	health
	Department: Health
	PROVINCE OF KWAZULU-NATAL

QUOTES CAN BE COLLECTED FROM:

Quotation Advert

Opening Date:	2019 / 05 / 22			
Closing Date:	2019 / 05 / 29			
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 / 05 / 21			
ITEM CATEGORY AND DETAILS				
Quotation Number:	ZNQ: 137/19-20			
Item Category:	Goods			
Item Description:	100% REBREATHER MASK			
•				
Quantity (if supplies)	200 UNITS			
COMPULSORY BRIEFING SESSION / SITE VISIT				
Select Type:	Select			
Date :				
Time:				
Venue:				

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

137/19-20

		STANDARD QUOTE DOCUME	NTATION SUPP	PLY CHAIN M	ANAGEMENT UN	DER R30 000.00		
YOU	ARE HEREBY	INVITED TO QUOTE FOR REQU	UIREMENTS AT	R.K.KHAN HO	SPITAL			
	DATE ADVERTISED: 22 MAY 2019			FACSIMILE NUMBER: 031 403 7333				
ENQL	ENQUIRIES MAY BE DIRECTED TO: MNP MTHETHWA				CONTACT MUMPED: 031 4596391			
1		SS: 336 R.K.KHAN CIRCLE - WESTO			TITOT HOMBER.		**************	•••••
F1110	IOAL ADDINE				***************************************			
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		ment I hereby agree to all terms a	and conditions]	CENTRALS	SUPPLIER DATAB	ASE REGISTRATI	ON (CSD)	NO.:
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Item	Quantity	Description			Brand & model	Country of	Duine	
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		15/10/						•
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		@#% (Only if VAT Vendor)						
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2/19

Specifications Template

Prepared by:

Initial and Surname	Designation	Signature	Date
NB RASSOOL	REG NURSE	18/3-500	13/5/19

Reviewed by Supervisor/Operations Manager:

Initial and Surname	Designation	Signature /	Date
D.SWGY	ANM	PANN	14/5/19.

100 % rebreathing masks
adult
clear
plastic
100 units
For high oxygen flow
To assist in the delivery of oxygen therapy
Single use with reservoir bag

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date	
N.G. Noa	ma S, M, O	ag	20/05/19	1
		0		.,

DECLARATION OF INTEREST

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 wherethe 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. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote. 2.4. Company Registration Number: 2.1. Full Name of bidder/representative..... 2.3. Position occupied in the Company (director, trustee, shareholder²):2.6. VAT Registration Number: 2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, ITICK APPLICABLE employee / persal numbers must be indicated in paragraph 3 below. YES NO 2.8. Are you or any person connected with the bidder presently employed by the state? 2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bidder is employed: If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment YES NO 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 with the 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 and who may be involved with the evaluation and or adjudication of this quote? YES NO 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 any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO 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 whether YES NO or not they are bidding for this contract? 2.12.1. If so, furnish particulars: 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' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. **DECLARATION** I, THE UNDERSIGNED (NAME)......CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2. I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION

1"State" means -

Name of bidder

any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

Signature

provincial legislature;

Position

national Assembly or the national Council of provinces; or

......

Parliament.

PROVE TO BE FALSE.

Date

any municipality or municipal entity;

^{2&}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.