67	<b>Stockings, Compression</b> , Thigh high, circular knit, <b>30 - 40mmHg</b> . Latex free, with silicone dot band, <b>Open toe</b> . For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
67.1	Small	R.....	R.....	R.....
67.2	Medium	R.....	R.....	R.....
67.3	Large	R.....	R.....	R.....
67.4	X Large	R.....	R.....	R.....
67.5	XX Large	R.....	R.....	R.....
67.6	XXX Large	R.....	R.....	R.....
67.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
67.8	Small	R.....	R.....	R.....
67.9	Medium	R.....	R.....	R.....
67.10	Large	R.....	R.....	R.....
67.11	X Large	R.....	R.....	R.....
67.12	XX Large	R.....	R.....	R.....
67.13	XXX Large	R.....	R.....	R.....
67.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
67.15	Small	R.....	R.....	R.....
67.16	Medium	R.....	R.....	R.....
67.17	Large	R.....	R.....	R.....
67.18	X Large	R.....	R.....	R.....
67.19	XX Large	R.....	R.....	R.....
67.20	XXX Large	R.....	R.....	R.....
67.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			





**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
67.1				
67.2				
67.3				
67.4				
67.5				
67.6				
67.7				
67.8				
67.9				
67.10				
67.11				
67.12				
67.13				
67.14				
67.15				
67.16				
67.17				
67.18				
67.19				
67.20				
67.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
68	<b>Stockings, Compression,</b> Thigh high, circular knit, <b>30 - 40mmHg.</b> Latex free, without silicone dot band, <b>Open toe,</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
68.1	Small	R.....	R.....	R.....
68.2	Medium	R.....	R.....	R.....
68.3	Large	R.....	R.....	R.....
68.4	X Large	R.....	R.....	R.....
68.5	XX Large	R.....	R.....	R.....
68.6	XXX Large	R.....	R.....	R.....
68.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
68.8	Small	R.....	R.....	R.....
68.9	Medium	R.....	R.....	R.....
68.10	Large	R.....	R.....	R.....
68.11	X Large	R.....	R.....	R.....
68.12	XX Large	R.....	R.....	R.....
68.13	XXX Large	R.....	R.....	R.....
68.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
68.15	Small	R.....	R.....	R.....
68.16	Medium	R.....	R.....	R.....
68.17	Large	R.....	R.....	R.....
68.18	X Large	R.....	R.....	R.....
68.19	XX Large	R.....	R.....	R.....
68.20	XXX Large	R.....	R.....	R.....
68.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
68.1				
68.2				
68.3				
68.4				
68.5				
68.6				
68.7				
68.8				
68.9				
68.10				
68.11				
68.12				
68.13				
68.14				
68.15				
68.16				
68.17				
68.18				
68.19				
68.20				
68.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
69	<b>Stockings, Compression</b> , Thigh high, circular knit, <b>30 - 40mmHg</b> . Latex free, with silicone dot band, <b>Closed toe</b> , For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
69.1	Small	R.....	R.....	R.....
69.2	Medium	R.....	R.....	R.....
69.3	Large	R.....	R.....	R.....
69.4	X Large	R.....	R.....	R.....
69.5	XX Large	R.....	R.....	R.....
69.6	XXX Large	R.....	R.....	R.....
69.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
69.8	Small	R.....	R.....	R.....
69.9	Medium	R.....	R.....	R.....
69.10	Large	R.....	R.....	R.....
69.11	X Large	R.....	R.....	R.....
69.12	XX Large	R.....	R.....	R.....
69.13	XXX Large	R.....	R.....	R.....
69.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
69.15	Small	R.....	R.....	R.....
69.16	Medium	R.....	R.....	R.....
69.17	Large	R.....	R.....	R.....
69.18	X Large	R.....	R.....	R.....
69.19	XX Large	R.....	R.....	R.....
69.20	XXX Large	R.....	R.....	R.....
69.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
69.1				
69.2				
69.3				
69.4				
69.5				
69.6				
69.7				
69.8				
69.9				
69.10				
69.11				
69.12				
69.13				
69.14				
69.15				
69.16				
69.17				
69.18				
69.19				
69.20				
69.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
70	<b>Stockings, Compression,</b> Thigh high, circular knit, <b>30 - 40mmHg.</b> Latex free, without silicone dot band, <b>Closed toe,</b> For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
70.1	Small	R.....	R.....	R.....
70.2	Medium	R.....	R.....	R.....
70.3	Large	R.....	R.....	R.....
70.4	X Large	R.....	R.....	R.....
70.5	XX Large	R.....	R.....	R.....
70.6	XXX Large	R.....	R.....	R.....
70.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
70.8	Small	R.....	R.....	R.....
70.9	Medium	R.....	R.....	R.....
70.10	Large	R.....	R.....	R.....
70.11	X Large	R.....	R.....	R.....
70.12	XX Large	R.....	R.....	R.....
70.13	XXX Large	R.....	R.....	R.....
70.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
70.15	Small	R.....	R.....	R.....
70.16	Medium	R.....	R.....	R.....
70.17	Large	R.....	R.....	R.....
70.18	X Large	R.....	R.....	R.....
70.19	XX Large	R.....	R.....	R.....
70.20	XXX Large	R.....	R.....	R.....
70.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
70.1				
70.2				
70.3				
70.4				
70.5				
70.6				
70.7				
70.8				
70.9				
70.10				
70.11				
70.12				
70.13				
70.14				
70.15				
70.16				
70.17				
70.18				
70.19				
70.20				
70.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
  - F. Does the offer comply with specification? Please circle your option. **YES/NO**
  - G. If not to specification, please indicate deviation(s) .....  
.....
  - H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
  - I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
  - J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
  - K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
71	<b>Stockings, Compression</b> , Thigh high, Soft flat knit, <b>20 - 30mmHg</b> . Latex free, with silicone dot band, <b>Open toe</b> . For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:	<b>Price per pa</b>		
	<b>Short Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
71.1	Small	R.....	R.....	R.....
71.2	Medium	R.....	R.....	R.....
71.3	Large	R.....	R.....	R.....
71.4	X Large	R.....	R.....	R.....
71.5	XX Large	R.....	R.....	R.....
71.6	XXX Large	R.....	R.....	R.....
71.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
71.8	Small	R.....	R.....	R.....
71.9	Medium	R.....	R.....	R.....
71.10	Large	R.....	R.....	R.....
71.11	X Large	R.....	R.....	R.....
71.12	XX Large	R.....	R.....	R.....
71.13	XXX Large	R.....	R.....	R.....
71.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
71.15	Small	R.....	R.....	R.....
71.16	Medium	R.....	R.....	R.....
71.17	Large	R.....	R.....	R.....
71.18	X Large	R.....	R.....	R.....
71.19	XX Large	R.....	R.....	R.....
71.20	XXX Large	R.....	R.....	R.....
71.21	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
71.1				
71.2				
71.3				
71.4				
71.5				
71.6				
71.7				
71.8				
71.9				
71.10				
71.11				
71.12				
71.13				
71.14				
71.15				
71.16				
71.17				
71.18				
71.19				
71.20				
71.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
72	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>20 - 30mmHg</b>. Latex free, without silicone dot band, <b>Open toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
72.1	Small	R.....	R.....	R.....
72.2	Medium	R.....	R.....	R.....
72.3	Large	R.....	R.....	R.....
72.4	X Large	R.....	R.....	R.....
72.5	XX Large	R.....	R.....	R.....
72.6	XXX Large	R.....	R.....	R.....
72.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
72.8	Small	R.....	R.....	R.....
72.9	Medium	R.....	R.....	R.....
72.10	Large	R.....	R.....	R.....
72.11	X Large	R.....	R.....	R.....
72.12	XX Large	R.....	R.....	R.....
72.13	XXX Large	R.....	R.....	R.....
72.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
72.15	Small	R.....	R.....	R.....
72.16	Medium	R.....	R.....	R.....
72.17	Large	R.....	R.....	R.....
72.18	X Large	R.....	R.....	R.....
72.19	XX Large	R.....	R.....	R.....
72.20	XXX Large	R.....	R.....	R.....
72.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
72.1				
72.2				
72.3				
72.4				
72.5				
72.6				
72.7				
72.8				
72.9				
72.10				
72.11				
72.12				
72.13				
72.14				
72.15				
72.16				
72.17				
72.18				
72.19				
72.20				
72.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
  - F. Does the offer comply with specification? Please circle your option. **YES/NO**
  - G. If not to specification, please indicate deviation(s) .....  
.....
  - H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
  - I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
  - J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
  - K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
73	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>20 - 30mmHg</b>. Latex free, with silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
73.1	Small	R.....	R.....	R.....
73.2	Medium	R.....	R.....	R.....
73.3	Large	R.....	R.....	R.....
73.4	X Large	R.....	R.....	R.....
73.5	XX Large	R.....	R.....	R.....
73.6	XXX Large	R.....	R.....	R.....
73.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
73.8	Small	R.....	R.....	R.....
73.9	Medium	R.....	R.....	R.....
73.10	Large	R.....	R.....	R.....
73.11	X Large	R.....	R.....	R.....
73.12	XX Large	R.....	R.....	R.....
73.13	XXX Large	R.....	R.....	R.....
73.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
73.15	Small	R.....	R.....	R.....
73.16	Medium	R.....	R.....	R.....
73.17	Large	R.....	R.....	R.....
73.18	X Large	R.....	R.....	R.....
73.19	XX Large	R.....	R.....	R.....
73.20	XXX Large	R.....	R.....	R.....
73.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
73.1				
73.2				
73.3				
73.4				
73.5				
73.6				
73.7				
73.8				
73.9				
73.10				
73.11				
73.12				
73.13				
73.14				
73.15				
73.16				
73.17				
73.18				
73.19				
73.20				
73.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
74	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>20 - 30mmHg</b>. Latex free, without silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p> 	<b>Price per pa</b>		
	<p><b>Short Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
74.1	Small	R.....	R.....	R.....
74.2	Medium	R.....	R.....	R.....
74.3	Large	R.....	R.....	R.....
74.4	X Large	R.....	R.....	R.....
74.5	XX Large	R.....	R.....	R.....
74.6	XXX Large	R.....	R.....	R.....
74.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
74.8	Small	R.....	R.....	R.....
74.9	Medium	R.....	R.....	R.....
74.10	Large	R.....	R.....	R.....
74.11	X Large	R.....	R.....	R.....
74.12	XX Large	R.....	R.....	R.....
74.13	XXX Large	R.....	R.....	R.....
74.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
74.15	Small	R.....	R.....	R.....
74.16	Medium	R.....	R.....	R.....
74.17	Large	R.....	R.....	R.....
74.18	X Large	R.....	R.....	R.....
74.19	XX Large	R.....	R.....	R.....
74.20	XXX Large	R.....	R.....	R.....
74.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
74.1				
74.2				
74.3				
74.4				
74.5				
74.6				
74.7				
74.8				
74.9				
74.10				
74.11				
74.12				
74.13				
74.14				
74.15				
74.16				
74.17				
74.18				
74.19				
74.20				
74.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
75	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>30 - 40mmHg</b>. Latex free, with silicone dot band, <b>Open toe</b>. For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
75.1	Small	R.....	R.....	R.....
75.2	Medium	R.....	R.....	R.....
75.3	Large	R.....	R.....	R.....
75.4	X Large	R.....	R.....	R.....
75.5	XX Large	R.....	R.....	R.....
75.6	XXX Large	R.....	R.....	R.....
75.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
75.8	Small	R.....	R.....	R.....
75.9	Medium	R.....	R.....	R.....
75.10	Large	R.....	R.....	R.....
75.11	X Large	R.....	R.....	R.....
75.12	XX Large	R.....	R.....	R.....
75.13	XXX Large	R.....	R.....	R.....
75.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
75.15	Small	R.....	R.....	R.....
75.16	Medium	R.....	R.....	R.....
75.17	Large	R.....	R.....	R.....
75.18	X Large	R.....	R.....	R.....
75.19	XX Large	R.....	R.....	R.....
75.20	XXX Large	R.....	R.....	R.....
75.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			





