

Quotation Advert

Opening Date:	2020-04-22	11 9
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	EP)
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
	28/20-21	1
Item Category:	Goods	T
Item Description:	SETS DIAL A FLOW (CONTROL FLOW DEVICE),	
Quantity (if supplies)	5000 UNTS	
COMPULSORY BRIEFING SESSION /		:
Select Type:	Select	
Date:		
Time:		
Venue:	f	
QUOTES CAN BE COLLECTED FROM:	WENTWORTH SCM DEPARTMENT	
QUOTES SHOULD BE DELIVERED TO:	WENTWORTH SECURITY / POST IN A BLUE BOX	
ENQUIRIES REGARDING THE ADVER	T 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:	te quotes will be considered	

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INV DATE ADVERTISED: ?! PHYSICAL ADDRESS:	1.04.2020						WEN	ITV	/OF	RTH.	НО	SPI	ΓAL.						ara ara seri	2191191 6421191	in the second
ZNQ NUMBER: 28/20-2	1	######################################	CLO	SING	DATE	<u>=</u> : 30	.04.2	202	0		CL	112C	NG T	IME:	11:0	0					
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Bidders should ensure consideration.	that quotes	are delive	ered ti	meo	usly t	o the	corr	ect	add	ress	. If ti	ne q	uote	is I	ate,	it wi	ill no	t be	acc	epte	d for
The quote box is open from	m 08:00 to 15	:30.																			
ALL QUOTES MUST BE	SUBMITTED	ON THE O	FFICIA	LF(ORMS	– (NC	OT TO	ВЕ	RE	-TYP	ED)										
THIS QUOTE IS SUBJ PROCUREMENT REGUL CONDITIONS OF CONTR	ATIONS, 201																				
	(FAILUI	THE FO												.IFIE	D)						
NAME OF BIDDER																					
POSTAL ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					 .		• • • • •	,,,,,,					,,,,,,						
STREET ADDRESS									* * * * * *		.,,					•••••					
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CELLPHONE NUMBER								,	,												
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VAT REGISTRATION NU	MBER (If VAT	Γ vendor)								••••	,,,,,						,,,,,,,	.,,,,			
HAS A B-BBEE STATUS	LEVEL VERI	FICATION	CERTI	IFIC/	ATE BI	EEN S	SUBM	ITTI	ED?	(SBI	6.1)					[ΥE	S	NC)
IF YES, WHO WAS THE	CERTIFICATI	E ISSUED	BY?													[T	ICK A	\PP	LICAI	BLE E	BOX]
AN ACCOUNTING OFFIC	CER AS CONT	TEMPLATE	D IN T	ГНЕ	CLOS	E CO	RPOF	RATI	ON	ACT	(CC/	٠(١									□
A VERIFICATION AGENC A REGISTERED AUDITO [A B-BBEE STATUS LEV TO QUALIFY FOR PREF	R /EL VERIFIC /	ATION CE	RTIFIC	ATE			, , , ,														
																		YE	S	NC	

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

		CH THIS QUOTE IS SIGNED.					
tem No	Quantity	Description		Brand &	Country of manufacture	Price R	C
	5000	SETS DIAL A FLOW	(CONTROL FLOW-				
	UNITS	DEV	ICE)				
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		only if VAT Vendor)					_
TOTAL QL	IOTATION P	RICE (VALIDITY PERIOD 60	Days)				
		With The Specification?		*****	.N.S. / S.A.B.S. Specificat	ion?	
The Price	Firm?		State Delivery Period	l E.G. <i>E.G. 1day</i> ,	1week		



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 OFFEREI	COMPLY WITH SP	PECIFICATIO	N?		
DOES ITEM CONFORM T	O SANS/SABS SPE	CIFICATION			
STATE BRAND OF ARTIC	LE TO BE SUPPLIE	D			
COUNTRY OF MANUFAC	TURE/ORIGIN				
SAMPLE TO BE SUBMITT	ED 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

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.

