



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building 1112 Voortrekker Road, Pretoria Townlands 351-JR,  
PRETORIA, 0187 Tel (012) 395 8000, Fax (012) 395 8918

## REQUEST FOR EXPRESSION OF INTEREST

### **NATIONAL DEPARTMENT OF HEALTH HEREBY INVITES INTERESTED PROSPECTIVE SERVICE PROVIDERS TO BE ACCREDITED AS PICK UP POINTS FOR CENTRAL CHRONIC MEDICATION DISPENSING AND DISTRIBUTION (CCMDD) PROGRAMME FOR A PERIOD OF FOUR (04) YEARS**

Interested service providers are requested to download the application form to be completed and submitted to the National Department of Health via email to the email address: [nhiccmddcontracts@health.gov.za](mailto:nhiccmddcontracts@health.gov.za)

**NB:** The National Department of Health concluded an open competitive bid process on 30 September 2022 which a competitive rate for pick up points was determined. the prospective pick-up points will therefore be subjected to the competitive rates already contracted between the Department and the successful bidder.

Contact person	Province	Physical Location	Accessible times
Lilly Matsheke/ Jongi Ngwenya	<ul style="list-style-type: none"><li>• Eastern Cape</li><li>• Free State</li><li>• Gauteng</li><li>• KwaZulu Natal</li><li>• Limpopo</li><li>• Mpumalanga</li><li>• North West</li><li>• Northern Cape</li></ul>	National Department of Health  1112 Voortrekker Rd, Pretoria Townlands 351-Jr, Pretoria 0187	09:00 – 15:00

**Documents can be downloaded available from:**

The application form is obtainable on [www.health.gov.za](http://www.health.gov.za) for free of charge.

**DURATION OF THIS ADVERTISEMENT:**

The Department will receive applications during the duration of the main contract which is a four (04) years period, ending September 2026. All applications must be sent to the email below.

NB: The Department will contract Pick up Points as and when there is a need and after all internal approval process have been concluded. It is the state rule that all interested parties tax matters must be in order and that they are duly registered in the Central Supplier Database (CSD) for the province of interest.

**Application related enquiries:**

**Contract person: LILLY MATSHEKE / JONGI NGWENYA**

**email address: [nhicmddcontracts@health.gov.za](mailto:nhicmddcontracts@health.gov.za)**

**health**Department:  
Health  
REPUBLIC OF SOUTH AFRICA**dablapmeds**  
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chronic medication**INVITATION OF INTERESTED SERVICE PROVIDERS TO BE CONTRACTED AS EXTERNAL PICK-UP POINTS FOR THE  
CCMDD PROGRAMME: CONTRACT NDOH07 2022/2023.**

Central Supplier Database	CSD number i.e. MAA0110110		CSD: Legal name			
Trading Name						
Location	Province:	District:	Subdistrict:			
Physical Address	Building Name					
	Street name and number					
	City / Town:		Suburb:			
GPS Coordinates	Latitude:		Longitude			
Contact Person	Name:		Designation / Position			
	Surname:					
Contact Details	Cell:		Alternative number:			
	Email address:					
Pick-up Point Type: Tick one; 1-8 and add registration number where applicable	1.	Corporate Pharmacy		5.	Occupational Health Clinic	
		SAPC Reg No	Y-		SANC Reg No	
	2.	Independent Pharmacy		6.	Non-Profit Organization	
		SAPC Reg No	Y-		NPO Reg No	
	3.	Drs Practice		7.	Community Based Organization	
		HPCSA Reg No.	MP-			
	4.	Nurse Practice		8.	Other - specify:	
		SANC Reg No				

REQUIREMENTS	Yes	No	Comment if <b>NO</b> is selected
1. Geographical and physical accessibility			
2. Sufficient storage capacity for patient medicine parcels			
3. Appropriate and secure storage conditions for medicine parcels			
4. Internet connectivity to utilize web-based platform			
5. Computer and Barcode scanning capability			

By indicating "yes" for the requirements detailed above, I acknowledge that the entity detailed on this form has the necessary capabilities to successfully meet or exceed the requirements put forth.

I understand that the submission of this form does not imply any agreement between the entity on this form and the National Department of Health

I declare that I am duly authorised to act on behalf of the entity detailed on this form and have the necessary permission(s) to make this expression of interest.

Name	
Surname	
Designation	
Signature	
Date	

## BIDDER'S DISCLOSURE

### 1. PURPOSE OF THE FORM

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

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

### 2. Bidder's declaration

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State institution

2.2 Do you, or any person connected with the bidder, have a relationship

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<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....  
.....

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

2.3.1 If so, furnish particulars:

.....  
.....

**3 DECLARATION**

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring

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<sup>2</sup> Joint venture or Consortium 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.

institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

- 3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or 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.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature Date

.....  
Position Name of bidder