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AdvertQuote



Quotation Advert

Opening Date: 2021-10-13

Closing Date: 2021-10-21

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Provincial Pharmaceutical Supply Depot

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Provincial Pharmaceutical Supply Depot

Date Submitted: 2021-10-13

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 0056/22

Item Category: Goods

Item Description: ADHESIVE LABELS - RED BLANK (RE-ADVERTISEMENT)

Quantity (if supplies) 5

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: PPSD

QUOTES SHOULD BE DELIVERED TO: PPSD TENDER BOX OR EMAIL TO: manda.vanheerden@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Thandazile Xate

Email: primrose.xate@kznhealth.gov.za

Contact Number: 031 469 9339

Finance Manager Name: Mr S Naicker

Finance Manager Signature:

No late quotes will be considered

Print this page

Site Updated: 13 October, 2021, 08:16 am

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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.

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

Prepared by:

Initial and Surname	Designation	Signature	Date
R Azariah	Pharmacist		09/09/2021

Reviewed by Supervisor/Operations Manager:

Initial and Surname	Designation	Signature	Date
Ms SB Nhlapho	Assistant Manager		09/09/2021

Item details	Specification
Specification Number	09/09/2021C
Item description	Adhesive Label - Red Blank
Size	Dimensions: 60mm x 40mm ± 2mm
Colour	Label: Red (Variation in colour and size will be accepted based on economical value of product)
Material	<ul style="list-style-type: none"> Substrate material: Semi-gloss Adhesive: Hotmelt
Packaging (unit/box)	5 000 labels per roll
Functionality/performance	Label must remain attached to the cartons Spacing between labels ±4mm (dispensing gap) Spacing of outer edges of not less than 1mm and not more than 1.5mm (reel edge)
Purpose	Required for stock take Labels are attached to cartons to indicate that it has been counted
Other:	Locally manufactured Sample to be supplied with quote Failure to submit samples will lead to automatic disqualification.

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
M Lutchman	Pharmacist: Demands		9.9.21

Members:

Ms N Ncwane

Ms NP Majola

Ms PT Xate

Ms NY Gumede