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DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVIN	ICE	
HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2021-05-18	i p
Closing Date:	2021-05-25	io
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	2021-05-18	ii o
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: GRS5069/03/21	
Item Category:	Goods	•
Item Description:	BACTERIOSTATIC GEL WHICH CONTAINS PROPYLENE GLYCOL 15KG T	UBE
Quantity (if supplies)	100 TUBES (10 UNITS PER BOX)	
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 ADVE	RT MAY BE DIRECTED TO:	
Name:	PEARL MSOMI	
Email:	NO EMAIL	
Contact Number:	033 897 3482	
Finance Manager Name:	MRS T.M MAZIBUKO	
Finance Manager Signature:	A	
	late quotes will be considered	-

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT LINDER B30,000,00

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DECLARATION OF INTEREST

1.	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 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. 2.2. 2.3.	Full Name of bidder/representative	2.4. 2.5. r²):2.6.	Company Registration Number: Tax Reference Number: VAT Registration Number:	
	The names of all directors / trustees / shareholders / members, employee / persal numbers must be indicated in paragraph 3 be			ence numbers and, if applicable [TICK APPLICABLE
2.8. 2.8.	Are you or any person connected with the bidder presently empt I. If so, furnish the following particulars:	loyed t		YES NO
2.8.2 (Note: I 2.8.2 2.9. 2.9.1 2.10, 2.11, 2.11.	Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to Position occupied in the state institution: If you are presently employed by the state, did you obtain the in the public sector? 1. If yes, did you attach proof of such authority to the quote docaiture to submit proof of such authority, where applicable, may recompliate to submit proof of such authority, where applicable, may recomply and the submit proof of such authority, where applicable, may recomply our your spouse, or any of the company's directors / trust state in the previous twelve months? If so, furnish particulars: Do you, or any person connected with the bidder, have any relating may be involved with the evaluation and or adjudication of this quality. If so, furnish particulars: Are you, or any person connected with the bidder, aware of any recompleyed by the state who may be involved with the evaluation at the so, furnish particulars: Do you or any of the directors / trustees / shareholders / members	approprogramment sult in sult	ouer is employed:Any other particulars: priate authority to undertake remuner: the disquelification of the quote.) shareholders / members or their spou (family, friend, other) with a person e ship (family, friend, other) between an adjudication of this quote?	yes conduct business with the YES NO Uses conduct business with the YES NO Employed by the state and who YES NO ny other bidder and any person
2.12.	or not they are bidding for this contract? If so, furnish particulars:	OI IIIC	company have any interest in any oth	refretated companies whether YES NO
3. I NB: 4 I, TH	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trusto ensure that their details are up-to-date and verified on CSD. If not be considered and passed over as non-compliant according to DECLARATION E UNDERSIGNED (NAME)	tees / the Do Natio	members / shareholders on CSD. It epartment cannot validate the inform onal Treasury Instruction Note 4 (a) 20	nation on CSD, the quote will 016/17,
	VISHED IN PARAGRAPHS 2. CEPT THAT THE STATE MAY REJECT THE QUOTE O /E TO BE FALSE.			
Name	of bidder Signature		Position	Date
a) a	nicaris— ny national or provincial department, national or provincial public entity or onstitutional institution within the meaning of the Public Finance Management ct, 1999 (Act No. 1 of 1999); ny municipality or municipal entity;	d) r	provincial legislature; national Assembly or the national Council of pr Parliament.	ovinces; 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.