**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
75.1				
75.2				
75.3				
75.4				
75.5				
75.6				
75.7				
75.8				
75.9				
75.10				
75.11				
75.12				
75.13				
75.14				
75.15				
75.16				
75.17				
75.18				
75.19				
75.20				
75.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
76	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>30 - 40mmHg</b>. Latex free, without silicone dot band, <b>Open toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
76.1	Small	R.....	R.....	R.....
76.2	Medium	R.....	R.....	R.....
76.3	Large	R.....	R.....	R.....
76.4	X Large	R.....	R.....	R.....
76.5	XX Large	R.....	R.....	R.....
76.6	XXX Large	R.....	R.....	R.....
76.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
76.8	Small	R.....	R.....	R.....
76.9	Medium	R.....	R.....	R.....
76.10	Large	R.....	R.....	R.....
76.11	X Large	R.....	R.....	R.....
76.12	XX Large	R.....	R.....	R.....
76.13	XXX Large	R.....	R.....	R.....
76.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
76.15	Small	R.....	R.....	R.....
76.16	Medium	R.....	R.....	R.....
76.17	Large	R.....	R.....	R.....
76.18	X Large	R.....	R.....	R.....
76.19	XX Large	R.....	R.....	R.....
76.20	XXX Large	R.....	R.....	R.....
76.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
76.1				
76.2				
76.3				
76.4				
76.5				
76.6				
76.7				
76.8				
76.9				
76.10				
76.11				
76.12				
76.13				
76.14				
76.15				
76.16				
76.17				
76.18				
76.19				
76.20				
76.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
77	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>30 - 40mmHg</b>. Latex free, with silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
77.1	Small	R.....	R.....	R.....
77.2	Medium	R.....	R.....	R.....
77.3	Large	R.....	R.....	R.....
77.4	X Large	R.....	R.....	R.....
77.5	XX Large	R.....	R.....	R.....
77.6	XXX Large	R.....	R.....	R.....
77.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
77.8	Small	R.....	R.....	R.....
77.9	Medium	R.....	R.....	R.....
77.10	Large	R.....	R.....	R.....
77.11	X Large	R.....	R.....	R.....
77.12	XX Large	R.....	R.....	R.....
77.13	XXX Large	R.....	R.....	R.....
77.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
77.15	Small	R.....	R.....	R.....
77.16	Medium	R.....	R.....	R.....
77.17	Large	R.....	R.....	R.....
77.18	X Large	R.....	R.....	R.....
77.19	XX Large	R.....	R.....	R.....
77.20	XXX Large	R.....	R.....	R.....
77.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
77.1				
77.2				
77.3				
77.4				
77.5				
77.6				
77.7				
77.8				
77.9				
77.10				
77.11				
77.12				
77.13				
77.14				
77.15				
77.16				
77.17				
77.18				
77.19				
77.20				
77.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
78	<p><b>Stockings, Compression</b>, Thigh high, Soft flat knit, <b>30 - 40mmHg</b>. Latex free, without silicone dot band, <b>Closed toe</b>, For the prevention of venous insufficiency. Compression should be graduated with the highest compression at the ankle, with heel indicator to aid donning and doffing, Various colours, Supplied in the following approximate sizes:</p>	<b>Price per pa</b>		
	<p><b>Short Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
78.1	Small	R.....	R.....	R.....
78.2	Medium	R.....	R.....	R.....
78.3	Large	R.....	R.....	R.....
78.4	X Large	R.....	R.....	R.....
78.5	XX Large	R.....	R.....	R.....
78.6	XXX Large	R.....	R.....	R.....
78.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Regular Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
78.8	Small	R.....	R.....	R.....
78.9	Medium	R.....	R.....	R.....
78.10	Large	R.....	R.....	R.....
78.11	X Large	R.....	R.....	R.....
78.12	XX Large	R.....	R.....	R.....
78.13	XXX Large	R.....	R.....	R.....
78.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
78.15	Small	R.....	R.....	R.....
78.16	Medium	R.....	R.....	R.....
78.17	Large	R.....	R.....	R.....
78.18	X Large	R.....	R.....	R.....
78.19	XX Large	R.....	R.....	R.....
78.20	XXX Large	R.....	R.....	R.....
78.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
78.1				
78.2				
78.3				
78.4				
78.5				
78.6				
78.7				
78.8				
78.9				
78.10				
78.11				
78.12				
78.13				
78.14				
78.15				
78.16				
78.17				
78.18				
78.19				
78.20				
78.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
79	<p><b>Foot piece, Wrap, Compression, 20 – 30mmHg</b>, short stretch, adjustable durable fasteners, left and right foot, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</p> 	<b>Price per each</b>		
	<p><b>Regular Length</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
79.1	X Small	R.....	R.....	R.....
79.2	Small	R.....	R.....	R.....
79.3	Medium	R.....	R.....	R.....
79.4	Large	R.....	R.....	R.....
79.5	X Large	R.....	R.....	R.....
79.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
79.7	X Small	R.....	R.....	R.....
79.8	Small	R.....	R.....	R.....
79.9	Medium	R.....	R.....	R.....
79.10	Large	R.....	R.....	R.....
79.11	X Large	R.....	R.....	R.....
79.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
79.1				
79.2				
79.3				
79.4				
79.5				
79.6				
79.7				
79.8				
79.9				
79.10				
79.11				
79.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
80	<b>Foot piece, Wrap, Compression, 30 - 40mmHg, short stretch, adjustable durable fasteners, left and right foot, ready-to-wear, light, and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</b>	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
80.1	X Small	R.....	R.....	R.....
80.2	Small	R.....	R.....	R.....
80.3	Medium	R.....	R.....	R.....
80.4	Large	R.....	R.....	R.....
80.5	X Large	R.....	R.....	R.....
80.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
80.7	X Small	R.....	R.....	R.....
80.8	Small	R.....	R.....	R.....
80.9	Medium	R.....	R.....	R.....
80.10	Large	R.....	R.....	R.....
80.11	X Large	R.....	R.....	R.....
80.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
80.1				
80.2				
80.3				
80.4				
80.5				
80.6				
80.7				
80.8				
80.9				
80.10				
80.11				
80.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)


**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....

BID NUMBER: WCGHCC0007/2024

CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024**

OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
81	<p><b>Calf piece, Wrap, Compression, 20 – 30mmHg</b>, short stretch, adjustable fasteners, left and right foot, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</p>  <p><b>Regular Length</b> <b>Size:</b> 81.1 X Small 81.2 Small 81.3 Medium 81.4 Large 81.5 X Large 81.6 <b>Custom made</b></p> <p><b>Long Length</b> <b>Size:</b> 81.7 X Small 81.8 Small 81.9 Medium 81.10 Large 81.11 X Large 81.12 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
81.1				
81.2				
81.3				
81.4				
81.5				
81.6				
81.7				
81.8				
81.9				
81.10				
81.11				
81.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
82	<b>Calf piece, Wrap, Compression, 30 - 40mmHg, short stretch, adjustable fasteners, left and right foot, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</b>	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
82.1	X Small	R.....	R.....	R.....
82.2	Small	R.....	R.....	R.....
82.3	Medium	R.....	R.....	R.....
82.4	Large	R.....	R.....	R.....
82.5	X Large	R.....	R.....	R.....
82.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
82.7	X Small	R.....	R.....	R.....
82.8	Small	R.....	R.....	R.....
82.9	Medium	R.....	R.....	R.....
82.10	Large	R.....	R.....	R.....
82.11	X Large	R.....	R.....	R.....
82.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.


No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
82.1				
82.2				
82.3				
82.4				
82.5				
82.6				
82.7				
82.8				
82.9				
82.10				
82.11				
82.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
83	<p><b>Knee piece, Wrap, Compression, 20 - 30mmHg, short stretch, adjustable fasteners, left and right fit, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</b></p>  <p><b>Regular Length Size:</b></p> <p>83.1 X Small</p> <p>83.2 Small</p> <p>83.3 Medium</p> <p>83.4 Large</p> <p>83.5 X Large</p> <p>83.6 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
83.1				
83.2				
83.3				
83.4				
83.5				
83.6				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
84	<p><b>Knee piece, Wrap, Compression, 30 - 40mmHg, short stretch, adjustable fasteners, left and right fit, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</b></p> <p><b>Regular Length</b></p> <p><b>Size:</b></p> <p>84.1 X Small</p> <p>84.2 Small</p> <p>84.3 Medium</p> <p>84.4 Large</p> <p>84.5 X Large</p> <p>84.6 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<p><b>Price per each</b></p> <p><b>1st year      2nd year      3rd year</b></p> <p>R.....      R.....      R.....</p> <p>R.....      R.....      R.....</p> <p>R.....      R.....      R.....</p> <p>R.....      R.....      R.....</p> <p>R.....      R.....      R.....</p>		



**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
84.1				
84.2				
84.3				
84.4				
84.5				
84.6				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
85.1				
85.2				
85.3				
85.4				
85.5				
85.6				
85.7				
85.8				
85.9				
85.10				
85.11				
85.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
86	<b>Thigh piece, Wrap, Compression, 30 - 40mmHg, short stretch, adjustable fasteners, left and right fit, ready-to-wear, light and comfortable, optimal skin protection, contoured and easy fit for extended stretch resistant wear, washable, all available colours.</b>	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
86.1	X Small	R.....	R.....	R.....
86.2	Small	R.....	R.....	R.....
86.3	Medium	R.....	R.....	R.....
86.4	Large	R.....	R.....	R.....
86.5	X Large	R.....	R.....	R.....
86.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
86.7	X Small	R.....	R.....	R.....
86.8	Small	R.....	R.....	R.....
86.9	Medium	R.....	R.....	R.....
86.10	Large	R.....	R.....	R.....
86.11	X Large	R.....	R.....	R.....
86.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
86.1				
86.2				
86.3				
86.4				
86.5				
86.6				
86.7				
86.8				
86.9				
86.10				
86.11				
86.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: 11:00 ON FRIDAY, 26 APRIL 2024 OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
87	<p><b>Leg Sleeve, Compression, Night-Time</b>, below knee, <b>with non-slip footpads</b>, multi-layered soft flat knit and cushioning, 15 – 20mmHg, left and right fit, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.</p> 	<b>Price per each</b>		
	<p><b>Regular Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
87.1	Small	R.....	R.....	R.....
87.2	Medium	R.....	R.....	R.....
87.3	Large	R.....	R.....	R.....
87.4	X Large	R.....	R.....	R.....
87.5	XX Large	R.....	R.....	R.....
87.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Long Length</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
87.7	Small	R.....	R.....	R.....
87.8	Medium	R.....	R.....	R.....
87.9	Large	R.....	R.....	R.....
87.10	X Large	R.....	R.....	R.....
87.11	XX Large	R.....	R.....	R.....
87.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
87.1				
87.2				
87.3				
87.4				
87.5				
87.6				
87.7				
87.8				
87.9				
87.10				
87.11				
87.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
88	<b>Leg Sleeve, Compression, Night-Time</b> , below knee, <b>with non-slip footpads</b> , multi-layered soft flat knit and cushioning, 20 - 30mmHg, left and right fit, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
88.1	Small	R.....	R.....	R.....
88.2	Medium	R.....	R.....	R.....
88.3	Large	R.....	R.....	R.....
88.4	X Large	R.....	R.....	R.....
88.5	XX Large	R.....	R.....	R.....
88.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
88.7	Small	R.....	R.....	R.....
88.8	Medium	R.....	R.....	R.....
88.9	Large	R.....	R.....	R.....
88.10	X Large	R.....	R.....	R.....
88.11	XX Large	R.....	R.....	R.....
88.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
88.1				
88.2				
88.3				
88.4				
88.5				
88.6				
88.7				
88.8				
88.9				
88.10				
88.11				
88.12				

