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SharePoint Msomi Benzangani - ?



KZN HEALTH

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HEALTH FACILITIES

CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES

KZN Health > Components > Supply Chain Management

AdvertQuote

	KWAZULU-NATAL PROVINCE						
	HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert					
Opening Date:		2021-07-06	10				
Closing Date:		2021-07-13	==				
Closing Time:		11:00					
INSTITUTION	ON DETAILS						
Institution Name:		Grey's hospital	$\overline{\mathbf{v}}$				
Province:		KwaZulu-Natal					
Department of	or Entity:	Department of Health					
Division or section:		Central Supply Chain Management					
Place where	goods / services is required	Grey's Hospital					
Date Submit	ted	2021-07-06	0				
ITEM CATI	EGORY AND DETAILS						
Quotation Number:		ZNQ:					
		GRS 710/06/21	-				
Item Categor	ry:	Goods	$\overline{\mathbf{v}}$				
Item Descrip	otion:	Syringe medical insulin 50U/0,5 ml 29/28G needle sterile latex free must have 3 years shelve life (50 per box)	+				
Quantity (if	supplies)	240 boxes					
COMPULS	ORY BRIEFING SESSION	I / SITE VISIT					
Select Type:	:	Not Applicable	∇				
Date :			10				
Time:							
Venue:							
QUOTES CAN BE COLLECTED FROM:		department website					
QUOTES SHOULD BE DELIVERED TO:		Greys hospital Tender box, 201 Town Bush Road, Pietermaritzburg					
ENQUIRIE	S REGARDING THE ADV	ERT MAY BE DIRECTED TO:					
Name:		Pearl Msomi					
Email:		no email					
Contact Number:		033- 897 3482					
Finance Manager Name:		Mrs/B.G. Anderson					
Finance Manager Signature:		Blue	_				

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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HYSICAL ADDRESS		DATE:	NTE:					
CONTACT NUMBER:			MAIL ADDRESS:					
GNATURE OF BIDE		FACSIMILE	NUMBER:					
By signing this docum	nent I hereby agree to all terms and conditions	SARS PIN:						
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DECLARATION OF INTEREST

1, - -	quote or proposal). In view by the state, or to persons position in relation to the ev the bidder is employed by the legal person on who evaluation and or adjudic whose behalf the declaration.	ose behalf the bidding document is sign cation of the quote(s), or where it is know ant acts and persons who are involved wi	equire	the resulting quote, or part thereof, the the resulting quote, or part thereof, the distribution of the resulting quote, or part thereof, the distribution of the resulting and or adjustication of the resulting	ertised competitive quote, limited be awarded to persons employed ed representative declare his/her erson who are/is involved in the the person or persons for or on
2.	In order to give effect to the	above, the following questionnaire must	be co	empleted and submitted with the qua	e quote. Ne.
2.1	1. Full Name of bidder/renn	espotativo		_	
2.2	2. Identity Number:	Company (director, trustee, shareholder*)	2.5.	Tax Reference Number:	*** ***********************************
2	o. Position occupied in the (Company (director, trustee, shareholder²)	:2.6.	VAT Registration Number:	*********************
2.7 2.8	7. The names of all director employee / persal numbers. Are you or any person conditions, furnish the following	s / trustees / shareholders / members, the rs must be indicated in paragraph 3 below nnected with the bidder presently employ	ieir in W. yed by	dividual identity numbers, tax refere y the state?	nce numbers and, if applicable, [TICK APPLICABLE] [YES NO
	Name of state institution at	/ trustee / shareholder/ member:			***************************************
	Position occupied in the st	ate institution:	io Dia	der is embloken	************
2.8	If you are presently emp	oloyed by the state, did you obtain the ap	Drop	iate authority to undertake comunes	office would a set of the
2.8	2.1 If we did you attach -	,		to and ottake remonen	
		proof of such authority to the quote docur ch authority, where applicable, may resulted for non-submission of such are the			YES NO
2.8.	2.2. If no, furnish reasons to	for non-submission of such proof:	ut in ti	ne disqualification of the quote.)	
2.9.	Did you or your spouse, o	r any of the company's directors / trustee e months?	es / sl	Nareholders / members or their and	mon and at the state of the state of
20	state in the previous twelve	e months?		tareflowers of their spou	
2.10). Do you of any nerson con	nected with the hidder have any selection		***************************************	YES NO
	may be involved with the e	Waluation and or adjudgetion of the	ISNIP ((tamily, friend, other) with a person e	imployed by the state and who
2,10	.1. If so, furnish particulars	and days	CI		YES NO
2.11					
2.11	.1. If so, fumish particulars:	· · · · · · · · · · · · · · · · · · ·	1 O G	algorication of fills drokes	VEGINO
2.12	or not they are bidding for t		the c	company have any interest in any oth	er related companies whether
2.12	.1. If so, furnish particulars:		• • • • • • • •		YES NO
3, NB:	to ensure that their details not be considered and pass	rustees / members / shareholders. will validate details of directors / truster are up-to-date and verified on CSD. If th sed over as non-compliant according to N	es / n le De lation	nembers / shareholders on CSD. It partment cannot validate the Inform al Treasury Instruction Note 4 (a) 20	is the suppliers' responsibility nation on CSD, the quote will
4	DECLARATION			, (2) 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I, TH FUR	IE UNDERSIGNED (NA NISHED IN PARAGRAI	ME) PHS 2.	• • • • • •	CERTIFY THA	AT THE INFORMATION
I AC PRO	CEPT THAT THE STAT VE TO BE FALSE.	E MAY REJECT THE QUOTE OR	ACI	AGAINST ME SHOULD THIS	S DECLARATION
	of bidder	0			
. 101110	T- SIGUM	Signature		Position	Date
a) :	means — any national or provincial departn constitutional institution within the r Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	neaning of the Public Finance Management of	i) na	ovincial legislature; Bonal Assembly or the national Council of pro Irliament.	ivinces; or

[&]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.