



KZN Health Intranet KZN HEALTH

Search this site Q

HOME

CORPORATE INFORMATION

COMPONENTS

DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

Closing Date: 2021-08-24 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 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS LANGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (C) 5 BOXES 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 NG ANDERSON	6 \Ac			
Closing Date: 2021-08-24 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 Date Submitted 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNC: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (C) 5 BOXES 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 INDERSON		HEALTH		
Closing Date: 2021-08-24 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 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS LANGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (C) 5 BOXES 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 NG ANDERSON	Opening Dat	e:	2021-08-18	
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 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MEDIUM (Closing Date:		2021-08-24	#10
Institution Name: 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 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMEDIUM (C) VESSEL	Closing Time	9 :	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 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: ZNO: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) VESSEL VE	INSTITUTIO	ON DETAILS		
Department or Entity: Division or section: Central Supply Chain Management Place where goods / services is required Grey's Hospital Date Submitted 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: CRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS MARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Pate: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: GREY'S TENDER BOX ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: PEARL MSOM! Email: NO EMAIL Contact Number: 033 897 3482 Finance Manager Name: MRS pr G NNDERSON	Institution Na	ame:	Grey's hospital	•
Division or section: Place where goods / services is required Place where goods / services is required Date Submitted 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MALE (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MALL (B) VESSEL LOOPS MALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS (A)	Province:		KwaZulu-Natal	
Place where goods / services is required Date Submitted 2021-08-18 ITEM CATEGORY AND DETAILS Quotation Number: GRS 409/04/21 Item Category: Goods (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES 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: Contact Number: 033 897 3482 Finance Manager Name: MRS 96 G NDERSON	Department o	or Entity:	Department of Health	
Date Submitted ITEM CATEGORY AND DETAILS Quotation Number: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: GREY'S TENDER BOX ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: (Contact Number: O33 897 3482 Finance Manager Name: MRS 96 ANDERSON	Division or s	ection:	Central Supply Chain Management	
ITEM CATEGORY AND DETAILS Quotation Number: GRS 409/04/21 Item Category: Goods Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MADIUM (C) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES 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: Contact Number: O33 897 3482 Finance Manager Name: MRS 96 ANDERSON	Place where	goods / services is required	Grey's Hospital	
ITEM CATEGORY AND DETAILS Quotation Number: ZNQ: GRS 409/04/21 Item Category: Goods (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MADIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable 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: O33 897 3482 Finance Manager Name: MRS 96 ANDERSON	Date Submitt	ted	2021-08-18	**a
Item Category: GRS 409/04/21 Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) V	ITEM CATE	GORY AND DETAILS		
Item Description: (A) VESSEL LOOPS SMALL (B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES 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 9 G NDERSON	Quotation Number:			
(B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX NB: FULL SPECIFICATION ATTACHED. Quantity (if supplies) (A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES 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: O33 897 3482 Finance Manager Name: MRS PG INDERSON	Item Category:		Goods	•
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 PG NDERSON	ltem Descript	tion:	(B) VESSEL LOOPS MEDIUM (C) VESSEL LOOPS LARGE 20 UNITS PER BOX	
Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: GREY'S TENDER BOX ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: PEARL MSOMI Email: Contact Number: 033 897 3482 Finance Manager Name: MRS 9 G NDERSON	Quantity (if s	upplies)	(A) 5 BOXES, (B) 5 BOXES, (C) 5 BOXES	
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 & G NDERSON	COMPULS	ORY BRIEFING SESSION	/ SITE VISIT	
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 P.G. NDERSON	Select Type:		Not Applicable	•
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 P.G. NDERSON	Date :			
QUOTES CAN BE COLLECTED FROM: 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 PG NDERSON	Time:			ш,
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 P.G. NDERSON	Venue:			
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: PEARL MSOMI Email: NO EMAIL Contact Number: 033 897 3482 Finance Manager Name: MRS P.G. NDERSON	QUOTES CAN	BE COLLECTED FROM:	DEPARTMENTAL WEBSITE	
Name: PEARL MSOMI Email: NO EMAIL Contact Number: 033 897 3482 Finance Manager Name: MRS P.G NDERSON	QUOTES SHOULD BE DELIVERED TO:		GREY'S TENDER BOX	
Email: NO EMAIL Contact Number: 033 897 3482 Finance Manager Name: MRS 9.G NDERSON		REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Contact Number: 033 897 3482 Finance Manager Name: MRS 9.G NDERSON			PEARL MSOMI	
Finance Manager Name: MRS 9.G NDERSON			NO EMAIL	
Wild Joo Hild Chook	Contact Number:		033 897 3482	
/3 / .	Finance Manager Name:		MRS P.G INDERSON	
Finance Manager Signature: No late quotes will be considered	Finance Mana		Stewen	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT LINDER R30 000 00

