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Sikithi Sipho ▾ ?

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

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AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	2022-05-31	<input type="text"/>
Closing Date:	2022-06-07	<input type="text"/>
Closing Time:	11:00	

INSTITUTION DETAILS

Institution Name:	Grey's hospital	<input type="text"/>
Province:	KwaZulu-Natal	<input type="text"/>
Department or Entity:	Department of Health	<input type="text"/>
Division or section:	Central Supply Chain Management	<input type="text"/>
Place where goods / services is required	Grey's Hospital	<input type="text"/>
Date Submitted	2022-05-31	<input type="text"/>

ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ: GRS 617/05/22	<input type="text"/>
Item Category:	Goods	<input type="text"/>
Item Description:	Pads Consent for Operation / Procedure - Written with Black Ink on both Sides. (250 Pages / Pad) NB: SAMPLE COPY ATTACHED	<input type="text"/>

Quantity (if supplies)	200 Pads	<input type="text"/>
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COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable	<input type="text"/>
Date :		<input type="text"/>
Time:		<input type="text"/>
Venue:		<input type="text"/>

QUOTES CAN BE COLLECTED FROM:	KZN Departmental Website	<input type="text"/>
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QUOTES SHOULD BE DELIVERED TO:	Grey's Hospital Tender Box / Fax: 033 897 3006	<input type="text"/>
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ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	Sipho Sikithi	<input type="text"/>
Email:	Not Allowed / Fax: 033 897 3006	<input type="text"/>
Contact Number:	033 897 3492	<input type="text"/>
Finance Manager Name:	Mrs. B.G. Anderson	<input type="text"/>
Finance Manager Signature:		<input type="text"/>

No late quotes will be considered

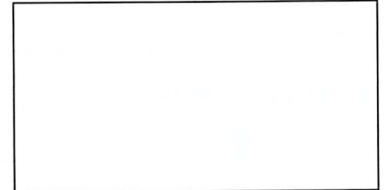
I agree that a sample of my blood will be taken and tested for Hepatitis B and the Human Immunodeficiency Virus should an incident of contamination of a health care worker by bodily fluids during the procedure.

CONSENT BY PERSON LEGALLY COMPETENT TO GIVE CONSENT:

I, the undersigned, hereby consent to the performance of and understand the nature, risk and possible consequences of the above procedure to be performed on me / my wife / my husband / my child / my dependent.

FULL NAME OF PATIENT: _____

SIGNATURE OR THUMBPRINT OF PERSON GIVING CONSENT



MEANS BY WHICH CONSENT WAS GIVEN

Personally

Telephonically

By Fax

WITNESSES:

1. PRINT NAME: _____

SIGNATURE: _____

2. PRINT NAME: _____

SIGNATURE: _____

EMERGENCY CONSENT

We the undersigned, hereby certify that in our opinion it is essential for the following operation/procedure

to be performed on (Name of Patient) _____

in order to preserve his/her life.

in order to save him/her from serious disability

We further certify that we have found it impossible to make contact with a person legally competent to give such consent.

NAME OF MEDICAL OFFICER: _____

SIGNATURE: _____

NAME OF MEDICAL SUPERINTENDENT: _____

SIGNATURE: _____

DATE: _____

TIME: _____



BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? YES/NO

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Table with 3 columns: Full Name, Identity Number, Name of State Institution

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? YES/NO

2.2.1. If so, furnish particulars:

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO

2.3.1. If so, furnish particulars:

3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of Bidder Signature Position Date

1 The power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

