



# KZN Health Intranet

KZN HEALTH

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## AdvertQuote



## Quotation Advert

<b>Opening Date:</b>	2021-03-25	
<b>Closing Date:</b>	2021-03-30	
<b>Closing Time:</b>	11:00	

### INSTITUTION DETAILS

<b>Institution Name:</b>	Grey's hospital	▼
<b>Province:</b>	KwaZulu-Natal	
<b>Department or Entity:</b>	Department of Health	
<b>Division or section:</b>	Central Supply Chain Management	
<b>Place where goods / services is required</b>	Grey's- Physiotherapy	
<b>Date Submitted</b>	2021-03-25	

### ITEM CATEGORY AND DETAILS

<b>Quotation Number:</b>	ZNQ: GRH4743/02/21	
<b>Item Category:</b>	Goods	▼
<b>Item Description:</b>	Therapy Bobath Rolls 30cm (diameter) x 60cm (length) Therapy Bobath Rolls 50cm (diameter) x 60cm (length) (Specification Attached) and Please Provide Sample with Quote	

**Quantity (if supplies)** (a) 1 Unit and (b) 1 Unit

### COMPULSORY BRIEFING SESSION / SITE VISIT

<b>Select Type:</b>	Not Applicable	▼
<b>Date :</b>		
<b>Time:</b>		
<b>Venue:</b>		

**QUOTES CAN BE COLLECTED FROM:** Departmental Website

**QUOTES SHOULD BE DELIVERED TO:** Grey's Tender Box

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

<b>Name:</b>	Pearl Msomi	*
<b>Email:</b>	No e-mailed Quotations will be accepted	*
<b>Contact Number:</b>	0338973482	*
<b>Finance Manager Name:</b>	Mrs T.M Mazibuko	

Finance Manager Signature: \_\_\_\_\_

No late quotes will be considered



**GREYS HOSPITAL**

Private bag x 9001, Northern Park, Pietermaritzburg  
Tel. 033 8973194 / 033 8973795  
Email: [health@kznhealth.gov.za](mailto:health@kznhealth.gov.za) / [www.kznhealth.gov.za](http://www.kznhealth.gov.za)

3 February 2021

Specification details for Physiotherapy Neuro-Rehabilitation Treatment Cubes (Blocks)

Bobath rolls 30cm, 45cm,	Construction: high-quality polyether foam Reinforced with an inner core. Hygienic, easy to clean and disinfect Covered with skin-friendly vinyl Firm material Sizes: 30cm (diameter) x 60cm(length) 50cm (diameter) x 60cm(length)
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GRH 4743/02/21



**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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. In order to give effect to the above, the following questionnaire must be completed 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 <sup>2</sup> ):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

TICK APPLICABLE  

YES	NO
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2.8. Are you or any person connected with the bidder presently employed by the state?

2.8.1. If so, furnish the following particulars:

- Name of person / director / trustee / shareholder/ member: .....
- Name of state institution at which you or the person connected to the bidder is employed:.....
- Position occupied in the state institution: .....Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES	NO
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2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES	NO
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2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote?

YES	NO
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2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote?

YES	NO
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2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES	NO
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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 / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder	..... Signature	..... Position	..... Date
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<sup>1</sup>"State" means –

- |   |   |
|---|---|
| a) 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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</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.