ENQUI	RIES MAY BE DI	BAUGUST 2021 FACSIMILE NUMBER: RECTED TO: SUPPLY CHAIN DEPARTM TOWNBUSH ROAD,PMB 3201	ENT		CC	NTACT	NUMBE	R	scmbu	yingoffi	ce@kz	nhealt	th.gc	v.za		
NQ NUN ESCRIP	TION VESSEL I					• • • • • • • • • • • • • • • • • • • •										
	INE	FOLLOWING PARTICULARS MUST BE FUI					ULTIN	YOU	ROF	ER BE	NG DI	SQUA	LIFI	ED)		
NAME (OF BIDDER:		NAME & ADDRESS		_	FIRM)		_								
	CAL ADDRESS:			DA		DRESS:					_					
	CT NUMBER:			_			: p.	_				_	_			
SIGNAT	URE OF BIDDE	₹:		FACSIMILE NUMBER: SARS PIN:												
(By sign	ing this documen	t I hereby agree to all terms and conditions]		CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓												
UNIQUE	REGISTRATIO	N REFERENCE: ↓		+		П	1	т	1	-	1				T	1
JE I				ŤΤ	1	H		十	+	T T	1	ĹΤ		7	+	TТ
oes this	offer comply with	the specification?	l k	tata dali	i mar no	riod e.g.	F = 44	Au. 4:	li			_	T		1	1
the pric		TO OPOGNIOGEOIT.				must be				ote price	,		_			
Item Quantity		Description			Brand & model				Country of manufacture		T	Price				
No											-	R		C		
(A)	5 BOXES	VESSEL LOOF									_	+				
(B)	5 BOXES	VESSEL LOOPS MEDIUM				4		_	_	_			1			
(C) 5 BOXES VESSEL LOOPS LARGE													\pm			
		NB: FULL SPECIFICA		_		-		_	\vdash			+			+	
													Ŧ			\perp
VALUE A	ADDED TAX @ 1	5% (Only if VAT Vendor)						_					1			
		ICE (VALIDITY PERIOD 60 Days)														

- 1.2 The price quoted must include VAT (if VAT vendor).
 1.3 The department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT.
- The bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the 5.4
- booer's risk.

 The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) fable 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.

- 1.8 Late quotes will not be considered.

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

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

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

 1.12 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.

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

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

- course,

 1.15 The supplier shall furnish any information, when requested.

 1.16 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.

 1.17 The supplier shall indemnify the KZN Department of Health (aka the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part
- of introgement of patient, trademark, or industrial design rights anising from use of the goods or any part hereof by the purchaser.

 1.18 If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from 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 delay until actual delivery or performance. The purchaser may also consider termination of the contract.

 1.19 The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the contract within the period(s) specified in the contract fails to perform any other chilipation(s) under the contract.
- goods within the period(s) specified in the contract fails to perform any other 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 similar to those underlivered, and the supplier shall be liable to the purchaser for any excess costs for services same a live of independent of the services.

 Where the purchaser terminales the contract in whole or in part, the purchaser may decide to impose a

- 1.22 In the event of a bidder having 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
- SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS QUOTATION
- ss inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural
- 2.2

- 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 tenninine and the neuter.

 Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Pholocopies of the original bid documentation may be used, but an original signature must appear on such photocopies. The bidder is advised to decic 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 initialled. Use of correcting fluid is prohibited. Quotation will be opened in public as soon as practicable after the closing time of quotation. Where practice, 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 closing 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 seaded envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents retaining to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be related as the hinton invalid.
- rejected as being invaid.

 All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in sale oustody until the closing time of the quotation/bids. Where, however, a quotation is receive 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 closing date and time of quotation will be considered.

 No munication/bid sent through the post will be considered if it is received after the closing date and time

- 3.5 No quotation brid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.

 Quotation documents must not be included in packages containing samples. Such quotations may be rejected as proof of insulati as being invalid.

