



KZN HEALTH

KZN Health Intranet

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AdvertQuote



Quotation Advert

Opening Date:	2021-05-25	
Closing Date:	2021-06-01	
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	2021-05-24	

ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ: GRS558/05/21	
Item Category:	Goods	▼
Item Description:	(A) 4.7 COOLER BOX WITH ICE BRICKS (B) 2.5 LITRE COOLER BOX WITH ICE BRICKS NB: SEE PICTURE ATTACHED	

Quantity (if supplies)	(A)- 2 (B)- 2
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COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable	▼
Date :		
Time:		
Venue:		

QUOTES CAN BE COLLECTED FROM:	DEPARTMENTAL WEBSITE
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QUOTES SHOULD BE DELIVERED TO:	GREY'S TENDER BOX
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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:	
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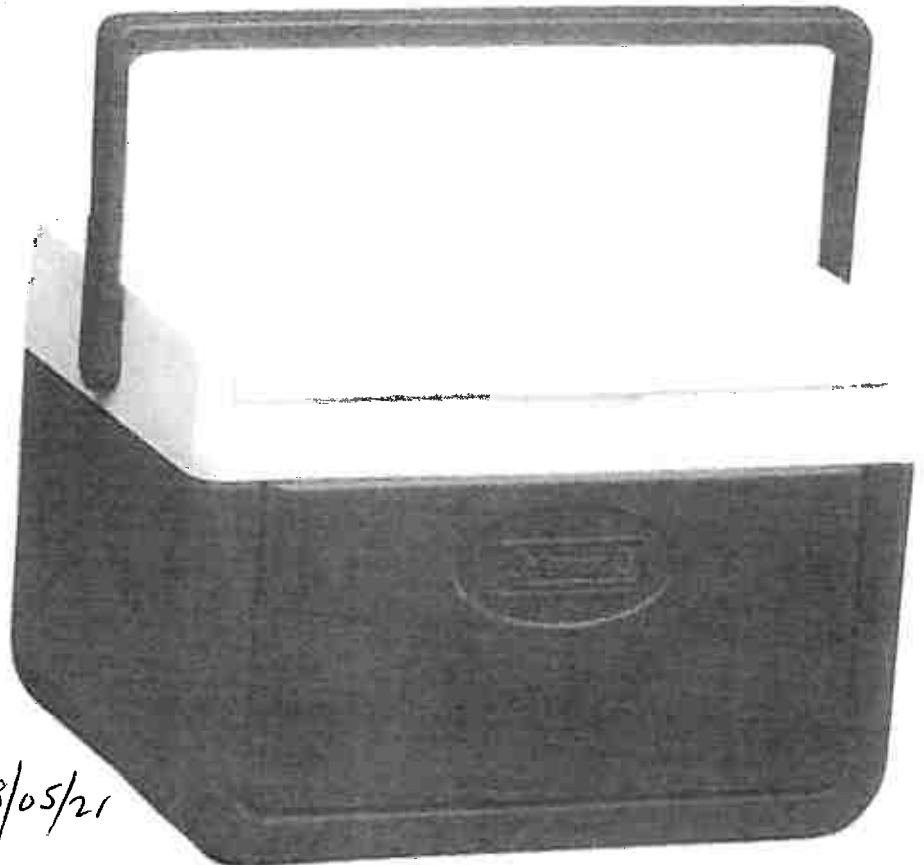
No late quotes will be considered

2.5 Litre Cooler Bag



GRS 558/05/21

4.7 Litre Cooler Bag



GRS 558/05/21

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state...
- 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)...

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*): 2.6. 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

**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);
b) any municipality or municipal entity;
c) provincial legislature;
d) national Assembly or the national Council of provinces; or
e) Parliament.

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.