- E. Are you the manufacturer? Please circle your option. YES/NO
  - F. Does the offer comply with specification? Please circle your option. YES/NO
  - G. If not to specification, please indicate deviation(s) .....  
.....
  - H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
  - I. Are the prices firm for the duration of the contract? Please circle your option. YES/NO
  - J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
  - K. Is product **latex and DEHP free**? Please circle your option. YES/NO
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
89	<b>Leg Sleeve, Compression, Night-Time</b> , above knee, <b>with non-slip footpads</b> , multi-layered soft flat knit and cushioning, 15 – 20mmHg, left and right fit, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.	<b>Price per each</b>		
	<b>Regular Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
89.1	Small	R.....	R.....	R.....
89.2	Medium	R.....	R.....	R.....
89.3	Large	R.....	R.....	R.....
89.4	X Large	R.....	R.....	R.....
89.5	XX Large	R.....	R.....	R.....
89.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>Long Length</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
89.7	Small	R.....	R.....	R.....
89.8	Medium	R.....	R.....	R.....
89.9	Large	R.....	R.....	R.....
89.10	X Large	R.....	R.....	R.....
89.11	XX Large	R.....	R.....	R.....
89.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
89.1				
89.2				
89.3				
89.4				
89.5				
89.6				
89.7				
89.8				
89.9				
89.10				
89.11				
89.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**
- Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
90	<p><b>Leg Sleeve, Compression, Night-Time</b>, above knee, <b>with non-slip footpads</b>, multi-layered soft flat knit and cushioning, 20 - 30mmHg, left and right fit, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, easy fit for patient wearing comfort at night, washable, may include zipper, all available colours.</p> <p><b>Regular Length</b> <b>Size:</b></p> <p>90.1 Small</p> <p>90.2 Medium</p> <p>90.3 Large</p> <p>90.4 X Large</p> <p>90.5 XX Large</p> <p>90.6 <b>Custom made</b></p> <p><b>Long Length</b> <b>Size:</b></p> <p>90.7 Small</p> <p>90.8 Medium</p> <p>90.9 Large</p> <p>90.10 X Large</p> <p>90.11 XX Large</p> <p>90.12 <b>Custom made</b></p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
90.1				
90.2				
90.3				
90.4				
90.5				
90.6				
90.7				
90.8				
90.9				
90.10				
90.11				
90.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
91	<p><b>Chaps, Compression stocking</b>, circular knit, Thigh high with waist attachment, open toe, for left leg or right leg, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours.</p> 	<b>Price per each</b>		
	<p><b>20 – 30mmHg</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
91.1	Small	R.....	R.....	R.....
91.2	Medium	R.....	R.....	R.....
91.3	Large	R.....	R.....	R.....
91.4	X Large	R.....	R.....	R.....
91.5	XX Large	R.....	R.....	R.....
91.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>30 – 40mmHg</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
91.7	Small	R.....	R.....	R.....
91.8	Medium	R.....	R.....	R.....
91.9	Large	R.....	R.....	R.....
91.10	X Large	R.....	R.....	R.....
91.11	XX Large	R.....	R.....	R.....
91.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
91.1				
91.2				
91.3				
91.4				
91.5				
91.6				
91.7				
91.8				
91.9				
91.10				
91.11				
91.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
92	<b>Chaps, Compression stocking</b> , circular knit, Thigh high with waist attachment, open toe, open crotch, for both legs, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours	<b>Price per each</b>		
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
92.1	Small	R.....	R.....	R.....
92.2	Medium	R.....	R.....	R.....
92.3	Large	R.....	R.....	R.....
92.4	X Large	R.....	R.....	R.....
92.5	XX Large	R.....	R.....	R.....
92.6	<b>Custom made</b>	R.....	R.....	R.....
	<b>30 – 40mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
92.7	Small	R.....	R.....	R.....
92.8	Medium	R.....	R.....	R.....
92.9	Large	R.....	R.....	R.....
92.10	X Large	R.....	R.....	R.....
92.11	XX Large	R.....	R.....	R.....
92.12	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
92.1				
92.2				
92.3				
92.4				
92.5				
92.6				
92.7				
92.8				
92.9				
92.10				
92.11				
92.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
93	<p><b>Chaps, Compression stocking</b>, soft flat knit, Thigh high with waist attachment, open toe, for left leg or right leg, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours.</p> <p><b>20 – 30mmHg</b> <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
93.1	Small	R.....	R.....	R.....
93.2	Medium	R.....	R.....	R.....
93.3	Large	R.....	R.....	R.....
93.4	X Large	R.....	R.....	R.....
93.5	XX Large	R.....	R.....	R.....
93.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>30 – 40mmHg</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
93.7	Small	R.....	R.....	R.....
93.8	Medium	R.....	R.....	R.....
93.9	Large	R.....	R.....	R.....
93.10	X Large	R.....	R.....	R.....
93.11	XX Large	R.....	R.....	R.....
93.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
93.1				
93.2				
93.3				
93.4				
93.5				
93.6				
93.7				
93.8				
93.9				
93.10				
93.11				
93.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
94	<p><b>Chaps, Compression stocking</b>, soft flat knit, Thigh high with waist attachment, open toe, open crotch, for both legs, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours.</p> 	<b>Price per each</b>		
	<p><b>20 – 30mmHg</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
94.1	Small	R.....	R.....	R.....
94.2	Medium	R.....	R.....	R.....
94.3	Large	R.....	R.....	R.....
94.4	X Large	R.....	R.....	R.....
94.5	XX Large	R.....	R.....	R.....
94.6	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>30 – 40mmHg</b> <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
94.7	Small	R.....	R.....	R.....
94.8	Medium	R.....	R.....	R.....
94.9	Large	R.....	R.....	R.....
94.10	X Large	R.....	R.....	R.....
94.11	XX Large	R.....	R.....	R.....
94.12	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
94.1				
94.2				
94.3				
94.4				
94.5				
94.6				
94.7				
94.8				
94.9				
94.10				
94.11				
94.12				


- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT																																																										
95	<p><b>Stockings, Sheer</b>, Ladies, Waist high, closed crotch, open toe, for both legs, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours.</p>  <p><b>20 – 30mmHg</b> <b>Size:</b></p> <p>95.1 Small 95.2 Medium 95.3 Large 95.4 X Large 95.5 XX Large 95.6 XXX Large</p> <p><b>30 – 40mmHg</b> <b>Size:</b></p> <p>95.7 Small 95.8 Medium 95.9 Large 95.10 X Large 95.11 XX Large 95.12 XXX Large</p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<p><b>Price per each</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><b>1st year</b></td> <td style="text-align: center;"><b>2nd year</b></td> <td style="text-align: center;"><b>3rd year</b></td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>1st year</b></td> <td style="text-align: center;"><b>2nd year</b></td> <td style="text-align: center;"><b>3rd year</b></td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> <tr> <td>R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> <td style="text-align: center;">R.....</td> </tr> </table>				<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....	R.....
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	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>																																																									
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IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
95.1				
95.2				
95.3				
95.4				
95.5				
95.6				
95.7				
95.8				
95.9				
95.10				
95.11				
95.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
96	<p><b>Stockings, Sheer</b>, Ladies, Waist high, closed crotch, closed toe, for both legs, ready-to-wear, non-slip, lightweight anatomically shaped, breathable and air cooling, washable, all available colours.</p>  <p><b>20 – 30mmHg</b> <b>Size:</b></p> <p>96.1 Small 96.2 Medium 96.3 Large 96.4 X Large 96.5 XX Large 96.6 XXX Large</p> <p><b>30 – 40mmHg</b> <b>Size:</b></p> <p>96.7 Small 96.8 Medium 96.9 Large 96.10 X Large 96.11 XX Large 96.12 XXX Large</p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
96.1				
96.2				
96.3				
96.4				
96.5				
96.6				
96.7				
96.8				
96.9				
96.10				
96.11				
96.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
97	<p><b>Socks, Man</b>, closed toe, for diabetics and rheumatics, lightweight natural and non-allergic yarn, high elasticity, stretch ability to ensure smooth and crease free fit, seamless toe, non-elastic leg band, all day wearing, and moisture is wicked away and feet kept dry, washable, all available colours for regular to wide fit.</p>  <p><b>15 - 20mmHg</b> <b>Size:</b></p> <p>97.1 Small 97.2 Medium 97.3 Large 97.4 X Large 97.5 XX Large 97.6 XXX Large</p> <p><b>20 – 30mmHg</b> <b>Size:</b></p> <p>97.7 Small 97.8 Medium 97.9 Large 97.10 X Large 97.11 XX Large 97.12 XXX Large</p> <p><b>30 – 40mmHg</b> <b>Size:</b></p> <p>Small Medium Large X Large XX Large XXX Large</p> <p><b>Note to bidders:</b> Provide 2 samples of each size to WCGH Attach an evaluation form with bidder and item details to EACH sample <b>Labelling of class and size must be clearly visible on each garment</b> Clearly indicate all available colours in the bid document</p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....
		R.....	R.....	R.....

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
97.1				
97.2				
97.3				
97.4				
97.5				
97.6				
97.7				
97.8				
97.9				
97.10				
97.11				
97.12				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : ..... BID NUMBER: WCGHCC0007/2024  
 CLOSING TIME: **11:00 ON FRIDAY, 26 APRIL 2024** OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
98	<p><b>Toe/Foot Cap, Compression</b>, Soft flat knit, <b>Open toe</b>, left and right fit, seamless at toes, anatomically shaped toe gradient to facilitate space between toes, non-curling, soft-touch and breathable material, easy donning and comfortable to wear, in all available colours.</p> 	<b>Price per each</b>		
	<p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
98.1	Small	R.....	R.....	R.....
98.2	Medium	R.....	R.....	R.....
98.3	Large	R.....	R.....	R.....
98.4	X Large	R.....	R.....	R.....
98.5	XX Large	R.....	R.....	R.....
98.6	XXX Large	R.....	R.....	R.....
98.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
98.8	Small	R.....	R.....	R.....
98.9	Medium	R.....	R.....	R.....
98.10	Large	R.....	R.....	R.....
98.11	X Large	R.....	R.....	R.....
98.12	XX Large	R.....	R.....	R.....
98.13	XXX Large	R.....	R.....	R.....
98.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>30 – 40mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
98.15	Small	R.....	R.....	R.....
98.16	Medium	R.....	R.....	R.....
98.17	Large	R.....	R.....	R.....
98.18	X Large	R.....	R.....	R.....
98.19	XX Large	R.....	R.....	R.....
98.20	XXX Large	R.....	R.....	R.....
98.21	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

**IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.**

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
98.1				
98.2				
98.3				
98.4				
98.5				
98.6				
98.7				
98.8				
98.9				
98.10				
98.11				
98.12				
98.13				
98.14				
98.15				
98.16				
98.17				
98.18				
98.19				
98.20				
98.21				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
99	<b>Vest, Sleeveless, Compression</b> , Soft flat knit, slip-on type, may include hook & loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.	<b>Price per each</b>		
	<b>15 - 20mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
99.1	Small	R.....	R.....	R.....
99.2	Medium	R.....	R.....	R.....
99.3	Large	R.....	R.....	R.....
99.4	X Large	R.....	R.....	R.....
99.5	XX Large	R.....	R.....	R.....
99.6	XXX Large	R.....	R.....	R.....
99.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
99.8	Small	R.....	R.....	R.....
99.9	Medium	R.....	R.....	R.....
99.10	Large	R.....	R.....	R.....
99.11	X Large	R.....	R.....	R.....
99.12	XX Large	R.....	R.....	R.....
99.13	XXX Large	R.....	R.....	R.....
99.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
99.1				
99.2				
99.3				
99.4				
99.5				
99.6				
99.7				
99.8				
99.9				
99.10				
99.11				
99.12				
99.13				
99.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
100	<p><b>Vest, Sleeveless, Compression</b>, with breast cup. Soft flat knit, slip-on type, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative recovery, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b></p> <p><b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
100.1	Small	R.....	R.....	R.....
100.2	Medium	R.....	R.....	R.....
100.3	Large	R.....	R.....	R.....
100.4	X Large	R.....	R.....	R.....
100.5	XX Large	R.....	R.....	R.....
100.6	XXX Large	R.....	R.....	R.....
100.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
100.8	Small	R.....	R.....	R.....
100.9	Medium	R.....	R.....	R.....
100.10	Large	R.....	R.....	R.....
100.11	X Large	R.....	R.....	R.....
100.12	XX Large	R.....	R.....	R.....
100.13	XXX Large	R.....	R.....	R.....
100.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
100.1				
100.2				
100.3				
100.4				
100.5				
100.6				
100.7				
100.8				
100.9				
100.10				
100.11				
100.12				
100.13				
100.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
101	<p><b>Vest, Short Sleeve, Compression</b>, Soft flat knit, slip-on type, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
101.1	Small	R.....	R.....	R.....
101.2	Medium	R.....	R.....	R.....
101.3	Large	R.....	R.....	R.....
101.4	X Large	R.....	R.....	R.....
101.5	XX Large	R.....	R.....	R.....
101.6	XXX Large	R.....	R.....	R.....
101.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
101.8	Small	R.....	R.....	R.....
101.9	Medium	R.....	R.....	R.....
101.10	Large	R.....	R.....	R.....
101.11	X Large	R.....	R.....	R.....
101.12	XX Large	R.....	R.....	R.....
101.13	XXX Large	R.....	R.....	R.....
101.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
101.1				
101.2				
101.3				
101.4				
101.5				
101.6				
101.7				
101.8				
101.9				
101.10				
101.11				
101.12				
101.13				
101.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
102	<b>Vest, Short Sleeve, Compression</b> , with breast cup, Soft flat knit, slip-on type, may include hook & loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative recovery, machine washable, indicate all available colours.	<b>Price per each</b>		
	<b>15 - 20mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
102.1	Small	R.....	R.....	R.....
102.2	Medium	R.....	R.....	R.....
102.3	Large	R.....	R.....	R.....
102.4	X Large	R.....	R.....	R.....
102.5	XX Large	R.....	R.....	R.....
102.6	XXX Large	R.....	R.....	R.....
102.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
102.8	Small	R.....	R.....	R.....
102.9	Medium	R.....	R.....	R.....
102.10	Large	R.....	R.....	R.....
102.11	X Large	R.....	R.....	R.....
102.12	XX Large	R.....	R.....	R.....
102.13	XXX Large	R.....	R.....	R.....
102.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
102.1				
102.2				
102.3				
102.4				
102.5				
102.6				
102.7				
102.8				
102.9				
102.10				
102.11				
102.12				
102.13				
102.14				