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state, 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. Ir	order to give effect to the above, the following questionnaire must	st be co	ompleted 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	r²):2.6.	VAT Registration Number:		
	The names of all directors / trustees / shareholders / members, employee / persal numbers must be indicated in paragraph 3 be	שאחזי			
2.8.	Are you or any person connected with the bidder presently employed	loved b	v the state?	TICK APP	
2.8.7	.If so, turnish the following particulars:				NO
	Name of person / director / trustee / shareholder/ member:		***************************************		
	Tame of state institution at which you of the person comperior to	ine nic	ider ie employed:		
	osition occupied in title state institution:		Any other particulars:		
2.8.2	you are presently employed by the state, did you obtain the	арргор	riate authority to undertake remunerative	work outside er	molovmen
	in the public sector?			YES	T NO T
2.8.2	1. If yes, did you attach proof of such authority to the quote doc	cument	?		TNO
(IVOTE: F	ailure to submit proof of such authority, where applicable, may re	<u>sult in i</u>	the disqualification of the quote.)		
2.0.2	2. II NO, TURNISH reasons for non-submission of such proof-		_	********	
2.9.	and you or your spouse, or any or the company's directors / this	tees / s	shareholders / members or their spouses o	conduct busines	ss with the
	arare in the breations (Melde Highlitis)			YES	TNO
2.3.1	If so, furnish particulars:				
2.10.	Do you, or any person connected with the bidder, have any relati	ionship	(family, friend, other) with a person emplo	yed by the state	e and who
	may be inversed with the evaluation and of animication of this di	JOTE 7		YES	NO
2.10.	. If so, furnish particulars:		1. 45		
	Are you, or any person connected with the bidder, aware of any nemployed by the state who may be involved with the evaluation a	erations	snip (family, friend, other) between any oth	er bidder and a	any person
2.11.1	If so, furnish particulars:	and or a	adjudication of this quote?	YES	NO
2.12.	Do you or any of the directors / trustees / shareholders / members	of the	company have any later at his and		
	or not they are bidding for this contract?	ou ule	company have any interest in any other rel		
2.12.1	. If so, furnish particulars:			YES	NO
			• • • • • • • • • • • • • • • • • • • •		
J, P	ull details of directors / trustees / members / shareholders.				
IND.	The Department Of Health will validate details of directors / trus	stees /	members / shareholders on CSD. It is the	e suppliers' res	ponsibility
	oriogic triat tricii details are up-to-date allo venileo on CSTT	TINE LI	enariment cannot validate the informatio.	- an OOD 4k-	quote will
	not be considered and passed over as non-compliant according t	o Natio	nal Treasury Instruction Note 4 (a) 2016/1	7.	•
4	DECLARATION				
I, TH	E UNDERSIGNED (NAME)		CERTIEV THAT T	THE INDOBA	A ATTON
FURI	NSHED IN PARAGRAPHS 2.		CERTIFT THAT I	HE INTORIV	IATION
LAC	FPT THAT THE STATE MAY DEJECT THE OHOURS	DD 15			
PROV	CEPT THAT THE STATE MAY REJECT THE QUOTE (/E TO BE FALSE.	JK AC	T AGAINST ME SHOULD THIS DE	CLARATIO	N
	S 10 BB Tribbi,				
	of bidder Signature		O**-		
	Oignature		Position	Date	
	means –				
a) a	ny national or provincial department, national or provincial public entity or		provincial legislature;		
ļ	onstitutional institution within the meaning of the Public Finance Management cl, 1999 (Act No. 1 of 1999); ny municipality or municipal entity;	ď)	national Assembly or the national Council of province Parliament.	s; or	

^{*}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.

5 BOXES = 100 UNITS 5 BOXES = 100 UNITS Qty Required 5 BOXES = 100 UNITS (A) AN EYEN DISPERSION OF PELABLE OVAL SHAPED SILICONE LOOP. RADIOPAQUE WHICH PROVIDE BLOCKING OF VESSEL. GOUNITS/BOO. COLOUR YELLOW
VESSEL LOOPS MEDIUM SOFT PLIABLE OVAL SHAPED SILICONE LOOP. RADIOPAQUE WHICH PROVIDE WESSEL LOOPS MEDIUM SOFT PLIABLE OVAL SHAPED SILICONE LOOP. RADIOPAQUE WHICH PROVIDE AN EVEN DISPERSION OF PRESSURE SIGNIFICANILY REDUCING POSSIBILITY OF AN VESSEL LOOPS LARGE SOFT PLIABLE OVAL SHAPED SILICONE LOOP. RADIOPAQUE WHICH AN EVEN DISPERSION OF PRESSURE SIGNIFICANILY REDUCING POSSIBILITY OF AN UNINTENDED BLOCKING OF VESSEL (20UNITS/BOX) COLOUR RED 1. Full Description of item/service/repair

GRH409/04/21

There is tomas