SharePoint Perumal Collin - ?



KZN Health Intranet

Search this site

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

## AdvertQuote

Closing Date: 2021-08-10  Closing Time: 11:00  INSTITUTION DETAILS  Institution Name: Grey's hospital  Province: KwsZulu-Natal  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: ZNO: GRS 1149/07/21  Item Category: Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY  (S SWABS PER POUCH AND \$50 PUCHES A BOX)  Quantity (if supplies) 3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  QUOTES SHOULD BE DELIVERED TO: Grey's Hospital  QUOTES SHOULD BE DELIVERED TO: Grey's Hospital  QUOTES REGARDING THE ADVERT MAY BE DIRECTED TO:  Name: Pearl Msomi  Email: No EMAIL  Contact Number: 033 897 3482	HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
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 1149/07/21  Item Category: Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND TSO PUCHES A BOX)  Quantity (if supplies) 3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time: Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  QUOTES SHOULD BE DELIVERED TO: Grey's Hospital  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  Pearl Msomi  NO EMAIL  Contact Number: 033 897 3482	Opening Date:	2021-08-03	
Closing Time: 11:00  INSTITUTION DETAILS Institution Name: Grey's hospital Province: KwaZulu-Natal Department of 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: ZNO: GRS 1149/07/21 Item Category: Goods TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND TSO PUCHES A BOX)  Quantity (if supplies) 3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable  QUOTES CAN BE COLLECTED FROM: Grey's Hospital 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 No EMAIL Contact Number: 033 897 3482	Closing Date:	2021-08-10	30 30
Institution Name:  Grey's hospital  Province:  KwaZulu-Natal  Department or Entity:  Department or Entity:  Department or Supply Chain Management  Place where goods / services is required  Date Submitted  D	Closing Time:	11:00	
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:  GRS 1149/07/21  Item Category:  Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY  (5 SWABS PER POUCH AND \$50 PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type:  Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM:  Grey's Hospital  QUOTES SHOULD BE DELIVERED TO:  Grey's Hospital  QUOTES SHOULD BE DELIVERED TO:  Fearl Misomi  NO EMAIL  Contact Number:  033 897 3482	INSTITUTION DETAILS		
Department of Health  Division or section:  Central Supply Chain Management  Grey's Hospital  Date Submitted	Institution Name:	Grey's hospital	$\triangleright$
Division or section:  Central Supply Chain Management  Grey's Hospital  Date Submitted  Date S	Province:	KwaZulu-Natal	_
Place where goods / services is required  Date Submitted  Date	Department or Entity:	Department of Health	
Date Submitted  2021-08-03  ITEM CATEGORY AND DETAILS  Quotation Number:  GRS 1149/07/21  Item Category:  Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND 150 PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	Division or section:	Central Supply Chain Management	
ITEM CATEGORY AND DETAILS  Quotation Number:  GRS 1149/07/21  Item Category:  Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND 150 PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type:  Not Applicable  Time:  Venue:  QUOTES CAN BE COLLECTED FROM:  Grey's Hospital  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	Place where goods / services is required	Grey's Hospital	
ITEM CATEGORY AND DETAILS  Quotation Number:  ZNQ: GRS 1149/07/21  Item Category:  Goods  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND TSO PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type:  Not Applicable  Time:  Venue:  QUOTES CAN BE COLLECTED FROM:  Grey's Hospital  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	Date Submitted	2021-08-03	
Item Category:  Goods TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND 150 PUCHES A BOX)  Quantity (if supplies) 3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable  Date: Time: Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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 NO EMAIL Contact Number: 033 897 3482	ITEM CATEGORY AND DETAILS		
Item Category:  Item Description:  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND \$50 PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	Quotation Number:	ZNQ:	
Item Description:  TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PLY (5 SWABS PER POUCH AND 150 PUCHES A BOX)  Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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		GRS 1149/07/21	
Quantity (if supplies)  3 BOXES  COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type:  Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM:  Grey's Hospital  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	Item Category:	Goods	$\overline{\mathbf{v}}$
COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	Item Description:	TONSIL SWABS X-RAY DETECABLE STERILE 25MM X 100MM X 12PL (5 SWABS PER POUCH AND 150 PUCHES A BOX)	Y
COMPULSORY BRIEFING SESSION / SITE VISIT  Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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			
Select Type: Not Applicable  Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	Quantity (if supplies)	3 BOXES	
Date:  Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	COMPULSORY BRIEFING SESSION	SITE VISIT	
Time:  Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  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	Select Type:	Not Applicable	$\overline{\mathbf{v}}$
Venue:  QUOTES CAN BE COLLECTED FROM: Grey's Hospital  QUOTES SHOULD BE DELIVERED TO: Grey's Hospital, 201 Town bush road, PMB, 3201  ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:  Name: Pearl Msorni  Email: NO EMAIL  Contact Number: 033 897 3482	Date:		
QUOTES CAN BE COLLECTED FROM:  Grey's Hospital  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	Time:		
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	Venue:		
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			
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:  Name: Pearl Msomi  Email: NO EMAIL  Contact Number: 033 897 3482	QUOTES CAN BE COLLECTED FROM:	Grey's Hospital	
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:  Name: Pearl Msomi  Email: NO EMAIL  Contact Number: 033 897 3482	OUGTER CHOIND BE DELIVERED TO	Canda Harrital 201 Taura hugh read DAAD 2201	
Name: Pearl Msomi  Email: NO EMAIL  Contact Number: 033 897 3482	GOOLES SHOOFD RE DEFLACKED 10:	Grey's mospital, 201 fown bush road, Pivio, 5201	
Email: NO EMAIL  Contact Number: 033 897 3482	ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Contact Number: 033 897 3482	Name:	Pearl Msorni	
	Email:	NO EMAIL	
Finance Manager Name: Mrs R (Anderson	Contact Number:	033 897 3482	
- inis p. g Anagison	Finance Manager Name:	Mrs B. Anderson	
		1 /2 1 . V	

## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

PHYSIC	CAL ADDRESS:	RECTED TO: Supply chain department TOWNBUSH ROAD,PMB 3201			***************************************					
		CLOSING DATE:								
DESCRIF		FOLLOWING DARTION ARGUST DE EURIQUES /FAUL								
	IAE	FOLLOWING PARTICULARS MUST BE FURNISHED (FAIL)			FER BEING DISQUA	LIFIED) 				
		NAME & ADDRE	SS OF BIDDER (F	IRM)						
	OF BIDDER:		DATE:							
	CAL ADDRESS:		EMAIL ADDI							
	CT NUMBER: URE OF BIDDE	р.	FACSIMILE	NUMBER:						
		nt I hereby agree to all terms and conditions]		SARS PIN:  CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: [						
		N REFERENCE: ↓	CENTIONES	OF FEICH DATABASE N	EGISTION (CSD)	1 1 1	-			
					11111		1 -			
		the specification?		od e.g. E.g. 1day, 1week						
ls the pric	41	<u> </u>	All delivery costs r	nust be included in the qu						
Item Qu No	Quantity	Description		Brand & model	Country of manufacture	Price				
					mandidatara	R	c			
				-		-	-			
				-	+	-	-			
				1	1					
_							_			

- SPECIAL CONTRACT CONDITIONS OF QUOTATIONS
- 1.1 1.2 1.3
- are count which conditions or quotiful number of any quote. The institution is under no obligation to accept the lowest or any quote. The price quoted must include VAT (if VAT vendor).

  The department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT.
- wendors.

  The bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & preference quoted cover all for the work/flem (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk.

  The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions desching on under this agreement, as the Principal (s) liable for the due fulfilment of this contract. This quotation will be evaluated specification & correctness of information.

  Only offers that comply with or greater than specification will be considered.

  Late quotes will not be considered.

  All products supplied must be valid for a minimum period of six months.

  A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.

  All delivery costs must be included in the quote price, for delivery at the prescribed destination.

  Only firm prices will be accepted, Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

  In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery points. 1.4

- 1.11 1.12

- If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.

