

Opening Date:

# **Quotation Advert**

2019 / 08 / 05

Closing Date:	2019 / 08 / 13
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	RK Khan hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or Section:	Supply Chain Management
Place where goods / Services is required	R.K KHAN HOSPITAL
Date Submitted	2019 / 08 / 02
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 156/19-20
Item Category:	Goods
Item Description:	ENCORE INFLATION DEVICE
Quantity (if supplies)	02 UNITS
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Select
Date:	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	
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#### R.K KHAN HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

R.K KHAN HOSP - SECURITY OFFICE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MR MNP MTHETHWA

Email:

mnqobi.mthethwa@kznhealth.gov.za

**Contact Number:** 

0314596391

Finance Manager Name:

MRIDMYEZA

Finance Manager Signature:

No late quotes will be considered

156/18-20

#### STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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1	02	SUPPLY OF ENCORE INFLATION DEVICES								_		_		_	_		+
No											manı	ıfactı	ıre	R			c
Item	Quantity	Description				Brand & model			Country of		Price						
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Does this o	offer comply with t	he specification?		State d	elivery	period e	e.g. E.g	1day,	1wee	k							
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UNIQUE	REGISTRATION	REFERENCE: L			Ц.	-		$\perp$		_		_	1	4	1		
		hereby agree to all terms and conditions]		С	ENTRA	L SUPI	PLIER	DATAB	ASE	₹EGIS	IRA	ION	(CSD)	NO.:	l T	_	-
SIGNATURE OF BIDDER:				SARS PIN:  CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:													
CONTACT NUMBER:				FACSIMILE NUMBER:													
PHYSICA	AL ADDRESS:				EMAIL ADDRESS:												
NAME O	F BIDDER:				DATE:												
			NAME & ADDRE	SS OF E	BIDDER	(FIRM	1)										
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DESCRIPT		ENCORE INFLATION DEVICES					COUT	INIVA			DEIN	C D		)CICT	···		_
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7110 111114	nen. 156 / 19-20	CLOSIN	C DATE: 13 AI	IGUST 2	2019			CL	ารเพ	S TIME	=- 11·	nn					
PHYSIC	AL ADDRESS: .33	36 RK KHAN CIRCLE - WESTCLIFF - CH	IATSWORH - 4	092													
ENQUIR	IES MAY BE DIRI	ECTED TO: MNP MTHETHWA			c	ONTA	CT NUM	IBER:	031	159 63	391						
DATE AD	OVERTISED: .05.A	NUGUST 2019 FACSIMILE NUMBER:	031 403 7333		.,E	MAIL:	mngot	i_mthe	thwa(	@kznl	nealth	.gov.	za				
YOU AR	E HEREBY INVIT	ED TO QUOTE FOR REQUIREMENTS AT	R.K KHAN H	SPITAL													

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

VALUE ADDED TAX @ 15% (Only if VAT Vendor) **TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)** 

- The institution is under no obligation to accept the lowest or any quote. The price quoted must include VAT (if VAT vendor).
- The department reserves lihe right to evaluate all quotations excluding VAT as some bidders may not be VAT

AS PER ATTACHED SPEC N.B DECLARATION FORMS, CSD NO., UNIQUE REG. TO BE SUBMITTED, FAILER TO ADHERE WILL BE LEAD TO DISQUALIFICATION

- Verticols.

  The bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the
- bidder 5 nsk.
  The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract. This quotation will be evaluated specification & correctness of information.
  Only offers that comply with or greater than specification will be considered.
  Late quotes will not be considered. 1.5

- All products supplied must be valid for a minimum period of six months.

- 1.9 A lit products supplied must be valid for a minimum period of six months.
   1.10 A bidder on tregistered on the Central Suppliers Database or verification has failed will not be considered.
   1.11 All delivery costs must be included in the quote price, for delivery at the prescribed destination.
   1.12 Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
   1.13 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- for each delivery point.

  1.14 If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due

- course.

  1.5 The supplier shall furnish any information, when requested.
  1.16 In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a
- 1.16 In the event that the tax compliance status has alied on CSU. It is the supplies responsibility of provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.

  1.17 The supplier shall indemnify the KZN Department of Health (aka 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.

  1.18 If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the status of the contract defluct from the
- If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, they are 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.

  The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract is or has engaged in corrupt of tradulent practices in competing for or in executing the contract. The purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to hose undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar aroods, works or services.