	off whose penalt the declarant acts and persons who are involved with the evaluation and of adjudication of the quo	le.
2.	In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.	
21	Full Name of bidder/representative	
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	
		[TICK APPLICABLE]
	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:	
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
	2.1. If yes, did you attach proof of such authority to the quote document?	
	Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2.2. If no, furnish reasons for non-submission of such proof:	
2.0.	Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses condi-	uct business with the
	state in the previous twelve months?	YES NO
	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	
0.40	may be involved with the evaluation and or adjudication of this quote?	YES NO
	0.1. If so, furnish particulars:	idder and any nerson
2.1	employed by the state who may be involved with the evaluation and or adjudication of this quote?	YES NO
2.11	f.1. If so, furnish particulars:	
2.12	2. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related	
	or not they are bidding for this contract?	YES NO
2.12	2.1. 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 su	
	to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information or not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.	ווט , the quote will
	· · · · · · · · · · · · · · · · · · ·	
4	DECLARATION	
-	HE UNDERSIGNED (NAME)CERTIFY THAT THE	INFORMATION
FU	RNISHED IN PARAGRAPHS 2.	
ΙA	CCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECI	LARATION
PRO	OVE TO BE FALSE.	
Nan	ne of bidder Signature Position Date	3
1"Sta	te" means -	
a)	any national or provincial department, national or provincial public entity or c) provincial legislature;	
	constitutional institution within the meaning of the Public Finance Management d) national Assembly or the national Council of provinces; c	Т

^{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.

SharePoint

KZN Health Intranet

Market Company and Company	
Sperch this site	r^

health

CORPORATE INFORMATION

DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

Ndimande Thandizile - ?

KZN Health > Components > Supply Chain Management

AdvertQuote

Submit Save Save As... Close Print Preview

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Opening Date:	2020-04-22	
Closing Date:		
	2020-04-28	
Closing Time:	11:00	
INSTITUTION DETAILS	August 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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 DETAILS		
Quotation Number:	ZNQ: 30/20-21	
Item Category:		.
Item Description:	Goods SYRINGE HEPARINIZED 3CC, STERILE SINGLE - USE SYRINGE,	LESS
Quantity (if supplies)	5000 UNITS	
COMPULSORY BRIEFING SESSION	;	
Select Type:	property of the state of the st	×
Date:	Select	
	:	
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 ADVE	RT MAY BE DIRECTED TO:	
Name:	THANDAZILE JOYCE NDIMANDE	
Email:	thandizile.ndimande@kznhealth.gov.za	
Contact Number:	031-4605314 /031-4605308	
Finance Manager Name:	MISS (A)PY NXASANE	
Finance Manager Signature:	late quotes will be considered	

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INV DATE ADVERTISED: 24 PHYSICAL ADDRESS:	1.04.2020															******			*****		10. 10. 10. 10. 10.
ZNQ NUMBER: 30/20-2																					
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Bidders should ensure consideration.	that quote	s are deliv	ered ti	meo	usly t	o the	corr	ect	add	ress	, if t	he c	uote	is !	ate,	it wi	ll no	t be	acc	epted	i for
The quote box is open fro	m 08:00 to 1	15:30.																			
ALL QUOTES MUST BE	SUBMITTE	ON THE	OFFICIA	AL FO	ORMS	- (NC	OT TO) BE	RE	-TYF	ED)										
THIS QUOTE IS SUB- PROCUREMENT REGUL CONDITIONS OF CONTE	ATIONS, 20	THE PREF 011, THE G	ERENT ENERA	ΓIAL L CC	PROO ONDITI	CURE	MEN OF C	T F ON	POLI FRA	CY CT (FRAI 3CC)	MEV AN	VORH D, IF	(A(APP	CT A	ND BLE,	THE , ANY	PF OT	REFE	REN SPE	TIAL
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NAME OF BIDDER	***************************************		*********	,,					,,.					,							***
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VAT REGISTRATION NU	IMBER (If V	AT vendor)			********						,,,,,,									,	
HAS A B-BBEE STATUS	LEVEL VEF	RIFICATION	I CERT	IFICA	ATE BI	EEN S	SUBM	1ITT	ED?	(SB	D 6.1)						YES	3	NC)
IF YES, WHO WAS THE	<u>CERTIFICA</u>	TE ISSUED	<u>BY?</u>													[TI	ICK A	PPL	ICAE	BLE E	BOX]
AN ACCOUNTING OFFIC A VERIFICATION AGENC A REGISTERED AUDITO [A B-BBEE STATUS LEV TO QUALIFY FOR PREF	CY ACCREE)R /EL VERIFI	OITED BY T	HE SO	UTH 	AFRIC	CAN A	CCR	EDI	TAT	ION 	SYS ⁻	ГЕМ	(SA)	VAS)); 		,,,,,,,			• • • • • • • • • • • • • • • • • • •	□
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ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

