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Sikithi Siphos - ?



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

## KZN Health Intranet

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KZN Health &gt; Components &gt; Supply Chain Management

### AdvertQuote



**KWAZULU-NATAL PROVINCE**  
HEALTH  
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## Quotation Advert

Opening Date: 2021-09-14

Closing Date: 2021-09-21

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: Greys Hospital

Date Submitted: 2021-09-14

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
GRS 1394/08/21

Item Category: Goods

Item Description: Endotracheal Paediatric Tubes High Volume, low pressure, thin walled Cuffed, Depth Marks above the, tip to tip X-ray line, Incorporated murphy Eye, suitable for both oral and nasal intubation.  
  
(SEE SIZES AS PER ATTACHED CONTINUATION SHEET)

Quantity (if supplies) As Per Continuation Sheet Attached

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental Website

QUOTES SHOULD BE DELIVERED TO: Greys Hospital Tender Box

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

Name: Siphos Sikithi

Email: No Email

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B.G. Anderson

Finance Manager Signature:

No late quotes will be considered



Province of KwaZulu-Natal Department of Health  
 Requisition form for Non-Stock Items  
 (ONE ITEM PER NSI REQUEST - FORM TO BE COMPLETED IN TRIPLICATE)

FORM 13

# CONTINUATION SHEET MEDTRONICS

FULL DESCRIPTION OF ITEM	REQUIRED GOODS/SERVICES			
	MIN STOCK	MAX STOCK	MONTHLY USAGE	STOCK REQUIRED
3.5MM CUFFED ETT - ID 3.5MM, OD 4.9MM, LENGTH 213MM, CUFF 7MM	30 UNITS	50 UNITS	15-20 UNITS	50 UNITS
3.0MM CUFFED ETT - ID 3MM, OD 5MM, LENGTH 195MM, CUFF 8MM	50 UNITS	100 UNITS	20-25 UNITS	50 UNITS
4.0MM CUFFED ETT - ID 4.0MM, OD 5.6MM, LENGTH 232MM, CUFF 8MM	30 UNITS	50 UNITS	15-20 UNITS	50 UNITS
4.5MM CUFFED ETT - ID 4.5MM, OD 6.2MM, LENGTH 253MM, CUFF 11MM	30 UNITS	70 UNITS	15-20 UNITS	50 UNITS

Requisitioner: **SR SOOKDHEW** Signature: *[Signature]* Date: 2021/08/02.  
 Approved/Not Approved by Supervisor Name: **MRS G.Z. MVELASE** Assistant Nursing Manager SANC No: 13128970 Signature: *[Signature]* Date: 2021/08/02.  
 Assistant Nursing Manager SANC No: 13128970



**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)

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

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

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

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

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

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

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

<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.