- such similar goods, works or services. 1.21 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. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a vertication will be done to identify if bidders having multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be
- SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS

- QUOTATION.
  Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
  Under no discumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
  The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. Quotation submitted must be complete in all respects.
  Any alteration made by the bidder must be initialled.
  Use of correcting fluid is prohibited.

- Outsidon will be opened in public as soon as practicable after the closing time of quotation. Where practical, prices are made public at the time of opening quotations. If it is desired to make more than one ofter against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not compiled with, such quotations/bids may be extended to the provided.
- rejected as being invalid.

  All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept All quotations received in sease envelopes with the televal quotation intrines as more enveloped unique and unopened in safe custody until is received without a quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.

  3.4 A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

  3.5 No quotation/bid sent through the post will be considered if it is received after the closing date and time significant in the quotation documentation, and proof of posting will not be accepted as proof of delivery.

  3.6 Quotation documents must not be included in packages containing samples. Such quotations may be rejected
- as being invalid.



### **Specifications Template**

## Prepared by:

Initial and Surname	Designation	Signature 1	ate
Vigorender	7	meder It	25/01/ng

# Reviewed by Supervisor/Operations Manager:

Initial and Surname	Designation	Signature	Date	
N. Cm31	W CUNSULAN	/ Nu-	25/41/19	

Item details	Specification		
Item description	ENCORE INFLATION DEVICE		
Size	PRODUCT CODE 20CC, MOO566670		
Colour	WHITE		
Material	HARD PLASTIC		
Packaging (unit/box)	UNIT		
Functionality/performance	FOR OESOPHAGEAL DILATATION		
Purpose			
Other:	ACCESSORY		

# Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N.G. Name	S.M.O.	ales	07/02/19