- E. Are you the manufacturer? Please circle your option. YES/NO
- F. Does the offer comply with specification? Please circle your option. YES/NO
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. YES/NO
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. YES/NO

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
103	<p><b>Vest, long Sleeve, Compression</b>, Soft flat knit, slip-on type, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
103.1	Small	R.....	R.....	R.....
103.2	Medium	R.....	R.....	R.....
103.3	Large	R.....	R.....	R.....
103.4	X Large	R.....	R.....	R.....
103.5	XX Large	R.....	R.....	R.....
103.6	XXX Large	R.....	R.....	R.....
103.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
103.8	Small	R.....	R.....	R.....
103.9	Medium	R.....	R.....	R.....
103.10	Large	R.....	R.....	R.....
103.11	X Large	R.....	R.....	R.....
103.12	XX Large	R.....	R.....	R.....
103.13	XXX Large	R.....	R.....	R.....
103.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
103.1				
103.2				
103.3				
103.4				
103.5				
103.6				
103.7				
103.8				
103.9				
103.10				
103.11				
103.12				
103.13				
103.14				

- E. Are you the manufacturer? Please circle your option. YES/NO
- F. Does the offer comply with specification? Please circle your option. YES/NO
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. YES/NO
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. YES/NO

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
104	<p><b>Vest, Long Sleeve, Compression</b>, with breast cup, Soft flat knit, slip-on type, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, to fit thorax and abdomen, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative recovery, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
104.1	Small	R.....	R.....	R.....
104.2	Medium	R.....	R.....	R.....
104.3	Large	R.....	R.....	R.....
104.4	X Large	R.....	R.....	R.....
104.5	XX Large	R.....	R.....	R.....
104.6	XXX Large	R.....	R.....	R.....
104.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
104.8	Small	R.....	R.....	R.....
104.9	Medium	R.....	R.....	R.....
104.10	Large	R.....	R.....	R.....
104.11	X Large	R.....	R.....	R.....
104.12	XX Large	R.....	R.....	R.....
104.13	XXX Large	R.....	R.....	R.....
104.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
104.1				
104.2				
104.3				
104.4				
104.5				
104.6				
104.7				
104.8				
104.9				
104.10				
104.11				
104.12				
104.13				
104.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
105	<p><b>Bodysuit, Sleeveless, Compression</b>, Soft flat knit, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
105.1	Small	R.....	R.....	R.....
105.2	Medium	R.....	R.....	R.....
105.3	Large	R.....	R.....	R.....
105.4	X Large	R.....	R.....	R.....
105.5	XX Large	R.....	R.....	R.....
105.6	XXX Large	R.....	R.....	R.....
105.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
105.8	Small	R.....	R.....	R.....
105.9	Medium	R.....	R.....	R.....
105.10	Large	R.....	R.....	R.....
105.11	X Large	R.....	R.....	R.....
105.12	XX Large	R.....	R.....	R.....
105.13	XXX Large	R.....	R.....	R.....
105.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
105.1				
105.2				
105.3				
105.4				
105.5				
105.6				
105.7				
105.8				
105.9				
105.10				
105.11				
105.12				
105.13				
105.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
106	<p><b>Bodysuit, Sleeveless, Compression</b>, with breast cup, Soft flat knit, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative oedema, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
106.1	Small	R.....	R.....	R.....
106.2	Medium	R.....	R.....	R.....
106.3	Large	R.....	R.....	R.....
106.4	X Large	R.....	R.....	R.....
106.5	XX Large	R.....	R.....	R.....
106.6	XXX Large	R.....	R.....	R.....
106.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
106.8	Small	R.....	R.....	R.....
106.9	Medium	R.....	R.....	R.....
106.10	Large	R.....	R.....	R.....
106.11	X Large	R.....	R.....	R.....
106.12	XX Large	R.....	R.....	R.....
106.13	XXX Large	R.....	R.....	R.....
106.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
106.1				
106.2				
106.3				
106.4				
106.5				
106.6				
106.7				
106.8				
106.9				
106.10				
106.11				
106.12				
106.13				
106.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

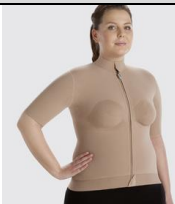
**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
107	<p><b>Bodysuit, Short Sleeve, Compression,</b> Soft flat knit, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> 	<b>Price per each</b>		
	<p><b>15 - 20mmHg</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
107.1	Small	R.....	R.....	R.....
107.2	Medium	R.....	R.....	R.....
107.3	Large	R.....	R.....	R.....
107.4	X Large	R.....	R.....	R.....
107.5	XX Large	R.....	R.....	R.....
107.6	XXX Large	R.....	R.....	R.....
107.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b></p> <p><b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
107.8	Small	R.....	R.....	R.....
107.9	Medium	R.....	R.....	R.....
107.10	Large	R.....	R.....	R.....
107.11	X Large	R.....	R.....	R.....
107.12	XX Large	R.....	R.....	R.....
107.13	XXX Large	R.....	R.....	R.....
107.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
107.1				
107.2				
107.3				
107.4				
107.5				
107.6				
107.7				
107.8				
107.9				
107.10				
107.11				
107.12				
107.13				
107.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
108	<b>Bodysuit, Short Sleeve, Compression</b> , with breast cup, Soft flat knit, may include hook & loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative oedema, machine washable, indicate all available colours.	<b>Price per each</b>		
	<b>15 - 20mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
108.1	Small	R.....	R.....	R.....
108.2	Medium	R.....	R.....	R.....
108.3	Large	R.....	R.....	R.....
108.4	X Large	R.....	R.....	R.....
108.5	XX Large	R.....	R.....	R.....
108.6	XXX Large	R.....	R.....	R.....
108.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
108.8	Small	R.....	R.....	R.....
108.9	Medium	R.....	R.....	R.....
108.10	Large	R.....	R.....	R.....
108.11	X Large	R.....	R.....	R.....
108.12	XX Large	R.....	R.....	R.....
108.13	XXX Large	R.....	R.....	R.....
108.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			





PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
109	<p><b>Bodysuit, long Sleeve, Compression</b>, Soft flat knit, may include hook &amp; loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> <p><b>15 - 20mmHg</b>  <b>Size:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
109.1	Small	R.....	R.....	R.....
109.2	Medium	R.....	R.....	R.....
109.3	Large	R.....	R.....	R.....
109.4	X Large	R.....	R.....	R.....
109.5	XX Large	R.....	R.....	R.....
109.6	XXX Large	R.....	R.....	R.....
109.7	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>20 – 30mmHg</b>  <b>Size:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
109.8	Small	R.....	R.....	R.....
109.9	Medium	R.....	R.....	R.....
109.10	Large	R.....	R.....	R.....
109.11	X Large	R.....	R.....	R.....
109.12	XX Large	R.....	R.....	R.....
109.13	XXX Large	R.....	R.....	R.....
109.14	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			

IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
109.1				
109.2				
109.3				
109.4				
109.5				
109.6				
109.7				
109.8				
109.9				
109.10				
109.11				
109.12				
109.13				
109.14				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
110	<b>Bodysuit, Long Sleeve, Compression</b> , with breast cup, Soft flat knit, may include hook & loop front fasteners, break resistant nylon zip with reinforced underlay, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear for post-operative oedema, machine washable, indicate all available colours.	<b>Price per each</b>		
	<b>15 - 20mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
110.1	Small	R.....	R.....	R.....
110.2	Medium	R.....	R.....	R.....
110.3	Large	R.....	R.....	R.....
110.4	X Large	R.....	R.....	R.....
110.5	XX Large	R.....	R.....	R.....
110.6	XXX Large	R.....	R.....	R.....
110.7	<b>Custom made</b>	R.....	R.....	R.....
	<b>20 – 30mmHg</b>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
	<b>Size:</b>			
110.8	Small	R.....	R.....	R.....
110.9	Medium	R.....	R.....	R.....
110.10	Large	R.....	R.....	R.....
110.11	X Large	R.....	R.....	R.....
110.12	XX Large	R.....	R.....	R.....
110.13	XXX Large	R.....	R.....	R.....
110.14	<b>Custom made</b>	R.....	R.....	R.....
	<b>Note to bidders:</b>			
	Provide 2 samples of each size to WCGH			
	Attach an evaluation form with bidder and item details to EACH sample			
	<b>Labelling of class and size must be clearly visible on each garment</b>			
	Clearly indicate all available colours in the bid document			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
110.1				
110.2				
110.3				
110.4				
110.5				
110.6				
110.7				
110.8				
110.9				
110.10				
110.11				
110.12				
110.13				
110.14				


- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
.....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.

PRICING SCHEDULE (PURCHASES)

**BID WCGHCC0007/2024: SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
111	<p><b>Head-Neck, Compression</b>, Soft flat knit, 15 - 20mmHg, slip on/off, for post-operative oedema, may include hook &amp; loop back of the head/neck fasteners, high elasticity, stretch ability to ensure smooth and crease free fit, non-allergic, soft-touch and breathable material, comfortable to wear, machine washable, indicate all available colours.</p> <p><b>Face-Chin-Neck support</b></p> <p><b>Sizes:</b></p>	<b>Price per each</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
111.1	Paediatric	R.....	R.....	R.....
111.2	Child	R.....	R.....	R.....
111.3	Adult	R.....	R.....	R.....
111.4	<b>Custom made</b>	R.....	R.....	R.....
				
	<p><b>Open Face Mask</b></p> <p><b>Sizes:</b></p>	<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
111.5	Paediatric	R.....	R.....	R.....
111.6	Child	R.....	R.....	R.....
111.7	Adult	R.....	R.....	R.....
111.8	<b>Custom made</b>	R.....	R.....	R.....
	<p><b>Note to bidders:</b></p> <p>Provide 2 samples of each size to WCGH</p> <p>Attach an evaluation form with bidder and item details to EACH sample</p> <p><b>Labelling of class and size must be clearly visible on each garment</b></p> <p>Clearly indicate all available colours in the bid document</p>			





IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
111.1				
111.2				
111.3				
111.4				
111.5				
111.6				
111.7				
111.8				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....  
 .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
112	<p><b>Foam, Compression</b>, open cell polyurethane, re-usable, specifically suitable for drainage of oedema and softening of fibrosis, ensures even distribution of pressure over extremities, washable, breathable.</p> 	<b>Pricelist</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
112.1	Breast pads	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.2	Genital pads	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.3	Knee joint pads	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.4	Elbow joint pads	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.5	Ankle pads	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.6	Padding per roll	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
112.7	Pads per sheet	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
112.1				
112.2				
112.3				
112.4				
112.5				
112.6				
112.7				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**


**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



PRICING SCHEDULE (PURCHASES)

SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
113	<p><b>Donning and Doffing Aids</b>, synthetic polymer, smooth and tear resistant, fits most sizes</p> 	<b>Pricelist</b>		
		<b>1st year</b>	<b>2nd year</b>	<b>3rd year</b>
113.1	Gloves for Hosiery application	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
113.2	Donning aid for open toe lower limb compression	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
113.3	Donning aid for upper limb compression	<i>pricelist</i>	<i>pricelist</i>	<i>pricelist</i>
	<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>			



IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.

