



KZN HEALTH

KZN Health Intranet

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2021-08-03

Closing Date: 2021-08-10

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Grey's hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey's Hospital

Date Submitted: 2021-08-03

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: GRS 1161/07/21

Item Category: Goods

Item Description: Supply and install mobile dect phones on extension 3768 (SEE ATTACHED SPECIFICATIONS).

Quantity (if supplies) 4 units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital, 201 Town bush road, PMB, 3201

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Pearl Msomi

Email: NO EMAIL

Contact Number: 033 897 3482

Finance Manager Name: Mrs B.G Anderson

Finance Manager Signature:

No late quotes will be considered



Province of KwaZulu-Natal Department of Health
 Requisition form for Non-Stock Items
 (ONE ITEM PER NSI REQUEST - FORM TO BE COMPLETED IN TRIPPLICATE)

FORM 13

€ - 226

Full Description

REQUIRED GOODS/SERVICES

DECT PHONE SPECIFICATIONS	Stock on hand	Minimum stock	Maximum Stock	Unit of Issue	Qty Required	Unit Price	Approx. Cost
4 x Charging base sets	nil			Unit	4 units		
4 x DECT phones	nil			unit	4 units		
Digital enhanced cordless Telecommunications standard							
Talk time - 12 to 18 hours							
Standby time 150 to 200 hours							
Product dimensions : 100 to 140mm (L); 110 to 130mm (W); 150 to 170mm (H); weight 100 to 250g							
Rechargeable NIMBH batteries AAA or AA							
Handset volume control; loudspeaker function (handsfree); backlight							
50 name & number phone book, Clock & Alarm; Keypad lock;							
Paging between handsets; battery low warning; Out of range warning;							
Switchboard compatible; Transfer external calls; Mains power charging							
To each base set, charging status displaying; call duration displayed;							
Range displayed (handset to base station plug and play installation)							

GRS 1161/07/21

Requisitioner Signature om m e catala

Signature [Signature]

Date 2022/6/26

Date 30.06.2021

Approved/Not Approved by Supervisor Name GZ Mvelaze (ANM)

Signature [Signature]

MRS G.Z. MVELAZE
 Assistant Nursing Manager
 SANC No: 13128970

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.

2.8. Are you or any person connected with the bidder presently employed by the state? TICK APPLICABLE

2.8.1. If so, furnish the following particulars: YES NO

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? YES NO

(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
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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.