APACITY (JNDER WHI	CH THIS QUOTE IS SIGNED						******
Item No	Quantity	Description		Brand mod	& el	Country of manufacture	Price R	G
	5000	SYRINGE BLOOD G	AS 3ML (3CC).					
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VALUE AT	DED TAY (C	Dnly if VAT Vendor)						+
		RICE (VALIDITY PERIOD 60 Da	ivs)					+
			3-7					
		With The Specification?				S. / S.A.B.S. Specificati	on?	
The Price	Firm?		State Delivery Perio	d E.G. E.G. 1day	/, 1W	veek		



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		

INITIAL & SURNAME OF PERSON COMPLETING DOCUMENT:	SIGNATURE:	COMPANY STAMP	

COMPLETED DOCUMENT MUST BE RETURNED WITH QUOTATION

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 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

	on whose behalf the declarant	acts and persons who are involved	a with the evaluation and or adjudica	ation of the quote.
2.	in order to give effect to the above	e, the following questionnaire must	t be completed and submitted with the	ne quote.
21	Full Name of bidder/representat	ive	2.4. Company Registration Numbe	r:
2.2.	Identity Number:		2,5. Tax Reference Number:	**1115611****
2.3.	Position occupied in the Compar	ny (director, trustee, shareholder²)::	2.6. VAT Registration Number:	
27	The names of all directors / trus		eir individual identity numbers, tax re	eference numbers and, if applicable,
2.11		t be indicated in paragraph 3 below		[TICK APPLICABLE]
2.8.		d with the bidder presently employ		YES NO
	1. If so, furnish the following partic		•	
	Name of person / director / truste	e / shareholder/ member:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name of state institution at which	you or the person connected to th	e bidder is employed:	
	Position occupied in the state ins	titution:	Any other particulars:	
2.8.		by the state, did you obtain the ap	propriate authority to undertake rem	unerative work outside employment
	in the public sector?			YES NO
2.8.	2.1. If yes, did you attach proof o	of such authority to the quote docur	nent?	
(Note:	Failure to submit proof of such au	thority, where applicable, may resu	It in the disqualification of the quote	1
2.8.	2.2. If no, furnish reasons for no	n-submission of such proof:	no / abarabaldara / mambara ar thair	spouses conduct business with the
2.9.			es / shareholders / members or their	YES NO
2.0	state in the previous twelve mor			TES NO
2.9. 2.17	To you or any particulars Do you or any particular supports	d with the hidder, have any relation	shin (family friend other) with a ne	rson employed by the state and who
2.11	n. Do you, or any person connecte	tion and or adjudication of this quo	te?	YES NO
2 10				123 110
2.1	Are you or any nerson connects	ed with the bidder, aware of any rel	ationship (family, friend, other) betwe	een any other bidder and any person
<u></u> ,	employed by the state who may	be involved with the evaluation an	d or adjudication of this quote?	YES NO
2.1	1.1. If so, furnish particulars:	.,		<u></u>
2.13	2. Do you or any of the directors / t	rustees / shareholders / members o	of the company have any interest in a	any other related companies whether
	or not they are bidding for this c	ontract?		YES NO
2.13	2.1. If so, furnish particulars:			
3.	Full details of directors / truste		ees / members / shareholders on (CSD. It is the suppliers' responsibility
(VD.	to ensure that their details are a	up-to-date and verified on CSD. If t	the Department cannot validate the National Treasury Instruction Note	information on CSD, the quote wil
4	DECLARATION		·	
	HE UNDERSIGNED (NAME RNISHED IN PARAGRAPHS		CERTIF	Y THAT THE INFORMATION
	CCEPT THAT THE STATE N OVE TO BE FALSE.	MAY REJECT THE QUOTE O	R ACT AGAINST ME SHOUL	D THIS DECLARATION
	ne of bidder	Signature	Position	Date
#Sts	ite" means –			
a)	any national or provincial department	, national or provincial public entity or ning of the Public Finance Management	provincial legislature; ational Assembly or the national Co Parliament.	uncil of provinces; or

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.

