SharePoint Msomi Benzangani - ?



KZN HEALTH

KZN Health Intranet

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AdvertQuote

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	KWAZULU-NATAL PROVIN			
	REPUBLIC OF SOUTH AFRICA	Quotation Advert		
Opening Date	e:	2021-07-06		
Closing Date:		2021-07-13	#	
Closing Time	9 :	11:00		
INSTITUTIO	ON DETAILS			
Institution Na	ame:	Grey's hospital	∇	
Province:		KwaZulu-Natal		
Department o	or Entity:	Department of Health		
Division or s	ection:	Central Supply Chain Management		
Place where	goods / services is required	Grey's Hospital		
Date Submitt	ted	2021-07-06	<u></u>	
ITEM CATE	GORY AND DETAILS			
Quotation Nu	ımber:	ZNQ:		
		GRS 724/06/21	_ :	
Item Categor	y:	Goods	\vee	
Item Descript	tion:	(A) Bag sterilization paper no. 1, (100 pack per box)	4	
		(B) Bags sterilization paper no.3, (1000 pck per box)		
Quantity (if s	upplies)	(A) 30 boxes, (B) 25 boxes		
COMPULS	ORY BRIEFING SESSION			
Select Type:		Not Applicable		
Date :		NOT Applicable		
Time:			轀	
Venue:				
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QUOTES CAN BE COLLECTED FROM:		department website		
QUOTES SHOULD BE DELIVERED TO:		Greys hospital Tender box, 201 Town Bush Road, Pietermaritzburg		
ENQUIRIES	REGARDING THE ADVE	RT MAY BE DIRECTED TO:		
Name:		Pearl Msomi		
Email:		no email		
Contact Number:		033- 897 3482		
Finance Mana	ager Name:	Mrs. B.g. Anderson		
		Bleve		
Finance Mana	ager Signature:	- ' / \inception - - - - - - - - - 		

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

ENQUIRIES A	K(ISED: MAY BE DIR	FACSIMILE NUMBER: 033 897 3006 ECTED TO: Supply chain department	E	MAIL:	*************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••
PHYSICAL A	DDRESS:	OWNBUSH ROAD,PMB 3201	······································	ONTACT NUMBER:	****************************		•••••
NQ NUMBER:				OI 0011			•••••
ESCRIPTION.	••••	TAIRIA N. T.	*** ***************	CLOSIN	G TIME: 11:00		
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					OFFER BEING DISQU	ALIFIED)	
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PHYSICAL AD			EMAIL ADD	DE 66			
CONTACT NUI			FACSIMILE				
SIGNATURE O	-		SARS PIN:	TOMBET.			
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MANUE REGIS	5/KAIION R	EFERENCE: 1			CSD INTIDIT (CSD	y NO.: I	
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-				Sidna di Nodel	Country of manufacture	Price	-
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LUE ADDED T	AX @ 15%	Only if VAT Vendor)					
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SDECIAL CONT	D4 07 00100	MS OF QUOTATIONS In to accept the lowest or any quote.		maily on the supplier by prohibitin			
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SARS pin in order k		it of the goods or to perform the services within the period(s) specified in out projudice to its other remodes under the contract, deduct from the installed on the delivered remode of the delivered.	Cloring date in	firsted on the annulus - The	or were the directories in the op- name and address of the bidd- slope shall not complied with, s orision is not complied with, s	er, ine quotagon nun	and shall be

DECLARATION OF INTEREST

	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 the bidder is employed by the state; and/or
-	the legal person on whose behalf the bidding document is signed, has a relationship with possessed

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 mu	et bo =	e evaluation and or adjudication of the quoti	9.
2.4	E. J. L	ist be C	ompreted and submitted with the quote.	
2.1. 2.2	Full Name of bidder/representative	2.4.	Company Registration Number	
2.3,	Identity Number: Position occupied in the Company (director, trustee, shareholds	2.5.	Tax Reference Number:	************
	Position occupied in the Company (director, trustee, shareholde	er*):2.6.	VAT Registration Number:	***************
2.7. 2.8. 2.8.1. N P 2.8.2. 2.8.2.1 (Note: Fa 2.8.2.2 2.9. 2.9.1	The names of all directors / trustees / shareholders / members employee / persal numbers must be indicated in paragraph 3 by Are you or any person connected with the bidder presently emplif so, furnish the following particulars: lame of person / director / trustee / shareholder/ member:	their in elow. It is appropriate the side of the side	y the state? Ider is employed: Any other particulars: inate authority to undertake remunerative where disqualification of the quote.)	mbers and, if applicable, [TICK APPLICABLE] YES NO ork outside employment YES NO
п	ay be involved with the evaluation and or adjudication and	onsinp i	(rarmy, mend, other) with a person employe	ed by the state and who
2.10.1.	II SO III/DISD particulares			1/170
2.11.1, 2.12. Do or	re you, or any person connected with the bidder, aware of any molecular in polyed by the state who may be involved with the evaluation at if so, furnish particulars: by you or any of the directors / trustees / shareholders / members not they are bidding for this contract? If so, furnish particulars:	erations and or a of the o	hip (family, friend, other) between any other djudication of this quote? company have any interest in any other relat	bidder and any person
NB: The to	I details of directors / trustees / members / shareholders. e Department Of Health will validate details of directors / trus ensure that their details are up-to-date and verified on CSD. If t be considered and passed over as non-compliant according to	tees / n	nembers / shareholders on CSD. It is the s	
	A CONTRACTOR			
I, THE	UNDERSIGNED (NAME) SHED IN PARAGRAPHS 2.	• • • • • • • • • • • • • • • • • • • •	CERTIFY THAT TH	E INFORMATION
I ACCE PROVE	PT THAT THE STATE MAY REJECT THE QUOTE O TO BE FALSE.	R ACI	AGAINST ME SHOULD THIS DEC	LARATION
Name of	Signature	j	Position Date	 }
a) any cons Act,	national or provincial department, national or provincial public entity or titutional institution within the meaning of the Public Finance Management 1999 (Act No. 1 of 1999); nunicipality or municipal entity;	ď) nat	ovincial legislature; ional Assembly or the national Council of provinces; o diament.	,

[&]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.