



Quotation Advert

Opening Date:	2020-04-22
Closing Date:	2020-04-28
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Zululand EMS
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	SCM DEPARTMENT /WENTWORTH HOSPITAL
Date Submitted	2020-04-22
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 28/20-21
Item Category:	Goods
Item Description:	SETS DIAL A FLOW (CONTROL FLOW DEVICE).
Quantity (if supplies)	5000 UNITS
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Select...
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	WENTWORTH SCM DEPARTMENT
QUOTES SHOULD BE DELIVERED TO:	WENTWORTH SECURITY / POST IN A BLUE BOX
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	
Name:	THANDAZILE JOYCE NDIMANDE
Email:	thandizile.ndimande@kznhealth.gov.za
Contact Number:	031-4605314 /031-4605308
Finance Manager Name:	MISS HAPPY NXASANE
Finance Manager Signature:	

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL
DATE ADVERTISED: 24.04.2020
PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026

ZNQ NUMBER: 28/20-21 CLOSING DATE: 30.04.2020 CLOSING TIME: 11:00

DESCRIPTION: INV: MEDICAL & SURGICAL SUPPLIES

CONTRACT PERIOD: VALIDITY PERIOD 60 Days

SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [grid]

UNIQUE REGISTRATION REFERENCE [grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
[grid]

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED. (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....
CELLPHONE NUMBER
E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES NO

IF YES, WHO WAS THE CERTIFICATE ISSUED BY? [TICK APPLICABLE BOX]

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)
A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS);
A REGISTERED AUDITOR.

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

YES NO

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

OFFICIAL PRICE PAGE FOR QUOTATIONS

SIGNATURE OF BIDDER DATE.....
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	5000	SETS DIAL A FLOW (CONTROL FLOW -				
	UNITS	DEVICE)				
VALUE ADDED TAX (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the quote may be directed to: Contact Person: T.J.NDIMANDE Tel: 031-46053614	Enquiries regarding technical information may be directed to: Contact Person: Tel:
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HEALTH
KwaZulu-Natal

WENTWORTH HOSPITAL

SPECIFICATION NUMBER: WE-3049011

SUPPLY AND DELIVERY OF CONTROLLED FLOW DEVICE ±2600ML/HOUR

DESCRIPTION/SPECIFICATION
CONTROLLED FLOW DEVICE. (DIAL A FLOW) FOR USE WITH INTRAVENOUS SOLUTIONS.
SCALE: VISIBLE CONTROL RANGE OF 5ML – 250 ML/HOUR.
MAXIMUM UNRESTRICTED FLOW RATE: ±2600ML/HOUR.
MALE ADAPTOR TO BE THE LUER LOCKS TYPE.
STERILE.INDIVIDUALLY WRAPPED.
MUST COMPLY WITH SANS/SABS SPECIFICATION

	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:

COMPANY STAMP

COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION

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. 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..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder ²):..... | 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

¹"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. |

²"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.

SharePoint

Ndimande Thandizile ~ ?



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

KZN HEALTH

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health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Quotation Advert

Opening Date: 2020-04-22

Closing Date: 2020-04-28

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Zululand EMS

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: LOGISTIC DEPARTMENT /WENTWORTH HOSPITAL

Date Submitted: 2020-04-22

ITEM CATEGORY AND DETAILSQuotation Number: ZNQ:
30/20-21

Item Category: Goods

Item Description: SYRINGE HEPARINIZED 3CC,STERILE SINGLE - USE SYRINGE,

Quantity (if supplies): 5000 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: WENTWORTH SCM DEPARTMENT

QUOTES SHOULD BE DELIVERED TO: WENTWORTH SECURITY / POST IN A BLUE BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: THANDAZILE JOYCE NDIMANDE

Email: thandizile.ndimande@kznhealth.gov.za

Contact Number: 031-4605314 /031-4605308

Finance Manager Name: MISS HAPPY NXASANE

Finance Manager Signature:

No late quotes will be considered

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

OFFICIAL PRICE PAGE FOR QUOTATIONS

SIGNATURE OF BIDDER DATE.....
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	5000	SYRINGE BLOOD GAS 3ML (3CC).				
	UNITS					
VALUE ADDED TAX (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

<p>Enquiries regarding the quote may be directed to: Contact Person: T.J.NDIMANDE Tel: 031-46053614</p>	<p>Enquiries regarding technical information may be directed to: Contact Person: Tel:</p>
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HEALTH
KwaZulu-Natal

WENTWORTH HOSPITAL

SPECIFICATION NUMBER: 30-57227

**SUPPLY AND DELIVERY OF SYRINGE HEPARINIZED 3 CC. STERILE SINGLE –USE
SYRINGE, WITHOUT NEEDLE**

DESCRIPTION/SPECIFICATION
SYRINGE HEPARINIZED 3 CC. STERILE SINGLE –USE SYRINGE, WITHOUT NEEDLE. IN ACCORDANCE WITH SABS 1166 AS AMENDED. CLEAR MARKINGS NOT EASILY REMOVED WITH SPIRITS PACKAGING:BOX OF 100UNITS

	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:

COMPANY STAMP

COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION

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. 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..... 2.4. Company Registration Number:
- 2.2. Identity Number: 2.5. Tax Reference Number:
- 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, 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

¹"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. |

²"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.

SharePoint

Ndimande Thandzile - ?



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

KZN HEALTH

KZN Health Intranet

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health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Quotation Advert

Opening Date: 2020-04-22

Closing Date: 2020-04-28

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/ WENTWORTH HOSPITAL

Date Submitted: 2020-04-22

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 29/20-21

Item Category: Goods

Item Description: ELECTRODES ECG DISPOSABLE PREGGELED SIZE: ADULT.

Quantity (if supplies): 60 000 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select..

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: WENTWORTH SCM DEPARTMENT.

QUOTES SHOULD BE DELIVERED TO: WENTWORTH SECURITY GATE / POST IN A BLUE BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: THANDAZILE JOYCE NDIMANDE

Email: thandzile.ndimande@kznhealth.gov.za

Contact Number: 031-4605314 / 031-4605308

Finance Manager Name: MISS HAPPY NXASANE

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL
 DATE ADVERTISED: 24.04.2020
 PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026

ZNQ NUMBER: 29/20-21 CLOSING DATE: 30.04.2020 CLOSING TIME: 11:00

DESCRIPTION: INV: MEDICAL & SURGICAL SUPPLIES

CONTRACT PERIOD: VALIDITY PERIOD 60 Days

SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

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THE FOLLOWING PARTICULARS MUST BE FURNISHED
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NAME OF BIDDER

POSTAL ADDRESS

STREET ADDRESS

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER

E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES	NO
-----	----

IF YES, WHO WAS THE CERTIFICATE ISSUED BY? [TICK APPLICABLE BOX]

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)

A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS);

A REGISTERED AUDITOR.....

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

YES	NO
-----	----



WENTWORTH HOSPITAL

SUPPLY AND DELIVERY OF ELECTRODE ECG DISPOSABLE PREGELLED

ADULT

DESCRIPTION/SPECIFICATION
ELECTRODE ECG DISPOSABLE PREGELLED. IN ACCORDANCE WITH SABS 1461. SILVER CHLORIDE CLIP ON, SELF-ADHERING SPONGE. ADHESIVE TO RESIST ELECTRODE CONTACT LOSS DUE TO PERSPIRATION. SIZE: ADULT

	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:

COMPANY STAMP

COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION

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.
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- 2.2. Identity Number:
- 2.3. Position occupied in the Company (director, trustee, shareholder²):.....
- 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.)

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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
----------------	-----------	----------	------

¹"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. |

²"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.