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SharePoint

Ndimande Thandizile - ?

KZN Health Intranet

health
Department:
Health

KZN HEALT

CORPORATE INFORMATION

COMPONENTS

DIRECTORY

DISTRICT OFFICES

Search this site

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

Submit Save Save As... Close Print Preview

health Department: Health Recovered or kwazulu-Hatal	Quotation Advert	
Opening Date:	2020-04-22	[3]
Closing Date:	2020-04-28	
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Wentworth hospital	Y
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	Em
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: [29/20-21	
Item Category:	Goods	×
Item Description:	ELECTRODES ECG DISPOSABLE PREGGELED SIZE: ADULT.	
Quantity (if supplies) COMPULSORY BRIEFING SESSION	60 000 UNITS / SITE VISIT	
Select Type:	Select	(-
Date:		
Time:	j.	-Minut
Venue:		
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 ADVE	ERT 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:	James -	
No	late quotes will be considered	

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVIDATE ADVERTISED: 24 PHYSICAL ADDRESS: 2	.04.2020	******						IOW	RTH	HOSP	ITAL			********	**************************************	EFFEFF			Y .
ZNQ NUMBER: 29/20-2							04,20	20	iento.	CLOS	ING .	TIME:	11:0	0					
DESCRIPTIONINV: ME	DICAL &	SURGIC	AL SL	IPPL	IES				******		11		į	13 **					
CONTRACT PERIOD	H. A. A. des i i i i Martini	iningir girang rik Tanangan Panga	VAL	IDITY	PERIO	DD 60	Days												
SARS PIN	8. 12. 17. 19. 19. 1 21. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1	***************************************	:										_						
CENTRAL SUPPLIER DA	TABASE RE	EGISTRAT	TON (C	SD) N	0.									<u> </u>					
UNIQUE REGISTRATION	REFEREN	ICE		- II	·	1 1		1 1		1 1		ТТ		_	1	П		<u> </u>	
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DEPOSITED IN THE QUO	TE BOX SI	ITUATED A	AT (STF	REET	ADDR.	ESS)													
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Bidders should ensure consideration.	that quote	s are deli	vered t	imeou	usly to	the	correc	t ado	iress.	If the	quot	e is l	ate, i	it wi	ll no	t be	acce	pted	for
The quote box is open from	m 08:00 to 1	15:30.																	
ALL QUOTES MUST BE S	SUBMITTER	O ON THE	OFFICI	AL FC	RMS	– (NO	T TO B	E RE	-TYPI	ED)									
THIS QUOTE IS SUBJ PROCUREMENT REGUL CONDITIONS OF CONTR	ATIONS, 20	THE PRE 011, THE G	FEREN BENER/	TIAL AL CO	PROC NDITI	ONS (MENT OF COI	POL NTRA	ICY F (CT (G	FRAME GCC) AI	WOR ND, if	K AG FAPP	CT A LICA	ND BLE,	THE 'NA ,	E PF Y OT	REFEF HER S	RENT SPEC	TIAL CIAL
	(FAIL	THE F URE TO D	FOLLOV O SO W									LIFIE	D)						
NAME OF BIDDER		***************************************		*******								41>>+	.,						
POSTAL ADDRESS		***************************************			••••								,,,					••••	
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CELLPHONE NUMBER	************			*******										••••		· · · · · · ·			
E-MAIL ADDRESS		***************************************				,,		*****									• • • • • • •		
VAT REGISTRATION NU	MBER (If V.	AT vendor))			,,,,,,,,,												• • • • • •	
HAS A B-BBEE STATUS	LEVEL VEF	RIFICATIO	N CERT	TIFICA	TE BE	EEN S	UBMIT	TED'	? (SBE	6.1)						YES	S	NO	
IF YES, WHO WAS THE	CERTIFICA	TE ISSUE	D BY?											[T	ICK A	APPL	.ICABI	E B	OX]
AN ACCOUNTING OFFIC A VERIFICATION AGENC A REGISTERED AUDITO [A B-BBEE STATUS LEV TO QUALIFY FOR PREF	CY ACCREE R /EL VERIFI	CATION C	THE SC	OUTH CATE	AFRIC	AN A	CCRE	CATIC	TION S	SYSTE	M (SA	NAS)	i;) IN O		□ □ R
																<u> </u>	ا ر	NV	ш

