



KZN HEALTH

KZN Health Intranet

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AdvertQuote



Quotation Advert

Opening Date: 2021-06-08

Closing Date: 2021-06-15

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: 2021-06-08

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: GRS677/05/21

Item Category: Goods ▾

Item Description: ANTI EMBOLISM STOCKINGS, KNEE HIGH (BELOW KNEE), COLOUR WHITE, TOE OPENING, GRADUATED PRESSURE. SAMPLE MUST BE PROVIDED WITH QUOTES. SPECIFICATION ATTACHED.

Quantity (if supplies): VARIOUS

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 TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: PEARL MSOMI

Email: NO EMAIL

Contact Number: 033 897 3482

Finance Manager Name: MRS T.M MAZIBUKO

Finance Manager Signature:

No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

201 Townbush Road, Northern Park, PIETERMARITZBURG
Tel: 033 897 3795 Fax: 0865104268 Email: heidi.shanahanh@kznhealth.gov.za
www.kznhealth.gov.za

Grey's Hospital
Physiotherapy

Anti-embolism below knee stockings

GRS 677/05/21

Size specifications

SIZE	Calf Circumference
Small , Regular	To 37 cm X
Medium, Regular	27- 42 cm ✓
Large, Regular	32 – 47 cm ✓
Extra Large (XL) , Regular	37 – 52 cm ✓
Extra extra large (XXL) , Regular	42 – 57 cm ✓

Product description

Prevents the damaging effects of venous distension that occurs during surgery and hospitalization

Graduated pressure pattern of 18mmHg at the ankle, 14mmHg at the calf,

2 ply gusset and uninterrupted band at calf

Toe opening to allow easy inspection of the skin and pedal pulse

H. Shanahan
GREY'S HOSPITAL
H. SHANAHAN
PHYSIOTHERAPIST
13/5/2021

1. Full Description of item/service/repair	Qty Required
anti embolism stockings, knee high (below knee), colour white, toe opening, graduated pressure. Sample must be provided. Spec attached	
Medium, regular	48 pairs
Large (L), regular	36 pairs
Extra large (XL)	24 pairs
Extra extra large (XXL)	24 pairs

GRS677/OS/21

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
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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.