No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
113.1				
113.2				
113.3				

- E. Are you the manufacturer? Please circle your option. **YES/NO**
- F. Does the offer comply with specification? Please circle your option. **YES/NO**
- G. If not to specification, please indicate deviation(s) .....
- H. **Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)** .....
- I. Are the prices firm for the duration of the contract? Please circle your option. **YES/NO**
- J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.
- K. Is product **latex and DEHP free**? Please circle your option. **YES/NO**

**Note:** All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as **Annexure A**.



**PRICING SCHEDULE (PURCHASES)**

**SUPPLY AND DELIVERY OF COMPRESSION THERAPY CONSUMABLES TO ALL INSTITUTIONS WITHIN THE DEPARTMENT OF HEALTH: WESTERN CAPE GOVERNMENT FOR A THREE-YEAR PERIOD.**

NAME OF BIDDER : .....	BID NUMBER: WCGHCC0007/2024
CLOSING TIME: <b>11:00 ON FRIDAY, 26 APRIL 2024</b>	OFFERS SHALL BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID

ITEM.	DESCRIPTION OF PRODUCT	BID PRICE IN SA CURRENCY INCL VAT		
114	<b>Lotion, Skin</b> , Smooth, silky, hypoallergenic, high moisturising, fragrance free, oil-free, dye-free and alcohol free, aids in the donning of compression garments and/or prosthetics.	<b>Price per unit</b>		
		<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>
114.1	Roll-on	R.....	R.....	R.....
114.2	250ml	R.....	R.....	R.....
114.3	500ml	R.....	R.....	R.....
<p><b>Note to bidders:</b>                      Provide 2 samples of each size to WCGH                      Attach an evaluation form with bidder and item details to EACH sample  <b>Labelling of class and size must be clearly visible on each garment</b>                      Clearly indicate all available colours in the bid document</p>				

<b>IMPORTANT: THE QUESTIONNAIRE BELOW MUST BE COMPLETED IN FULL BY REPLYING TO EACH AND EVERY QUESTION.</b>				
No	A. Brand name	B. Product/catalogue codes	C. Country of manufacture	D. State packaging offered
114.1				
114.2				
114.3				
<p>E. Are you the manufacturer? Please circle your option. <span style="float: right;"><b>YES/NO</b></span></p> <p>F. Does the offer comply with specification? Please circle your option. <span style="float: right;"><b>YES/NO</b></span></p> <p>G. If not to specification, please indicate deviation(s) <span style="float: right;">.....</span>  <span style="float: right;">.....</span></p> <p>H. <b>Period required for delivery (this must comply with or be better than the Department's requirements in paragraph 3.4 of the Special Conditions)</b> <span style="float: right;">.....</span></p> <p>I. Are the prices firm for the duration of the contract? Please circle your option. <span style="float: right;"><b>YES/NO</b></span></p> <p>J. If non-firm prices are offered, please complete attached WCBD 3.1/2 forms.</p> <p>K. Is product <b>latex and DEHP free</b>? Please circle your option. <span style="float: right;"><b>YES/NO</b></span></p> <p><b>Note:</b> All delivery costs must be included in the bid price for delivery at the prescribed destination. A list of names and addresses of institutions under the control of the Department of Health and Wellness, Western Cape Government is attached as <b>Annexure A</b>.</p>				

**DEFINITION OF PRICING STRUCTURES**

For this bid the following explanations are provided:

**1. Firm prices**

1.1 Firm prices means **prices which are only subject to adjustments in accordance with the actual increase or decrease** resulting from the changes, imposition or abolition of customs or excise duty and any other duty, levy, or tax which is binding upon the **contractor** in terms of a law or regulation and has a demonstrable influence on the prices of any supplies, for the execution of the contract.

The following two pricing structures will also be considered as firm prices – **please note that a combination of these two pricing structures will not be allowed:**

1.2 Firm prices linked to fixed period adjustments, i.e. three tier prices (firm 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year prices), and only subject to the variables indicated in the above paragraph.

1.3 Firm prices subject to rate of exchange variations. (It is compulsory that the table below be completed for prices subject to rate of exchange variations).

**Note:** All claims for rate of exchange must be made **within 60 days of delivery** in order for bidders to qualify for price adjustments.

Any advantage due to a more profitable exchange rate must be passed on to the Western Cape Government.

Please furnish full particulars of your financial institution, state the currencies used in the conversion of the prices of the items to South African currency, which portion of the price is subject to rate of exchange variations and the amounts remitted abroad.

PARTICULARS OF FINANCIAL INSTITUTION	ITEM NO	PRICE	CURRENCY	RATE	PORTION OF PRICE SUBJECT TO ROE	AMOUNT IN FOREIGN CURRENCY REMITTED ABROAD
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		



2. Non-firm prices

Non-firm prices are prices linked to proven adjustments.

2.1 It is compulsory that the variable factors and their weights be indicated where prices are linked to proven adjustments.

The table below serves only as a guide and bidders must include all other information deemed necessary.

ITEM NO	PRICE	OVERHEADS AND PROFIT	VARIABLE FACTOR (Provide factor e.g. manufacturer increase)	WEIGHT OF VARIABLE FACTOR/S

2.2 In cases where prices are subject to the escalation formula, the following table must be completed.

In this category price escalations will only be considered in terms of the following:

$$Pa = (1 - V)Pt \left( D1 \frac{R1t}{R1o} + D2 \frac{R2t}{R2o} + D3 \frac{R3t}{R3o} + \dots Dn \frac{Rnt}{Rno} \right) + VPt$$

Where:

- Pa = The new escalated price to be calculated.
- (1-V) P = 85% of the original bid price. **Note that Pt must always be the original bid price and not an escalated price.**
- D1, D2 = **Each factor of the bid price e.g. labour, transport, clothing, footwear, etc. The total of the various factors D1, D2 etc. must add up to 100%.**
- R1t, R2t = Index figure obtained from new index (depends on the number of factors used).
- R1o, R2o = Index figure at time of bidding.
- V = 15% of the original bid price. This portion of the bid price remains firm i.e. it is not subject to any price escalations.

3. The following index/indices was/were used to calculate the bid price:

3.1 Index .....dated                      Index .....dated                      Index .....dated  
 Index .....dated                      Index .....dated                      Index .....dated

3.2 Please furnish a breakdown of your price in terms of above-mentioned formula. The total of the various factors must add up to 100%.



FACTOR (D1, D2 etc. e.g. Labour, transport etc.)	PERCENTAGE OF BID PRICE

**PLEASE NOTE:** Proven cost adjustments and formula-based adjustments cannot both be considered at the same time.





## DECLARATION OF INTEREST, BIDDERS' PAST SCM PRACTICES AND INDEPENDENT BID DETERMINATION

1. To give effect to the requirements of the following legislative framework -
  - (i) the Western Cape Provincial Treasury Instructions, 2019: Supply Chain Management (Goods and Services),
  - (ii) Practice Note 4 of 2006: Declaration of Bidders Past SCM Practices(SBD8),
  - (iii) Instruction Note: Enhancing Compliance Monitoring and Improving Transparency and Accountability in Supply Chain Management: Declaration of Interest (SBD4),
  - (iv) Practice note 7 of 2009/10 (SDB4 Declaration of Interest),
  - (v) Practice Note 2010: Prohibition of Restrictive practices (SBD9),
  - (vi) Section 4(1)(b)(iii) of the Competition Act No. 89 of 1998 as amended, together with its associated regulations,
  - (vii) Act No 12 of 2004: Prevention and Combating of Corrupt Activities, and regulations pertaining to the tender defaulter's register, and
  - (viii) Paragraph 16A9 of the National Treasury Regulations and/or any other applicable legislation.
2. All prospective bidders intending to do business with the Western Cape Government via the electronic Procurement Solution (ePS) must be registered on the Central Supplier Database (CSD) and the Western Cape Supplier Evidence Bank (WSCSEB).
3. Definitions

**"Bid"** means a bidder's response to an institution's invitation to participate in a procurement process, which may include a bid, price quotation or proposal;

**"Bid rigging" (or "collusive bidding")** occurs when businesses that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and/or services for purchasers who wish to acquire goods and/or services through a bidding process. Bid rigging is, therefore, an agreement between competitors;

**"Business interest"** means -

- (a) a right or entitlement to share in profits, revenue or assets of an entity;
- (b) a real or personal right in property;
- (c) a right to remuneration or any other private gain or benefit; or
- (d) any interest contemplated in paragraphs (a), (b) or (c) acquired through an intermediary and any potential interest in terms of any of those paragraphs;

**"Consortium" or "Joint Venture"** means an association of persons combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract;

**"CSD"** means the Central Supplier Database maintained by National Treasury;

**"Employee"**, in relation to -

- (a) a department, means a person contemplated in Section 8 of the Public Service Act, 1994, but excludes a person appointed in terms of Section 12A of that Act; and
- (b) a public entity, means a person employed by the public entity;

***If you know of any corrupt, fraudulent or collusive actions in the Institution,  
please report it by calling the National Hotline at 0800 701 701.***

This form must be completed annually. Should the information declared here change in the course of the year, or before the next renewal, or in relation to any bid, quotation or contract, it is the entity's responsibility to advise the Institution in writing of the change of such details

**“Entity”** means any -

- (a) association of persons, whether or not incorporated or registered in terms of any law, including a company, corporation, trust, partnership, close corporation, joint venture or consortium; or
- (b) sole proprietorship;

**“Entity conducting business with the Institution”** means an entity that contracts, applies or bids for the sale, lease or supply of goods or services to the Province;

**“Family member”** means a person's -

- (a) spouse; or
- (b) child, parent, brother or sister, whether such a relationship results from birth, marriage, adoption or some other legal arrangement (as the case may be);

**“Intermediary”** means a person through whom an interest is acquired, and includes a representative, agent or any other person who has been granted authority to act on behalf of another person;

**“Institution”** means a provincial department or provincial public entity listed in Schedule 3C of the Act;

**“Provincial Government Western Cape” (“PGWC”)** means -

- (a) the Institution of the Western Cape, and
- (b) a provincial public entity;

**“RWOPS”/ “RWOEE”** means -

**Remunerative Work Outside the Public Service or Remunerative Work Outside the Employee's Employment.**

**“Spouse”** means a person's -

- (a) partner in marriage or civil union according to legislation;
- (b) partner in a customary union according to indigenous law; or
- (c) partner with whom he/she cohabits and who is publicly acknowledged by the person as his/her life partner or permanent companion.

4. Regulation 13(c) of the Public Service Regulations (PSR) 2016, effective 1 February 2017, prohibits any employee from conducting business with an organ of state, or holding a directorship in a public or private company doing business with an organ of state, unless the employee is a director (in an official capacity) of a company listed in schedules 2 and 3 of the Public Finance Management Act.

- (a) Therefore, by 31 January 2017, all employees who were conducting business with an organ of state should either have -
  - (i) resigned as an employee of the government institution;
  - (ii) ceased conducting business with an organ of state; or
  - (iii) resigned as a director/shareholder/owner/member of an entity that conducts business with an organ of state.

5. Any legal person or their family members may make an offer/offers in response to this invitation to bid. In view of possible conflict of interest, should the resulting bid, or part thereof, be awarded to family members of persons employed by an organ of state, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where the bidder is employed by the institution.

***If you know of any corrupt, fraudulent or collusive actions in the Institution, please report it by calling the National Hotline at 0800 701 701.***

This form must be completed annually. Should the information declared here change in the course of the year, or before the next renewal, or in relation to any bid, quotation or contract, it is the entity's responsibility to advise the Institution in writing of the change of such details.



6. The bid of any bidder may be disregarded if that bidder or any of its directors have abused the institution's supply chain management system; committed fraud or any other improper conduct in relation to such system; or failed to perform on any previous contract.
7. Section 4(1)(b)(iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging). Collusive bidding is a prohibition *pe se*, meaning that it cannot be justified on any grounds.
8. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorises accounting officers and accounting authorities to –
  - (a) disregard the bid of any bidder if that bidder or any of its directors have abused the institution's supply chain management system and/or committed fraud, or any other improper conduct in relation to such system; or
  - (b) cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
9. Communication between partners in a joint venture or consortium will not be construed as collusive bidding
10. In addition, and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious -
  - (a) will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998; and/or
  - (b) may be reported to the National Prosecuting Authority (NPA) for criminal investigation; and/or
  - (c) may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act, No 12 of 2004, or any other applicable legislation.

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please report it by calling the National Hotline at 0800 701 701.***

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**SECTION A: DETAILS OF THE ENTITY**

<b>A1.</b>	CSD Registration number	<b>MAAA</b> _____
<b>A2.</b>	Name of the entity	
<b>A3.</b>	Entity registration number (where applicable)	
<b>A4.</b>	Entity type	
<b>A5.</b>	Tax reference number	
<b>A6.</b>	Full details of directors, shareholder, member, partner, trustee, sole proprietor or any persons with a right or entitlement to share in profits, revenue or assets of the entity, should be disclosed in the Table A below.	

