

Opening Date:

Quotation Advert

2019 / 05 / 09

Closing Date:	2019 / 05 / 15				
Closing Time:	11:00				
WATESTON 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 / 09				
THE CATEGORY AND DETAILS					
Quotation Number:	ZNQ: 17/19-20				
Item Category:	Goods				
Item Description:	MICROSCOPE DRAPES				
Quantity (if supplies)	03 BOXES				
COMPUSORY SEEFING SESSION / S	PEVISE				
Select Type:	Select				
Date :					
Time:					
Venue:					
QUOTES CAN BE COLLECTED FROM:					

R.K KHAN HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

R.K KHAN HOSP - SECURITY OFFICE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MRMNP MTHETHWA

Email:

mnqobi.mthethwa@kznhealth.gov.za

Contact Number:

0314596391

Finance Manager Name:

MRIDMYEZA

Finance Manager Signature:

No late quotes will be considered

17/19-20

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

DATE AD ENQUIRI	OVERTISED: IES MAY BE	NVITED TO QUOTE FOR REQUI 09 MAY 2019 DIRECTED TO:MNP. MTHETHW. 3: 336 R.K.KHAN CIRCLE - WESTCLI	<u> </u>	FACS CON	SIMILE N	IUMBER: JMBER: .						
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		nent I hereby agree to all terms an	d conditions]	CENTRAL S	UPPLIE	R DATAB	ASE R	EGIS	STRAT	TION (SD) NO	.;
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health

Department:
Health
PROVINCE OF KWAZULU-NATAL

R K KHAN HOSPITAL

SPECIFICATION:

MICROSCOPE DRAPES

DESCRIPTION	COMPLIANT	NON-COMPLIANT	
MICROSCOPE DRAPES, DRAPABLE POLYFILM			
COUR - CLEAR			
SIZE - 48MM -102X160CM			
STERILE , LATEX FREE			
10 UNITS PER BOX			
SAMPLE TO BE SUBMITTED ON REQUEST			
*Compulsory: Kindly tick the above boxes, sign specifications. This document must be attached in disqualification.	, and stamp below in a I to your quotation. Fa	cceptance of the ilure to do so will result	
Name :	COMPANY STAMP		
Company:			
•			
Signature:			

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

any municipality or municipal entity;

- 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,	In order to give effect to the above,	he following questionnaire must be	completed and submitte	ed with the quote.	
2.2.	Full Name of bidder/representative Identity Number:	2,5	Tax Reference Numb	Number:er:	
2,3,			VAT Registration Num	iner	
2.7. 2.8. 2.8.1 2.8.2 2.8.2 (Note: I	The names of all directors / trustee employee / persal numbers must be Are you or any person connected with so, furnish the following particular Name of person / director / trustee / Name of state institution at which yo Position occupied in the state institution of the public sector? 1. If you are presently employed by in the public sector? 1. If yes, did you attach proof of stailure to submit proof of such authoron.	s / shareholders / members, their is indicated in paragraph 3 below. with the bidder presently employed lines: shareholder/ member:	ndividual identity number by the state? dder is employed: Any other particular priate authority to under t? the disqualification of the	rs, tax reference numbers, tax reference numbers: rs: take remunerative work	ers and, if applicable, [TICK APPLICABLE] YES NO outside employment YES NO
2.9.1	Did you or your spouse, or any of the state in the previous twelve months. If so, furnish particulars:	?	111111111111111111111111111111111111111	******	YES NO
	Do you, or any person connected v may be involved with the evaluation 1. If so, furnish particulars:	n and or adjudication of this quote?			by the state and who YES NO
2.11	Are you, or any person connected of employed by the state who may be 1. If so, furnish particulars:	with the bidder, aware of any relatio involved with the evaluation and o	nship (family, friend, oth adjudication of this quo	er) between any other bi te?	dder and any person YES NO
2.12	Do you or any of the directors / trus or not they are bidding for this cont 1. If so, furnish particulars:	tees / shareholders / members of th ract?	e company have any int	erest in any other related	d companies whether YES NO
	Full details of directors / trustees The Department Of Health will valid to ensure that their details are up-the not be considered and passed over	late details of directors / trustees o-date and verified on CSD. If the	Department cannot valid	date the in formatio n or	ppliers' responsibility n CSD, the quote will
4	DECLARATION				
	HE UNDERSIGNED (NAME) NISHED IN PARAGRAPHS 2.			ERTIFY THAT THE	EINFORMATION
	CCEPT THAT THE STATE MA OVE TO BE FALSE.	Y REJECT THE QUOTE OR A	CT AGAINST ME S	HOULD THIS DECL	ARATION
	e of bidder S	ignature	Position	Date)
¹"Stat a)	e" means – any national or provincial department, na constitutional institution within the meaning	tional or provincial public entity or c) of the Public Finance Management	national Assembly or the n	ational Council of provinces; o	r

^{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.