









# Quotation Advert

Opening Date: 2020-04-20   
 Closing Date: 2020-04-27   
 Closing Time: 11:00



## INSTITUTION DETAILS

Institution Name: Wentworth hospital   
 Province: KwaZulu-Natal  
 Department or Entity: Department of Health  
 Division or section: Central Supply Chain Management  
 Place where goods / services is required: LOGISTIC DEPARTMENT   
 Date Submitted: 2020-04-20 

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 21/20-21  
 Item Category: Goods   
 Item Description: INTRAVENOUS CANNULA WITH INTRODUCER NEEDLE, WITH INJECTION-PORT FOR SINGLE USE, STERILE SIZE: 22G. COLOUR: BLUE.  
 Quantity (if supplies): 5 000 UNITS

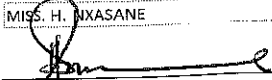
## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...   
 Date:   
 Time:  
 Venue:

QUOTES CAN BE COLLECTED FROM: SCM OFFICES

QUOTES SHOULD BE DELIVERED TO: BE POSTED IN A BLUE TENDER BOX BY THE SECURITY GATE.

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: JOYCE NDIIMANDE  
 Email: thandizile.ndimande@kznhealth.gov.za  
 Contact Number: 031-4605314 / 031-4605308  
 Finance Manager Name: MISS. H. NXASANE  
 Finance Manager Signature: 

No late quotes will be considered







**WENTWORTH HOSPITAL**

**SUPPLY AND DELIVERY OF CANNULA INTRAVENOUS WITH INTRODUCER  
NEEDLE, WITH INJECTION PORT FOR SINGLE USE, SIZE 22G**

DESCRIPTION/SPECIFICATION
INTRAVENOUS CANNULA WITH INTRODUCER NEEDLE, WITH INJECTION PORT FOR SINGLE USE, STERILE. PACKAGING PEEL APART MOULDED PACK WITH VIEW PAPER. SIZE AND SPECIFICATION TO BE CLEARLY INDICATED ON PACKAGING. SIZE: 22G COLOUR: BLUE PACKAGING : BOX OF 100 UNITS

	YES	NO
DOES ARTICLE OFFERED COMPLY WITH SPECIFICATION?		
DOES ITEM CONFORM TO SANS/SABS SPECIFICATION		
STATE BRAND OF ARTICLE TO BE SUPPLIED		
COUNTRY OF MANUFACTURE/ORIGIN		
SAMPLE TO BE SUBMITTED ON REQUEST		

NAME OF COMPANY: .....

INITIAL & SURNAME OF PERSON COMPLETING DOCUMENT: .....

SIGNATURE: .....

<b>COMPANY STAMP</b>
----------------------

**COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION**



SharePoint

Ndimande Thandzile - ?



health  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KZN HEALTH

# KZN Health Intranet

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KZN Health > Components > Supply Chain Management

## AdvertQuote

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health  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## Quotation Advert

Opening Date: 2020-04-20

Closing Date: 2020-04-27

Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Wentworth hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: LOGISTIC DEPARTMENT

Date Submitted: 2020-04-20

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 01/20-21

Item Category: Goods

Item Description: BAGS GARBAGE CLEAR SIZE:760MM X 910910MM X 40 MICRONS.

Quantity (if supplies): 50 000 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: SCM OFFICES

QUOTES SHOULD BE DELIVERED TO: BE POSTED IN A BLUE TENDER BOX BY THE SECURITY GATE.

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: JOYCE NDIMANDE

Email: thandzile.ndimande@kznhealth.gov.za

Contact Number: 031-4605314 /031-4605308

Finance Manager Name: MISS. A. NXASANE

Finance Manager Signature:

No late quotes will be considered









**HEALTH**  
KwaZulu-Natal

**WENTWORTH HOSPITAL**  
**SPECIFICATION-40-01720**

**SUPPLY OF GARBAGE BAGS**

**BAGS REFUSE PLASTIC, IN ACCORDANCE WITH THE LATEST ISSUE OF SPECIFICATION, CKS 340. SIZE: 760MM X 910MM X 40 MICRONS. COLOUR: CLEAR. PACK OF 100. 5 PACKS PER BALES. MUST BE MANUFACTURED FROM VIRGIN PLASTIC.**

	YES	NO
DOES ARTICLE OFFERED COMPLY WITH SPECIFICATION?		
DOES ITEM CONFORM TO SANS/SABS SPECIFICATION		
STATE BRAND OF ARTICLE TO BE SUPPLIED		
COUNTRY OF MANUFACTURE/ORIGIN		
SAMPLE TO BE SUBMITTED ON REQUEST		
SAFETY DATA SHEET		

NAME OF COMPANY: .....

INITIAL & SURNAME OF PERSON COMPLETING DOCUMENT: .....

SIGNATURE: .....

**COMPANY  
STAMP**

**COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION**

**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative.....
- 2.2. Identity Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):.....
- 2.4. Company Registration Number: .....
- 2.5. Tax Reference Number: .....
- 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, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

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:.....

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 employment in the public sector? YES NO

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? YES NO

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 or not they are bidding for this contract? YES NO

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' 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.

**4 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 PROVE TO BE FALSE.

.....	.....	.....	.....
Name of bidder	Signature	Position	Date

<sup>1</sup>"State" means –

- |   |   |
|---|---|
| a) 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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>"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.