**TABLE A**

<b>FULL NAME</b>	<b>DESIGNATION</b> <small>Where a director is a shareholder, both should be confirmed</small>	<b>IDENTITY NO</b>	<b>PERSONAL TAX REF NO</b>	<b>% INTEREST IN ENTITY</b>

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**SECTION B: DECLARATION OF THE BIDDER'S INTEREST**

*Irrespective of the procurement process, the supply chain management system of an institution must prohibit any award to an employee of the state who seeks to conduct business with the Western Cape Government, either individually or as a member of a close corporation, unless such employee is in an official capacity a director of a company listed in Schedule 2 or 3 of the PFMA, as prescribed by Public Service Regulation 13(c).*

*Furthermore, an employee employed by an organ of state conducting remunerative work outside the public enterprise/the employee's employments should obtain the necessary approval first (RWOP/ROEE). Failure to submit proof of such authority may result in disciplinary action, where applicable.*

<b>B1.</b>	Are any persons listed in Table A identified on the CSD as employees of an organ of state? <b>(If yes, refer to Public Service Circular EIM1/2016 to exercise the listed action.)</b>	NO	YES
<b>B2.</b>	Are any employees of the entity also employees of an organ of state? <b>(If yes, complete Table B and attach their approved "RWOP"/"ROEE")</b>	NO	YES
<b>B3.</b>	Are any family members of the persons listed in Table A employees of an organ of state? <b>(If yes complete Table B)</b>	NO	YES

**TABLE B**

Details of persons (family members) connected to, or employees of, an organ of state should be disclosed in Table B below.

FULL NAME OF EMPLOYEE	IDENTITY NO	DEPARTMENT/EMPLOYMENT ENTITY	RELATIONSHIP TO BIDDER/DESIGNATION	INSTITUTION EMPLOYEE NO/PERSAL NO Indicate if not known

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**SECTION C: PERFORMANCE MANAGEMENT & BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

To enable the prospective bidder to provide evidence of past and current performance with the Institution.

<b>C1.</b>	Did the entity conduct business with an organ of state in the last 12 months? <i>(If yes, complete Table C)</i>	NO	YES
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**TABLE C**

Complete the table below to the maximum of the last 5 contracts.

NAME CONTRACTOR	OF PROVINCIAL DEPT/ PROVINCIAL ENTITY	TYPE OF SERVICE OR COMMODITY	CONTRACT/ ORDER NO	CONTRACT PERIOD	CONTRACT VALUE

<b>C3.</b>	Is the entity or its principals listed on the National Database as companies or persons prohibited from doing business with the public sector?	NO	YES
<b>C4.</b>	Is the entity or its principals listed on the National Treasury Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004? <i>(To access this Register enter National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a>, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number 012 326 5445.)</i>	NO	YES
<b>C5.</b>	If yes to C3 or C4, were you informed in writing about the listing on the database of restricted suppliers or Register for Tender Defaulters by National Treasury?	NO	YES
<b>C6.</b>	Was the entity or persons listed in Table A convicted for fraud or corruption during the past 5 years in a court of law (including a court outside the Republic of South Africa)?	NO	YES

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**SECTION D: DEPOSITION OF AFFIDAVIT BY DULY AUTHORISED REPRESENTATIVE**

*This form must be signed by a duly authorised representative of the entity in the presence of a commissioner of oaths.*

I, \_\_\_\_\_ hereby swear/affirm;

- (i) that the information disclosed above is true and accurate;
- (ii) that I understand the content of the document;
- (iii) that the entity undertakes to arrive independently at any offer at any time to the Institution without any consultation, communication, agreement or arrangement with any competitor. In addition, that there will be no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to the Institution.
- (iv) that the entity or its representative are aware of and undertakes not to disclose the terms of any bid, formal or informal, directly or indirectly, to any competitor, prior to the awarding of the contract.

\_\_\_\_\_  
DULY AUTHORISED REPRESENTATIVE'S SIGNATURE

I certify that I asked the deponent the following questions and wrote down his/her answers in his/her presence before administering the oath/affirmation:

1.1 Do you know and understand the contents of the declaration?

**ANSWER:** \_\_\_\_\_

1.2 Do you have any objection to taking the prescribed oath?

**ANSWER:** \_\_\_\_\_

1.3 Do you consider the prescribed oath to be binding on your conscience?

**ANSWER:** \_\_\_\_\_

1.4 Do you want to make an affirmation?

**ANSWER:** \_\_\_\_\_

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to/affirmed before me and the deponent's signature/thumbprint/mark was place thereon in my presence.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
FULL NAMES

Commissioner of Oaths

Designation (rank) \_\_\_\_\_ ex officio: Republic of South Africa

Date: \_\_\_\_\_

Place \_\_\_\_\_

Business Address: \_\_\_\_\_

***If you know of any corrupt, fraudulent or collusive actions in the Institution, please report it by calling the National Hotline at 0800 701 701.***

This form must be completed annually. Should the information declared here change in the course of the year, or before the next renewal, or in relation to any bid, quotation or contract, it is the entity's responsibility to advise the Institution in writing of the change of such details



## INTRODUCTION

The National Industrial Participation Programme (NIP), which is applicable to all government procurement contracts that have an imported content, became effective on 1 September 1996. The NIP policy and guidelines were fully endorsed by Cabinet on 30 April 1997. In terms of the Cabinet decision, all state and parastatal purchases/lease contracts (for goods, works and services) entered into after this date, are subject to the NIP requirements. NIP is obligatory and therefore must be complied with. The Industrial Participation Secretariat (IPS) of the Department of Trade and Industry (DTI) is charged with the responsibility of administering the programme.

### 1. PILLARS OF THE PROGRAMME

- 1.1 The NIP obligation is benchmarked on the imported content of the contract. Any contract having an imported content equal to, or exceeding, US\$ 10 million or other currency equivalent to US\$ 10 million, will have an NIP obligation. The threshold of US\$ 10 million can be reached as follows:
- (a) Any single contract with imported content exceeding US\$ 10 million.
  - or
  - (b) Multiple contracts for the same goods, works or services, each with imported content exceeding US\$ 3 million awarded to one seller over a 2 year period, which in total exceeds US\$ 10 million.
  - or
  - (c) A contract with a renewable option clause where, should the option be exercised, the total value of the imported content will exceed US\$ 10 million.
  - or
  - (d) Multiple suppliers of the same goods, works or services under the same contract, where the value of the imported content of each allocation is equal to, or exceeds, US\$ 3 million worth of goods, works or services to the same government institution, which in total, over a 2 year period, exceeds US\$ 10 million.
- 1.2 The NIP obligation applicable to suppliers in respect of sub-paragraphs 1.1 (a) to 1.1 (c) above will amount to 30% of the imported content, whilst suppliers in respect of paragraph 1.1 (d) shall incur 30% of the total NIP obligation on a *pro rata* basis.
- 1.3 To satisfy the NIP obligation, the DTI would negotiate and conclude agreements such as investments, joint ventures, sub-contracting, licensee production, export promotion, sourcing arrangements and research and development (R & D) with partners or suppliers.
- 1.4 A period of 7 years has been identified as the timeframe within which to discharge the obligation.

### 2. REQUIREMENTS OF THE DEPARTMENT OF TRADE AND INDUSTRY

- 2.1 In order to ensure effective implementation of the programme, successful bidders (contractors) are required, immediately after the award of a contract that is in excess of R10 million (ten million Rands), to submit details of such a contract to the DTI for reporting purposes.
- 2.2 The purpose of reporting details of contracts in excess of the amount of R10 million is to cater for multiple contracts for the same goods, works or services, renewable contracts and multiple suppliers for the same goods, works or services under the same contract as provided for in the aforementioned sub-paragraphs 1.1 (b) to 1.1 (d).

### 3. BID SUBMISSION AND CONTRACT REPORTING REQUIREMENTS OF BIDDERS AND SUCCESSFUL BIDDERS (CONTRACTORS)

- 3.1 Bidders are required to sign and submit this WCBD5 document together with the bid on the closing date and time.
- 3.2 In order to accommodate multiple contracts for the same goods, works or services, renewable contracts and multiple suppliers for the same goods, works or services under the same contract as indicated in sub-paragraphs 1.1 (b) to 1.1 (d), and to enable the DTI in determining the NIP obligation, successful bidders (contractors) are required, immediately after being officially notified about any successful bid with a value in excess of R10 million, to contact and furnish the DTI with the following information:

- Bid/contract number.
- Description of goods, works or services.
- Name on which the contract was accepted.
- Name, address and contact details of the government institution.
- Value of the contract.
- Imported content of the contract, if possible.

3.3 The information required in paragraph 3.2 above must be sent to the Department of Trade and Industry, Private Bag X84, Pretoria, 0001 for the attention of Mr Elias Malapane within 5 (five) working days after award of the contract. Mr Malapane may be contacted on telephone (012) 394-1401, facsimile (012) 394-2401 or e-mail at [emalapane@thedti.gov.za](mailto:emalapane@thedti.gov.za) for further details about the programme.

**4. PROCESS TO SATISFY THE NIP OBLIGATION**

4.1 Once the successful bidder (contractor) has made contact and furnished the DTI with the information required, the following steps will be followed:

- (a) the contractor and the DTI will determine the NIP obligation;
- (b) the contractor and the DTI will sign the NIP obligation agreement;
- (c) the contractor will submit a performance guarantee to the DTI;
- (d) the contractor will submit a business concept for consideration and approval by the DTI;
- (e) upon approval of the business concept by the DTI, the contractor will submit detailed business plans outlining the business concepts;
- (f) the contractor will implement the business plans, and
- (g) the contractor will submit bi-annual progress reports on approved plans to the DTI.

4.2 THE NIP obligation agreement is between the DTI and the successful bidder (contractor) and therefore does not involve the purchasing institution.

BID NUMBER: <b>WCGHCC0007/2024</b>	Closing date: <b>FRIDAY, 26 APRIL 2024</b>
Name of bidder: _____	
Postal address: _____ _____	
Signature: _____	Name in print: _____
Date: _____	



**SECTION 9: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 AND THE WESTERN CAPE GOVERNMENT'S INTERIM STRATEGY AS IT RELATES TO PREFERENCE POINTS WCBD6.1**

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

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**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE TO THE BID, PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE BROAD BASED BLACK ECONOMIC EMPOWERMENT ACT AND CODES OF GOOD PRACTICE**

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**1. DEFINITIONS**

- 1.1 **“Acceptable bid”** means any bid which complies in all respects with the specifications and conditions of bid as set out in the bid document.
- 1.2 **“Affidavit”** is a type of verified statement or showing, or in other words, it contains a verification, meaning it is under oath or penalty of perjury, which serves as evidence to its veracity and is required for court proceedings.
- 1.3 **“All applicable taxes”** includes value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies;
- 1.4 **“B-BBEE”** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- 1.5 **“B-BBEE status level of contributor”** means the B-BBEE status of an entity in terms of a codes of good practice of black economic empowerment, issued in terms of section 9(1) of The Broad-Based Black Economic Empowerment Act;
- 1.6 **“Bid”** means a written offer on the official bid documents or invitation of price quotations, and “tender” is the act of bidding/tendering;
- 1.7 **“Code of Good Practice”** means the generic codes or the sector codes as the case may be;
- 1.8 **“Consortium”** or **“joint venture”** means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract;
- 1.9 **“Contract”** means the agreement that results from the acceptance of a bid by an organ of state;
- 1.10 **“EME”** is an exempted micro enterprise with an annual total revenue of R10 million or less.
- 1.11 **“Firm price”** means a price that is only subject to adjustments in accordance with an actual increase or decrease resulting from the change, imposition or abolition of customs or excise duty and any other duty, levy, or tax, which is binding on the contractor in terms of the law or regulation and demonstrably has an influence on the price of any supplies or the rendering costs of any service for the execution of the contract;
- 1.12 **“Large Enterprise”** is any enterprise with an annual total revenue above R50 million;
- 1.13 **“Non-firm prices”** means all prices other than “firm” prices
- 1.14 **“Person”** includes a juristic person;
- 1.15 **“Price”** means an amount of money bid for goods and services and includes all applicable taxes less all unconditional discounts;
- 1.16 **“Proof of B-BBEE status level contributor”** means –
- (a) The B-BBEE status level certificate issued by an authorized body or person;
  - (b) A sworn affidavit as prescribed in terms of the B-BBEE Codes of Good Practice; or
  - (c) Any other requirements prescribed in terms of the Broad-based Black Economic Empowerment Act

- 1.17 **“QSE”** is a Qualifying Small Enterprise with an annual total revenue between R10 million and R50 million;
- 1.18 **“Rand value”** means the total estimated value of a contract in South African currency calculated at the time of bid invitation, and includes all applicable taxes;
- 1.19 **“Sub-contract”** means the primary contractor’s assigning, leasing, making out work to, or employing another person to support such primary contractor in the execution of part of a project in terms of the contract;
- 1.20 **“Tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide services through price quotations, competitive bidding processes or any other method envisaged in legislation;
- 1.21 **“Tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation to originate 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, which produces revenue for the organ of state, and includes but is not limited to leasing and disposal of assets and concessions contracts, but excludes direct sales and disposal of assets through public auctions;
- 1.22 **“The Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000);
- 1.23 **“the Regulations”** means the Preferential Procurement Regulations, 2022;
- 1.24 **“Total revenue”** bears the same meaning assigned to this expression in the Codes of Good Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-based Black Economic Empowerment Act and promulgated in the Government Gazette on 11 October 2013;
- 1.25 **“Trust”** means the arrangement through which the property of one person is made over or bequeathed to a trustee to administer such property for the benefit of another person; and
- 1.26 **“Trustee”** means any person, including the founder of a trust, to whom property is bequeathed for such property to be administered for the benefit of another person.