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

ENCLOSE P Official Pr	-	FOR QUOTATIONS				
		?	DAT	[E		
By signing the	nis document	I hereby agree to all terms and conditions]				
CAPACITY L	INDER WHI	CH THIS QUOTE IS SIGNED		***************************************		.,,,,,
Item No	Quantity	Description	Brand &	Country of	Price	
	60 000	 ELECTRODES ECG DISPOSABLE PREGEL	model	manufacture	R	C
	UNITS	SIZE: ADULT.	 -			-
	<u> </u>					
					:	
						-
						-
						_
		only if VAT Vendor)				
TOTAL QU	OTATION P	RICE (VALIDITY PERIOD 60 Days)				
Does This O Is The Price			onform To The S.A.N od E.G. <i>E.G. 1day</i> , 1	.S. / S.A.B.S. Specificati veek	on?	
-		004 400 500 44		cal information may be		



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	N?	
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

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	e, the following questionnaire mu	st be	completed and submitted	with the quote.		
21	Full Name of bidder/representat	rive	24	Company Registration N	lumber:		_
2.2.	Identity Number:						
2.3.		ny (director, trustee, shareholder²)					
	***************************************	***************************************					
2.7.	The names of all directors / trus	stees / shareholders / members, th	neir in	dividual identity numbers,	tax reference numb	ers and, i	f applicable,
		st be indicated in paragraph 3 belo				-	PLICABLE]
		ed with the bidder presently employ	yed b	y the state?		YES	NO
2.8.	1. If so, furnish the following partic						
		ee / shareholder/ member: ,					
	Name of state institution at which	n you or the person connected to to to the stitution:	ne bio	ader is employed:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
าจ	2. If you are presently employed	by the state, did you obtain the a	nnrar	Any other particulars:	ro romunozativo work	couteido c	amplovmont
۷.0	in the public sector?	by the state, did you obtain the a	bhior	mate authority to undertar	te remunerative wor		
2.8		of such authority to the quote docu	ıment	2		YES	NO
(Note:	Failure to submit proof of such au	thority, where applicable, may res	ult in	the disqualification of the	auote.)		
2.8.	2.2. If no, furnish reasons for no	n-submission of such proof:					
2.9.	Did you or your spouse, or any	of the company's directors / truste	es/s	shareholders / members o	or their spouses cond	luct busing	ess with the
	state in the previous twelve mor				•	YES	NO

2.10		ed with the bidder, have any relation		(family, friend, other) witl	n a person employed	by the sta	ate and who
		ation and or adjudication of this qu				YES	NO
		(1]**(*)********************************					1
2.1		ed with the bidder, aware of any re					
2.1		be involved with the evaluation a				YES	NO
2.1	Po you or any of the directors / t	rustees / shareholders / members	of the	company have any intere	····· est in anv other relate	d compar	nies whether
2.14	or not they are bidding for this c		OI uic	oumpany have any intere	othic relate	YES	NO NO
2.13	2.1. If so, furnish particulars:					1	110
3.	Full details of directors / truste	ees / mempers / snarenoiders. alidate details of directors / trus i	4000	l mambara l abarabaldar	n an CCD It in the o	uppliore ¹ r	oenoneihilifu
ND.		up-to-date and verified on CSD. If					
		over as non-compliant according to				11 000, 81	ie quote wiii
	·	TVOI do non compliant according to	J 1144	onal modelly modellon	11010 4 (4) 2010/11.		
4	DECLARATION						
)		CE	RTIFY THAT TH	E INFOR	RMATION
FU.	RNISHED IN PARAGRAPHS	5 2.					
ΙA	CCEPT THAT THE STATE N	MAY REJECT THE QUOTE C	R A	CT AGAINST ME SH	OULD THIS DEC	LARATI	ON
PR	OVE TO BE FALSE.						
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				11111	.,,,,,,,,,,,,	
Nar	ne of bidder	Signature		Position	Dat	.е	
ma.	1.9						
¹"Sta a)	te" means - any national or provincial department	, national or provincial public entity or	c)	provincial legislature;			
aj		ning of the Public Finance Management	d)	national Assembly or the natio	nal Council of provinces;	ог	
	Act, 1999 (Act No. 1 of 1999);	•	e)	Parliament.	•		

^{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.