  The supplier shall furnish any information, when requested.
  In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
  The supplier shall indemnify the KZN Department of Health (aka the purchaser) against all third-party claims of infringement of palent, trademark, or industrial design rights arising from use of the goods or any part hereof by the purchaser any or all of the goods or to perform the services within the period(s) specified in the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delayed goods or unperformed. The purchaser may also consider termination of the contract.

  The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other or obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

  The purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services.

  Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a 1.18
- 1.20

- restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a
- period not exceeding 10 years, multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders having multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered
- SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS
- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural 2.1
- 2.3 2.4 2.5

- 2.6
- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the terminine and the neutron. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted, Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. Quotation submitted must be complete in all respects.

  Any alteration made by the bidder must be initialed.
  Use of correcting fluid is prohibited
  Quotation will be opened in public as soon as practicable after the closing time of quotation.

  Where practical, prices are made public at the time of opening quotations.

  If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

  Quotation shall be lodged at the address indicated not later than the dosing time specified for their receipt, and in accordance with the directives in the quotation documents.

  Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and dosing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. It this provision is not complied with, such quotations/bids may be rejected as being invalid.

  All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in sale custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the dosing date and time of quotation start in the quotation documentation, and proof of posting will not be accepted as proof of delivery. Quotation tocuments must not be included in packages containing samples. Such quotations may be rejected as being invalid.

- 3.6 as being invalid.

## **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. la	n order to give effect to the above, the following questionnaire must	be co	impleted and submitted with the quot	e.		
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, shareholder²)	2.6.	VAT Registration Number:	******************************		
2.7.	The names of all directors / trustees / shareholders / members, the employee / persal numbers must be indicated in paragraph 3 belo	eir in w	dividual identity numbers, tax referer	nce numbers and, ITICK A		
2.8.	Are you or any person connected with the bidder presently employ	 red b	v the state?	YES		NO L
2.8,	1.If so, furnish the following particulars:					
	Name of person / director / trustee / shareholder/ member:			• • • • • • • • • • • • • • • • • • • •	<i>.</i>	
	Name of state institution at which you or the person connected to the	ne bio	dder is employed:			
	Position occupied in the state institution:		Any other particulars:			
2.8.	<ol><li>If you are presently employed by the state, did you obtain the approximation.</li></ol>	prop	riate authority to undertake remuner	ative work outside	emp	loymen
	in the public sector?			YES		NO
2.8.2	2.1. If yes, did you attach proof of such authority to the quote docu	ment	?			
(Note:	Failure to submit proof of such authority, where applicable, may resu	ılt in	the disqualification of the quote.)			
2.8.2	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 / truste	es / s	shareholders / members or their spou			
20.	state in the previous twelve months?			YES	Щ	NO
2.5. 2.10	l. If so, furnish particulars	 	Manath, Edward athan Andah			
2.10	may be involved with the evaluation and or adjudication of this quo	nsnip	(tamily, triend, other) with a person of		-	
2 10	1. If so, furnish particulars:	ne :		YES		NO
2.11	. Are you, or any person connected with the bidder, aware of any rel	ation	shin (family friend other) between a	ny othor hiddor an	d on	( norson
	employed by the state who may be involved with the evaluation ar	d or	adjudication of this quote?	YES		NO NO
2.11	.1. If so, furnish particulars:		anjournation of the quote.	152		NO
2.12	. Do you or any of the directors / trustees / shareholders / members of	of the	company have any interest in any of	her related compa	nies '	whether
	or not they are bidding for this contract?			YES		NO I
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 / trust to ensure that their details are up-to-date and verified on CSD. If not be considered and passed over as non-compliant according to	the D	Department cannot validate the infor	mation on CSD, to	espo	onsibility uote will
4	DECLARATION					
	HE UNDERSIGNED (NAME)		CERTIFY TE	IAT THE INFO	RM/	ATION
	CCEPT THAT THE STATE MAY REJECT THE QUOTE O OVE TO BE FALSE.	R A	CT AGAINST ME SHOULD TH	IS DECLARAT	ION	
				************		
Nam	e of bidder Signature		Position	Date		
"State	s" means –					
a) b)	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); any municipality or municipal entity:	c) d) e)	provincial legislature; national Assembly or the national Council of Parliament.	provinces; or		

<sup>\*</sup>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.