## 2. GENERAL CONDITIONS

- 2.1 The following preference points systems are applicable to all bids:
- The **80/20 system** for requirements with a Rand value of **up to R50 000 000** (all applicable taxes included)
  - the **90/10 system** for requirements with a Rand value **above R50 000 000** (all applicable taxes included).
- 2.2 Preference points system for this bid:
- (a) The value of this bid is estimated **will exceed R50 000 000** (all applicable taxes included) and therefore the **90/10** preference points system shall be applicable; or
- 2.3 Preference points for this bid shall be awarded for:
- (a) Price; and
- (b) B-BBEE status level of contribution.
- 2.4 The maximum points for this bid are allocated as follows:

	<b>POINTS</b>
<b>PRICE</b>	<b>80</b>
<b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>	<b>20</b>
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>



- 2.5 Failure on the part of a bidder to complete and sign this form and submit, in the circumstances prescribed in the Codes of Good Practice, either a B-BBEE Verification Certificate issued by a Verification Agency accredited by the South African Accreditation System (SANAS), or an affidavit confirming annual total revenue and level of black ownership, along with the bid, or an affidavit issued by the Companies Intellectual Property Commission, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 2.6 The organ of state reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

### 3. ADJUDICATION USING A POINT SYSTEM

- 3.1 Subject to Regulation 2(1)(f) of the Preferential Procurement Policy Framework Act, 2000, the bidder obtaining the **highest number of total points** will be awarded the contract.
- 3.2 A bidder must submit proof of its B-BBEE status level to claim points for B-BBEE.
- 3.3 A bidder failing to submit proof of B-BBEE status level, or who is a non-compliant contributor to B-BBEE will not be disqualified, but will only score:  
 (a) points out of **80/90** for **price**; and  
 (b) 0 points out of **20/10** for **B-BBEE**.
- 3.4 Points scored must be rounded off to the nearest 2 decimal places.
- 3.5 If two or more bids have scored equal total points, the successful bid must be the one scoring the highest number of preference points for B-BBEE.
- 3.6 Per Regulation 2 (1)(f) of the Preferential Procurement Policy Framework Act, 2000, the contract may be awarded to a bidder other than the one scoring the highest number of total points based on objective criteria in addition to those contemplated in paragraph (d) and (e) of the Act, which justifies the award to another bidder provided that it has been stipulated upfront in the bid conditions.
- 3.7 Should two or more bids be equal in all respects, the award shall be decided by the drawing of lots.

#### THE 80/20 OR 90/10 PREFERENCE POINT SYSTEM

### 4. FORMULAE FOR PROCUREMENT OF GOODS & SERVICES

#### 4.1 POINTS AWARDED FOR PRICE

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

$$Ps = 80 \left( 1 - \frac{Pt - Pmin}{Pmin} \right) \qquad Ps = 90 \left( 1 - \frac{Pt - Pmin}{Pmin} \right)$$

Where

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration

Pmin = Price of lowest acceptable bid



## 5. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS & INCOME-GENERATING PROCUREMENT

### 5.1 POINTS AWARDED FOR PRICE

80/20

$$P_s = 80 \left( 1 + \frac{P_t - P_{\max}}{P_{\max}} \right)$$

Where

90/10

$$P_s = 90 \left( 1 + \frac{P_t - P_{\max}}{P_{\max}} \right)$$

Where

$P_s$  = Points scored for price of bid under consideration

$P_t$  = Price of bid under consideration

$P_{\max}$  = Price of highest acceptable bid

## 6. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTION

6.1 In terms of WCG interim strategy, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the following table:

B-BBEE Status Level of Contributor	No of points (90/10 system)	No of points (80/20 system)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

- 6.2 An **EME** must submit a valid originally certified affidavit confirming annual turnover and level of black ownership, or an affidavit issued by Companies Intellectual Property Commission.
- 6.3 A **QSE that is less than 51% (50% or less) black-owned** must be verified in terms of the QSE scorecard issued via Government Gazette and submit a valid, original or a legible certified copy of a B-BBEE Verification Certificate issued by SANAS.
- 6.4 A **QSE that is at least 51% black-owned** must submit a valid, originally certified copy of an affidavit confirming turnover and level of black ownership, or an affidavit issued by Companies Intellectual Property Commission, as well as declare its empowering status.
- 6.5 A **large enterprise** must submit a valid, original or originally certified copy of a B-BBEE Verification Certificate issued by a verification agency accredited by SANAS.
- 6.6 A **trust, consortium or joint venture** will qualify for points for their B-BBEE status level as a legal entity, provided that the entity submits their B-BBEE status level certificate.
- 6.7 A **trust, consortium or joint venture (including unincorporated consortia and joint ventures)** must submit a consolidated B-BBEE status level verification certificate for every separate bid.
- 6.8 **Tertiary institutions and public entities** will be required to submit their B-BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.

## 7. BID DECLARATION

7.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**8. B-BBEE STATUS LEVEL CLAIMED IN TERMS OF PARAGRAPH 5**

8.1 B-BBEE Status Level: ..... = ..... **(maximum of 20 points in terms of 80/20)**

**(Points claimed in paragraphs 8.1 must correspond with the table in paragraph 5.1 and must be substantiated by a B-BBEE certificate issued by a verification agency accredited by SANAS or an affidavit confirming annual total revenue and level of black ownership in terms of the relevant sector code applicable to the bid).**

**9. SUB-CONTRACTING**

9.1 Will any portion of the contract be sub-contracted? *(delete which is not applicable)* **YES/NO**

9.1.1 If yes, indicate:

- (i) what percentage of the contract will be subcontracted? .....%
- (ii) the name of the sub-contractor? .....
- (iii) the B-BBEE status level of the sub-contractor? .....
- (iv) whether the sub-contractor is an EME or QSE? *(delete which is not applicable)* **YES/NO**

9.1.2 Sub-contracting relates to a **particular** contract and if sub-contracting is applicable, the bidder must state in its response to a particular RFQ that a portion of that contract will be sub-contracted.

**10. DECLARATION WITH REGARD TO COMPANY/FIRM**

10.1 Name of company/ entity: .....

10.2 VAT registration number: .....

10.3 Company Registration number: .....

- 10.4 Type of company/firm (Select applicable option)
- Partnership/Joint venture consortium
  - One-person business/sole propriety
  - Close corporation
  - Public company
  - Personal liability company
  - (Pty) Ltd
  - Non-profit company
  - State-owned company

10.5 I/we, the undersigned, who am/are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBEE status level of contribution indicated in paragraph 8 above, qualifies the company/firm for the preference(s) shown and I/we acknowledge that:

- (a) The Western Cape Government reserves the right to audit the B-BBEE status claim submitted by the bidder.

As set out in Section 130 of the B-BBEE Act as amended, any misrepresentation constitutes a criminal offence. A person commits an offence if that person knowingly:

- (i) misrepresents or attempts to misrepresent the B-BBEE status of an enterprise;
  - (ii) provides false information or misrepresents information to a B-BBEE verification professional to secure a particular B-BBEE status or any benefit associated with compliance with the B-BBEE Act;
  - (iii) provides false information or misrepresents information relevant to assessing the B-BBEE status of an enterprise to any organ of state or public entity; or
  - (iv) engages in a fronting practice.
- (b) if a B-BBEE verification professional, any procurement officer or any official from another organ of state or public entity becomes aware of the attempted or actual commission of any offence referred to in paragraph 10.5 (b), this will be reported to an appropriate law enforcement agency for investigation,
- (d) any person convicted of an offence by a court in the case of contravention of paragraph 10.5 (b) is liable to a fine or imprisonment for a period not exceeding 10 years, or to both a fine and such imprisonment, or, if the convicted person is not a natural person, to a fine not exceeding 10% of its annual turnover.
- (e) the purchaser may investigate the matter if it becomes aware that a bidder may have obtained its B-BBEE status level fraudulently. If the investigation warrants the imposition of a restriction, this will be referred to the National Treasury for investigation, processing and restriction of the bidder on the National Treasury's List of Restricted Suppliers. After the *audi alteram partem* (hear the other side) rule has been applied, the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted fraudulently, may be restricted from obtaining business from any organ of state for a period not exceeding 10 years,
- (f) in addition to any other remedy it may have, the organ of state may -
- (i) disqualify the bidder from the bid process,
  - (ii) recover costs, losses or damages it has incurred or suffered as a result of that bidder's conduct,
  - (iii) cancel the contract, and, having had to make less favourable arrangements due to such cancellation, claim any damages it has suffered from the contractor, and
  - (iv) forward the matter for criminal prosecution.
- (g) The information furnished is true and correct.
- (h) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 2 of this form.

**SIGNATURE(S) OF THE BIDDER(S):** .....

**DATE:** .....

**ADDRESS:** .....

**WITNESSES:**

1. ....

2. ....



**SWORN AFFIDAVIT – B-BBEE/QUALIFYING SMALL ENTERPRISE**

1. I, the undersigned

<b>Full name and surname</b>	
<b>Identity number</b>	

2. Hereby declare under oath as follows:

(i) The contents of this statement are to the best of my knowledge a true reflection of the facts.

(ii) I am a member/director/owner of the following enterprise and am duly authorized to act on its behalf:

<b>Enterprise name</b>	
<b>Trading name</b>	
<b>Registration number</b>	
<b>Enterprise address</b>	

3. I hereby declare under oath that:

- The enterprise is \_\_\_\_\_ % Black owned;
- The enterprise is \_\_\_\_\_ % Black woman owned;
- Based on management accounts and other information available for the \_\_\_\_\_ financial year, the income did not exceed R50 000, 000.00 (fifty million Rands)
- The entity is an Empowering Supplier in terms of Clause 3.3 (a) or (b) or (c) or (d) r (e) as amended (select one) \_\_\_\_\_ of **the dti** Codes of Good Practice.
- Please confirm in the table below the B-BBEE contributor **by ticking the applicable box.**

<b>100% Black owned</b>		<b>Level One</b> (135% B-BBEE procurement recognition)	
<b>More than 51% Black owned</b>		<b>Level Two</b> (125% B-BBEE procurement recognition)	
(a)	At least <b>25%</b> of cost of sales (excluding labour costs and depreciation) must be procurement from local producers or suppliers in South Africa; For the service industry, include labour costs capped at 15%.	(b)	At least 50% of jobs created are for Black people, provided that the number of Black employees in the B-BBEE measurement verified immediately before is maintained.
(c)	At least <b>25%</b> transformation of raw material/beneficiation, which includes local manufacturing, production and/or assembly, and/or packaging.	(d)	At least 12 days per annum of productivity deployed in assisting QSE and EME beneficiaries to increase their operational or financial capacity.
(e)	At least 85% of labour costs should be paid to South African employees by service industry entities.		

4. I know and understand the content of this affidavit, I have no objection to taking the prescribed oath, I consider the oath binding on my conscience and not on the owners of the enterprise which I represent in this matter.

5. The sworn affidavit will be valid for a period of 12 months from the date of signature by the commissioner.

**Deponent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Oaths signature & stamp**

**ABUSE OF THE PREFERENTIAL PROCUREMENT SYSTEM (by means of “Fronting”)**

## Introduction

In order to eliminate possible abuse of the Preferential Procurement System in the form of *fronting*, the Department reserves the right to investigate Bidders to ascertain whether a person or persons, business or enterprise is *fronting*.

**"Fronting"** means a transaction, arrangement or other act or conduct that directly or indirectly undermines or frustrates the achievement of the objectives of the Broad Based Black Economic Empowerment Act 2003 (Act 53 of 2003) or the implementation of any of the provisions of this Act, including but not limited to practices in connection with a B-BBEE initiative-

- (a) in terms of which black persons who are appointed to an enterprise are discouraged or inhibited from substantially participating in the core activities of that enterprise;
- (b) in terms of which the economic benefits received as a result of the broad-based black economic empowerment status of an enterprise do not flow to black people in the ratio specified in the relevant legal documentation;
- (c) involving the conclusion of a legal relationship with a black person for the purpose of that enterprise achieving a certain level of broad-based black economic empowerment compliance without granting that black person the economic benefits that would reasonably be expected to be associated with the status or position held by that black person; or
- (d) involving the conclusion of an agreement with another enterprise in order to achieve or enhance broad-based black economic empowerment status in circumstances in which-
  - (i) there are significant limitations, whether implicit or explicit, on the identity of suppliers, service providers, clients or customers;
  - (ii) the maintenance of business operations is reasonably considered to be improbable, having regard to the resources available; or
  - (iii) the terms and conditions were not negotiated at arm's length and on a fair and reasonable basis.

