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KZN HEALTH

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AdvertQuote

KWAZULU-NATAL PROVIN	ıce	
HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2021-07-06	## ## ## ## ## ## ## ## ## ## ## ## ##
Closing Date:	2021-07-13	***
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	2021-07-01	
ITEM CATEGORY AND DETAILS		_
Quotation Number:	ZNQ:	
Itom Cotonomi	GRS679/06/21	
Item Category:  Item Description:	Goods	•
Quantity (if supplies)	200 UNITS	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	•
Date:		EQ.
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	DEPARTMENTAL WEBSITE	
QUOTES SHOULD BE DELIVERED TO:	GREY'S TENDER BOX	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	PEARL MSOMI	
Email:	NO EMAIL	
Contact Number:	033 897 3482	
Finance Manager Name:	MRS BO ANDERSON	

No late quotes will be considered

Finance Manager Signature:

## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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## DECLARATION OF INTEREST

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The management of the file	OUTDAMY COMPCION INTELLAL SPACES		***************************************
2.7. The names of all directive mployee / persal numbers of all directive mployee / persal numbers of case of	ors / trustees / shareholders / members pers must be indicated in paragraph 3 beconnected with the bidder presently employ particulars:  If / trustee / shareholder/ member:  at which you or the person connected to state institution:  Inployed by the state, did you obtain the proof of such authority to the quote do such authority, where applicable, may reside for non-submission of such proof:  or any of the company's directors / trustive months?	t, their individual identity numbers, ta elow. ployed by the state? to the bidder is employed:	err spouses conduct business with the
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2.11.1. If so, furnish particulars 2.12. Do you or any of the direct or not they are hidding for	onnected with the bidder, aware of any report of any report of any be involved with the evaluation attempts of trustees / shareholders / members of this contract?	and or adjudication of this quote?	veen any other bidder and any person
7 Full details to			120 140
NB: The Department Of Health to ensure that their details not be considered and pas  4 DECLARATION	trustees / members / shareholders.  will validate details of directors / trus are up-to-date and verified on CSD. If seed over as non-compliant according to	tees / members / shareholders on of the Department cannot validate the o National Treasury Instruction Note	4 (a) 2016/17.
I, THE UNDERSIGNED (NA FURNISHED IN PARAGRA	AME) PHS 2.	CERTIF	Y THAT THE INFORMATION
I ACCEPT THAT THE STATE PROVE TO BE FALSE.	TE MAY REJECT THE QUOTE O	R ACT AGAINST ME SHOULI	O THIS DECLARATION
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Name of bidder	Cionatura		_
-	Signature	Position	Date
"State" means –  a) any national or provincial depart constitutional institution within the Act, 1999 (Act No. 1 of 1999);  b) any municipality or municipal entity	ment, national or provincial public entity or meaning of the Public Finance Management	c) provincial legislature; d) national Assembly or the national Coun e) Parliament.	

any municipality or municipal entity;

<sup>\*&</sup>quot;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.