#### **DECLARATION OF INTEREST**

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, 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 state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2.1. Full Name of bidder/representative	2. In	order to give effect to the above	e, the following questionnaire m	ust be co	ompleted and submitte	d with the quote.			
2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if a employee / persal numbers must be indicated in paragraph 3 below.  2.8. Are you or any person connected with the bidder presently employed by the state?  2.8. If so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member:  Name of person of person of person of person connected with the bidder is employed:  Position occupied in the state institution:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed by substance of such authority. Where applicable, may result in the disquelification of the quote.)  2.8.2.1. If yes, did you attach proof of such authority, where applicable, may result in the disquelification of the quote.)  2.8.2.2. If no, furnish presons for non-submission of such proof.  2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months?  2.9.1. If so, furnish particulars:  2.10.1. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote?  2.10.1. If so, furnish particulars:  2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and are employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders.  No full details of directors / trustees / shareholders.  No full details of directors / trustees / shareholders.  No full details of directors / trustees / shareholders.  No full details of directors / trustees / members / shareholders on CSD. It is the suppliers rest to ensure that their	2.2.	Identity Number:		2.5.	Tax Reference Num	ber:			
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Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bidder is employed: Position occupied in the state institution: Any other particulars: 2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside em in the public sector? 2.8.2.1. If yes, did you attach proof of such authority to the quote document? (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2.8.2.2. If no, furnish particulars: 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months? 2.9.1. If so, furnish particulars: 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote? 2.10.1. If so, furnish particulars: 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and are employed by the state who may be involved with the evaluation and or adjudication of this quote? 2.11. If so, furnish particulars: 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract? 3. Full details of directors / trustees / members / shareholders on CSD. It is the suppliers' resg to ensure that their details are up-to-date and verified on CSD, if the Department cannot validate the information on CSD, the on the considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4. DECLARATION  I. THE UNDERSIGNED (NAME).  CERTIFY THAT THE INFORM FUNCE THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.  Name of bidder  Signature  S		Are you or any person connect	ed with the bidder presently em	ployed b	y the state?		YES	NO	
Name of state institution at which you or the person connected to the bidder is employed:  Position occupied in the state institution:  2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employed in the public sector?  2.8.2.1. If yes, did you attach proof of such authority to the quote document?  (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)  2.8.2.2. If no, furnish reasons for non-submission of such proof:  2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months?  2.9.1. If so, furnish particulars:  2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote?  2.10. If so, furnish particulars:  2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and an employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' rest to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the onto be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  1. THE UNDERSIGNED (NAME).  FUNDINGRIED IN PARAGRAPHS 2.  1. ACCEPT THAT THE STATE	2.8.1	I.If so, furnish the following partic	culars:						
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in the public sector?  2.8.2.1. If yes, did you attach proof of such authority to the quote document?  (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)  2.8.2.2. If no, furnish reasons for non-submission of such proof:  2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months?  2.9.1. If so, furnish particulars:  2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote?  2.10.1. If so, furnish particulars:  2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and an employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders on CSD. It is the suppliers' rest to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the onto be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/47.  4. DECLARATION  I. THE UNDERSIGNED (NAME).  FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.  Name of bidder  Signature  Position  Date  "State" means—  a) any national or provincial department, national or provincial public entity or c) provincial legislature:	2.8.2	2. If you are presently employed	d by the state, did you obtain th	ne appro	oriate authority to unde	ertake remunerative wor	rk outside (	employm	en
(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)  2.8.2.2. If no, turnish reasons for non-submission of such proof: 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months?  2.9.1. If so, furnish particulars: 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote?  2.10.1. If so, furnish particulars: 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and are employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11. If so, furnish particulars: 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars: 3. Full details of directors / trustees / members / shareholders.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' response to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the onot be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  1. THE UNDERSIGNED (NAME).  FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.  Name of bidder  Signature  Position  Date  "State" means— 3) any national or provincial department, national or provincial public entity or c) provincial legislature:		in the public sector?					YES	NO	
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2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business state in the previous twelve months?  2.9.1. If so, furnish particulars:	(Note: )	Failure to submit proof of such at	uthority, where applicable, may	result in	the disqualification of	<u>trie quote.)</u>			
state in the previous twelve months?  2.9.1. If so, furnish particulars	2.8.2	2.2. If no, turnish reasons for no	on-submission of such proof of the company's directors / tr	ustees /	shareholders / membe	ers or their spouses con	duct busin	ess with	the
2.9.1. If so, furnish particulars:	2.5.			adices /	and cholder in the	, o or area operators as a	YES	NO	
2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state may be involved with the evaluation and or adjudication of this quote?  2.10.1. If so, furnish particulars:  2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and an employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' respect to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  I. THE UNDERSIGNED (NAME).  CERTIFY THAT THE INFORM FURNISHED IN PARAGRAPHS 2.  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.  Name of bidder  Signature  Position  Date  "State" means – a) any national or provincial department, national or provincial public entity or c) provincial legislature:	2.9.	If so furnish particulars:							
2.10.1. If so, furnish particulars:	2.10	. Do you, or any person connect	ted with the bidder, have any re	lationshi	p (family, friend, other)	with a person employed	d by the sta	ate and w	/hc
2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and aremployed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:  2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsive to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the one of the considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4 DECLARATION  I. THE UNDERSIGNED (NAME)							YES	NO	
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<ul> <li>2.11.1. If so, furnish particulars:</li></ul>	2.11	. Are you, or any person connec	ted with the bidder, aware of an	y relation	nsnip (ramily, rriend, ot radiudication of this qu	ner) between any other		NO NO	301
2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies or not they are bidding for this contract?  2.12.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders.  NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsible to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.  4. DECLARATION  I. THE UNDERSIGNED (NAME)	2 11	1. If so, furnish particulars:	y be involved with the evaluation	ni and oi	aujunication of this qu		I ES	NO	-
or not they are bidding for this contract?  2.12.1. If so, furnish particulars:	2.11	Do you or any of the directors /	trustees / shareholders / memb	ers of th	e company have any ir	nterest in any other relate	ed compar	nies whet	he
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PROVE TO BE FALSE.  Name of bidder Signature Position Date  "State" means — a) any national or provincial department, national or provincial public entity or c) provincial legislature;						.CERTIFY THAT TH	ie infor	RMATIC	ЛC
Name of bidder Signature Position Date  1"State" means — a) any national or provincial department, national or provincial public entity or c) provincial legislature;			MAY REJECT THE QUOT	E OR A	CT AGAINST ME	SHOULD THIS DEC	CLARATI	ION	
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a) any national or provincial department, national or provincial public entity or c) provincial legislature;	Nan	ne of bidder	Signature		Position	Da	ne		
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constitutional institution within the meaning of the Public Finance Management d) national Assembly or the national Council of provinces; or Act, 1999 (Act No. 1 of 1999); b) any municipality or municipal entity;	,	constitutional institution within the me Act, 1999 (Act No. 1 of 1999);		ient d)	national Assembly or the	national Council of provinces;	; or		

<sup>&</sup>quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.