Preferential Procurement, as enunciated in section 217 of the Constitution of the Republic of South Africa, 1996 provides for categories of preferences in the allocation of contracts and the protection and advancement of persons or categories of persons disadvantaged by unfair discrimination. Preferential Procurement was created to accommodate socio-economic objectives in the procurement process, by providing a public, competitive and fair bidding system which allows for participation by all South Africans, while creating accelerated opportunities for target groups, although guided by value for money.

Fronting, therefore, would occur where the person claiming points knows that they do not comply with these requirements and yet wrongfully and fraudulently misrepresents that they do so comply. To this end, your attention is drawn to The Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000) read with the Preferential Procurement Regulations, 2017, including Regulation 14, which sets out the applicable remedies to cases of fronting.

## Disclosure of information

To enable Supply Chain Management officials to verify ownership, and thus equity, the submitted Bid Document must, inter alia include, CK1 forms, Share Certificates, and Letters of Authority.

Should these documents not be readily available, the Department may request such documents within a reasonable time frame. Various other agreements such as Shareholders Agreements, voting pool agreements and Venture Agreements could also be requested, to provide a base from where control and management structures in a business of enterprise can be accurately scrutinised.



## SECTION 10: LOCAL CONTENT (WCBD6.2)

The services described in this bid do not relate to any sector designated by the Department of Trade and Industry (dti) as contemplated in the Preferential Procurement Policy Framework Act 5 of 2000 and its Regulations, as effective from 2011.

Therefore, no bidding conditions regarding the provision of local production and content will apply.



## SECTION 11: BIDDERS' CHECKLIST

### 9.1 THE PURPOSE OF THIS CHECKLIST IS TO:

- a) highlight all critical documents that constitute a complete bid; and
- b) provide Bidders with a final opportunity to ensure that all critical documents are properly completed and included in their final offer.

### 9.2 BIDDERS MUST COMPLETE THIS CHECKLIST AND INCLUDE IT IN THEIR BID DOCUMENTS:

PAR./ SECTION	DOCUMENT DESCRIPTION	BIDDER	DEPARTMENT
2.3.7	Additional supporting information (if any)		
2.3.9	Letter authorizing the Department to accuracy of supplied information		
2.4	CSD Registration		
2.6	Manufacturer/Supply Agreement		
2.8	Sterilisation standards where applicable		
2.9	ISO13485 for each manufacturer and/or distributor		
2.10	SAHPRA licence of the bidder		
2.11	Latex-free verification report where applicable		
Section 5	WCBD 1		
	Proof of South African Representative status		
	Proof of authority to sign bid		
Section 6	WCBD 3.1 for each item offered		
	WCBD 3.1/2		
Section 7	WCBD4 Declaration of Interest		
Section 8	WCBD5 National Industrial Participation		
Section 9	WCBD 6.1		
	B-BBEE Verification certificate or affidavit		



## SECTION 12: ANNEXURES

The following Annexures form part of this bid, and all bidders are required to familiarize themselves with their contents to ensure a complete and accurate offer, in consideration of all applicable, published information regarding this bid.

Annexure A: Delivery Locations

Annexure B: Sample Evaluation Forms

Annexure C: Sample Requirements



**SECTION 12: ANNEXURES  
DELIVERY LOCATIONS**

**THE DELIVERY OF ORDERS SHALL BE MADE TO THE FOLLOWING INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH AND WELLNESS: WESTERN CAPE GOVERNMENT**

<b>Alexandra Hospital</b> Cnr Alexandra and Annex Road MAITLAND 7405	<b>Beaufort West Hospital</b> 99 Voortrekker Street BEAUFORT WEST 6970	<b>Brewelskloof Hospital</b> Haarlem Street WORCESTER 6850
<b>Brooklyn Chest Hospital</b> Stanberry Road YSTERPLAAT 7405	<b>Caledon Hospital</b> Off the N2 CALEDON 7230	<b>Ceres Hospital</b> Rivierkant Street CERES 6835
<b>Citrusdal Hospital</b> Vrede Street CITRUSDAL 7340	<b>Clanwilliam Hospital</b> Ou Kaapse Weg CLANWILLIAM 8135	<b>DP Marais</b> c/o White and Main Road, RETREAT 7945
<b>Eerste River Hospital</b> Humbolt Avenue Perm Gardens EERSTE RIVER 7100	<b>False Bay Hospital</b> 17 <sup>th</sup> Avenue FISH HOEK 7975	<b>Forensic Pathology Services</b> Francie van Zyl Drive TYGERBERG 7505
<b>George Hospital</b> Corner of Langenhoven and Davidson Road GEORGE 6529	<b>Groote Schuur Hospital</b> Groot Schuur Dr OBSERVATORY 7925	<b>Harry Comay Hospital</b> Sandkraal Road GEORGE 6529
<b>Helderberg Hospital</b> cnr Lourens & Hospital Roads SOMERSET WEST 7130	<b>Hermanus Hospital</b> Hospital Street HERMANUS 7200	<b>Karl Bremer Hospital</b> cnr Mike Pienaar Blvd & Frans Conradie Avenue BELLVILLE 7530
<b>Khayelitsha District Hospital, C/o</b> Steve Biko and Walter Sisulu Drives KHAYELITSHA 7784	<b>Knysna Hospital</b> Main Road KNYSNA 6570	<b>Ladismith (Alan Blyth) Hospital</b> Upper Church Street LADISMITH 6655
<b>Lentegeur Hospital</b> Highlands Drive MITCHELLS PLAIN 7786	<b>Laingsburg Hospital</b> Voortrekker Street LAINGSBURG 6900	<b>Malmesbury Infectious Diseases</b> Hospital PG Nielson Street MALMESBURY 7300
<b>Mitchells Plain Hospital</b> 8 AZ Berman street LENTEGEUR 7786	<b>Montagu Hospital</b> Corner Church & Hospital Street MONTAGU 6720	<b>Mossel Bay Hospital</b> 12th Avenue MOSSSEL BAY 6500
<b>Mowbray Maternity Hospital</b> 12 Hornsey Road MOWBRAY 7705	<b>Murraysburg Hospital</b> Graaff-Reinet Street BEUFORT WEST 6995	<b>New Somerset Hospital</b> Corner Beach and Lower Portswood Road GREEN POINT 8005

**THE DELIVERY OF ORDERS SHALL BE MADE TO THE FOLLOWING INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH:**

<b>Orthotic and Prosthetic Centre</b> Ext Forest Drive Pinelands 7405	<b>Otto du Plessis Hospital</b> C/o Dorpsig & Van Riebeeck Street BREDASDORP 7280	<b>Oudtshoorn Hospital</b> Park Road OUDTSHOORN 6620
<b>Paarl Hospital</b> cnr Bergriver Blvd & Hospital Street PAARL 7620	<b>Prins Albert Hospital</b> Lower Market Street PRINS ALBERT 6930	<b>Robertson Hospital</b> Van Oudtshoorn Street ROBERTSON 6705
<b>Radie Kotze Hospital</b> Main Road PICKETBERG 7320	<b>Red Cross Children's War                  Memorial Hospital</b> Corner Klipfontein & Milner Road RONDEBOSCH 7700	<b>Riversdale Hospital</b> Hospital Street RIVERSDALE 6670
<b>Sonstraal Hospital</b> Meaker Street MALMESBURY 7300	<b>Stellenbosch Hospital</b> 80 Marriman Ave STELLENBOSCH 7599	<b>Tygerberg Hospital</b> Francie van Zijl Avenue TYGERBERG 7505
<b>Stikland Hospital</b> De la Haye Avenue BELLVILLE 7535	<b>Swartland Hospital</b> PG Nelson Street MALMESBURY 7300	<b>Swellendam Hospital</b> 18 Drostdy Street SWELLENDAM 6740
<b>Uniondale Hospital</b> Hospital Street UNIONDALE 6460	<b>Valkenberg Hospital</b> Observatory Road OBSERVATORY 7925	<b>Victoria Hospital</b> Alphen Hill Road PLUMSTEAD 7800
<b>Vredenburg Hospital</b> Voortrekker Street VREDENBURG 7380	<b>Vredendal Hospital</b> c/n Kooperasie and Van der Stel Street, VREDENDAAL 8160	<b>Wesfleur Hospital</b> Wesfleur Circle ATLANTIS 7349
<b>Western Cape Rehabilitation                  Centre</b> Highlands Drive, Lentegeur MITCHELL'S PLAIN 7785	<b>Western Cape Warehouse</b> Francie van Zijl Avenue TYGERBERG 7505	<b>Worcester Hospital</b> Murray Street WORCESTER 6849

## ANNEXURE B and C: SAMPLE EVALUATION FORMS

### INSTRUCTIONS TO BIDDERS REGARDING SAMPLE EVALUATION FORMS

**Please read the following instructions carefully before sending samples to the Department of Health for evaluation:**

1. This is a legal document and is the only evaluation form that will be considered for the evaluation, adjudication and awarding of bids.
2. Failure to complete evaluation forms correctly and in full will invalidate your offer.
3. Samples must reach the Department before or on (but not later than) the date and time, and at the location, as will be communicated to all compliant bidders.
4. Please ensure that an appointment is made with the contact person at Clinical Sourcing AND/OR at each evaluating Institution before delivering samples for evaluation.
5. Each sample must be marked individually with a label in clear, legible print of a reasonable size stating the bid number, item number, offer number (where applicable) and the bidder's name, and must be affixed to the outer packaging or bag containing the sample.
6. No representative samples will be accepted for evaluation. Please submit a sample for each item for which you have made an offer as proof of your ability to supply the specified goods and as evidence that the supplies perform as required under evaluation conditions.
7. It is the bidder's responsibility to provide written proof that samples were delivered at the specified times and locations. Written proof shall consist of a document with a list of item number(s), description(s) and quantity/ies of the sample(s) submitted, the signature of the representative who delivered the samples and the signature of the official who received the samples.
8. Any enquiries regarding the evaluation form must be directed to:  
Official : Nontando Mguqulwa  
Telephone No. : 021 483 6202  
E-mail : Nontando.Mguqulwa@westerncape.gov.za

**PLEASE DETACH THIS PAGE WHEN THE EVALUATION FORM, SECTIONS A TO C, AND SAMPLES ARE SUBMITTED.**

**DO NOT INCLUDE THIS PAGE OR THE EVALUATION REPORT IN YOUR BID**





## OFFICIAL SAMPLE EVALUATION REPORT

WCGHCC0007/2024

**TO BE USED FOR ADJUDICATION PURPOSES ONLY****PLEASE NOTE:**

Section **A1 and A2** must be completed in full and accurately by the bidder or their representatives.

The purpose of this form is to obtain input from end-users for adjudication purposes only.

The completed report is confidential and not for the information of bidders or their representatives.

No other version of the evaluation form or report will be acceptable for adjudication purposes.

Evidence Bank Supplier Database (ePS) purchases are not regarded as valid evaluations.

Bidders are to make copies of this form and must ensure that each sample is labelled, numbered, and has a corresponding form attached to it.

**CONTRACT NUMBER:****Contract ITEM NO:**

WCGHCC0007/2024

**SECTION A1: COMPANY DETAILS: FOR COMPLETION BY BIDDER**

Bidder's/company name:

Representative's name and surname:

**SECTION A2: PRODUCT DETAILS: FOR COMPLETION BY BIDDER**

Product name/type (e.g. gauze swab):

Trade/Brand name (if applicable):

Catalogue number/ Product code:

Offer number (if applicable):

**SECTION B: FOR COMPLETION BY THE EVALUATING INSTITUTION**

Name of evaluating institution:

Date:

Evaluated by (print name):

Signature:

Department/Unit:

Contact number:

**Is product to specification?** (Please circle your option) YES/ NO **If NO, provide reasons****Is product acceptable for intended use?** (circle your option) YES/ NO **If NO, provide reasons****Any other comments relating to the item:**

Name of supervisor (print name):

Signature:

**Have you checked and verified the evaluation forms for correctness?** YES/ NO

Name of CPS/Appointed official (print name):

Signature:

**SECTION C: FOR HEAD OFFICE USE ONLY**

Received by (Print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_