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AdvertQuote

KWAZULU-NATAL PROVIN	ICE	
HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2021-05-12	======================================
Closing Date:	2021-05-18	<u></u>
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- EMERGENCY DEPARTMENT	
Date Submitted	2021-05-12	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: GRS529/05/21	
Item Category:	Goods	~
Item Description:	FREE STANDING BOTTLE TYPE WATER DISPENSERS 20 LITRE	
Quantity (if supplies)	04 UNITS	
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Not Applicable	•
Date :		10
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	DEPARTMENTAL WEBSITE	
QUOTES SHOULD BE DELIVERED TO:	GREY'S TENDER BOX	
ENQUIRIES REGARDING THE ADVE		
	PEARL MSOMI	
Email:	NO EMAIL	
Contact Number:	033 897 3482	
Finance Manager Name:	MRS T.M. MAZIBUKO	
Finance Manager Signature:		
7 No	late quotes will be considered	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

ENQU	IRIES MAY BE D	VITED TO QUOTE FOR REQUIREMENTS AT. GREY'S HOSF FACSIMILE NUMBER: 033 897 3006 IRECTED TO: Supply chain department TOWNBUSH ROAD,PMB 3201	·······	EMA CON	IL: TACT NUMBER:				
	PT(0N	FOLLOWING PARTICULARS MUST BE FURNISHED (FAILUR	•••••					··	
		NAME & ADDRES				FFER BEING DISQUA	VLIFIED)		
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PHYSICAL ADDRESS:			EMAIL ADDRESS:						
1000				FACSIMILE NUMBER:					
	SIGNATURE OF BIDDER: [By signing this document I hereby agree to all terms and conditions]			SARS PIN:					
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TOTAL (QUOTATION PRI	CE (VALIDITY PERIOD 60 Days)							
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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, limite 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 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 persons/a person who are/is involved in the whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
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
2.7. 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. 2.8. Are you or any person connected with the bidder presently employed by the state? [TICK APPLICABLE] 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: 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? 2.8.2.1. If yes, did you attach proof of such authority to the quote document? YES NO
2.8.2.2. If no, furnish reasons for one submission supplicable, may result in the disqualification of the quote.)
state in the previous twelve months? 2.9.1. If so, furnish particulars: YES NO
may be involved with the evaluation and or adjudication of this quote?
employed by the state who may be involved with the evaluation and or adjudication of this quote?
or not they are bidding for this contract? 2.12.1. If so, furnish particulars: YES NO
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 DECEMBERON
I, THE UNDERSIGNED (NAME)CERTIFY THAT THE INFORMATION
I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

1"State" means -

Name of bidder

- a) any national or provincial department, national or provincial public entity or constitution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

 any matrically constitution within the meaning of the Public Finance Management during the provincial legislature; and provincial le

.....

Position

Date

0:-

Signature

^{*&}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.