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KZN Health Intranet

KZN HEALTH

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- DIRECTORY
- DISTRICT OFFICES
- HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



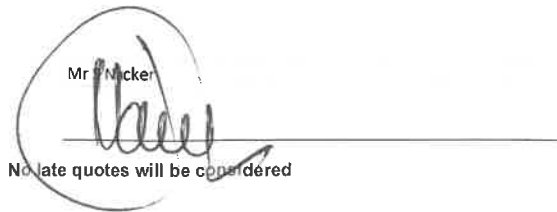
Quotation Advert

Opening Date:	2021-12-01	<input type="text"/>
Closing Date:	2021-12-10	<input type="text"/>
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Provincial Pharmaceutical Supply Depot	<input type="text"/>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PPSD	
Date Submitted	2021-12-01	<input type="text"/>
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 0104/22	
Item Category:	Goods	<input type="text"/>
Item Description:	Dispatch Release Note Register	
Quantity (if supplies)	400	
COMPULSORY BRIEFING SESSION / SITE VISIT		
Select Type:	Not Applicable	<input type="text"/>
Date :		<input type="text"/>
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	PPSD / Intranet	
QUOTES SHOULD BE DELIVERED TO:	PPSD Tender Box	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:		
Name:	Thandazile / Nonjabulo	
Email:	primrose.xate@kznhealth.gov.za/nonjabulo.gumede2@kznhealth.gov.za	
Contact Number:	031 469 8339	

Finance Manager Name:

Mr Nicker

Finance Manager Signature:



No late quotes will be considered

Print this page

Site Updated:01 December, 2021, 08:41 am

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Contact the Web Administrator

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.....
 - 2.2. 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? 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.

**KWAZULU-NATAL PROVINCE**HEALTH
REPUBLIC OF SOUTH AFRICA**Provincial Pharmaceutical Supply Depot**

Prepared by:

Initial and Surname	Designation	Signature	Date
N N Ncwane	Pharmacist		

Reviewed by Supervisor/Operations Manager:

Initial and Surname	Designation	Signature	Date
S B Nhlapo	Assistant Manager		

Item details	Specification
Specification Number	23/07/2021
Item description	Despatch Release Note Register
Size	<ul style="list-style-type: none">A4 inclusive of spine, including a backing board50 sequentially numbered page in triplicate (Total = 150 pages)
Color	<ul style="list-style-type: none">Cardboard cover: BrownColor of pages in order:<ol style="list-style-type: none">White Carbon BackBlue Carbon Front and BackPink Carbon Front
Material	<ul style="list-style-type: none">Carbonised paperCardboard cover
Printing Requirements	<ul style="list-style-type: none">Front Cover and Inside Front Cover Printing requirements: as per the attached sample.Page Printing requirements: as per attached sample with sequential numbers to be provided by PPSD.All registers to be numbered
Packaging (unit/box)	150 pages per Register
Functionality/performance	Finishing: side perforation 25mm from spine for white and blue pages only. Written information is recorded in triplicate.
Purpose	To keep a record of number of boxes released to institutions by the various releasing departments.
Other:	<ul style="list-style-type: none">Locally manufactured.Supplier to provide sample print before approval.

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
M Lutchman	Pharmacist: Demands		6.8.21

Members:

Ms N Ncwane

Ms NP Majola

Ms PT Xate

Ms NY Gumede



health

Department:
Health

PROVINCE OF KWAZULU-NATAL

PHARMACEUTICAL SERVICES

DESPATCH RELEASE NOTE REGISTER

No.

to

Alert Stationers (031 306 0278)

Provincial Pharmaceutical Supply Depot

DESPATCH RELEASE NOTE

Number: 74251

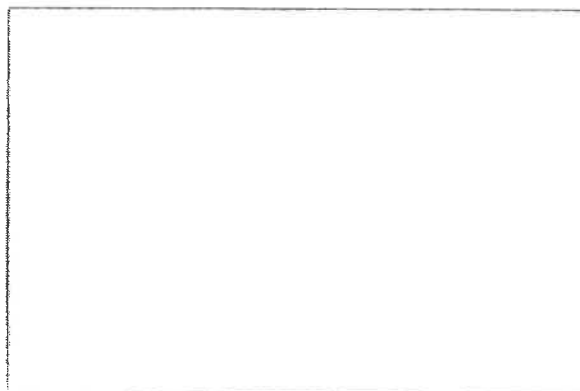
Section : _____ Name of Hospital/ Clinic / CHC / Other _____

Requisition Number/s / Reference Number /s _____

LOCATION	BAGS	BUCKETS	BUNDLES	COOLER BOXES	DRUMS	PPSD REPACKED CARTONS	FACTORY SEALED CARTONS
DESPATCH CAGE							
COLD ROOM							
ECTION (HR / DR)							
SUB TOTAL							
TOTAL							

Authority & Action	Name	Signature	Date	Time
PPSD : Checked & Released				
PPSD : Router Check				
SECURITY : Check				
COURIER : Checked & Received				

SECURITY STAMP



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FOR YOUR CONVENIENCE**

**IT IS NOT NECESSARY TO USE CARBON
PAPER WITH THIS BOOK**

**IT IS ESSENTIAL, HOWEVER, TO USE A WRITING
SHIELD INSERTED IMMEDIATELY BEHIND THE BOOK
COPY OF THE RELEVANT SET OF FORMS TO PREVENT
THE SETS OF FORMS UNDERNEATH THE SET IN USE
BEING DAMAGED**

**THE EXTENDED BACK COVER
MUST BE USED AS A WRITING SHIELD**

**THIS IS AN INIATIVE TAKEN BY THE
CENTRAL PROVINCIAL STORE
TO FACILITATE PRODUCTIVITY**
