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KZN HEALTH

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AdvertQuote


KWAZULU-NATAL PROVINCE
 HEALTH
 REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:

Closing Date:

Closing Time:

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered



ESHOWE HOSPITAL
SPEC NO.: ESH-GM1-2021/22 **ESW NO.:.....**

SUPPLY AND DELIVERY OF SINGLE VISION, BIFOCAL AND MULTI-FOCAL SPECTACLES, COMPLETE SET TO: ESHOWE HOSPITAL FOR THE PERIOD OF 24 MONTHS

Full description of item/s:

- A) SPECTACLES: SINGLE VISION SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)
- B) SPECTACLES: BIFOCAL SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)
- C) SPECTACLES: MULTI-FOCAL SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)
- D) READING GLASSES (HTS SPECIFICATION ATTACHED)
- E) SUNGLASSES FOR GLAUCOMA PATIENTS (HTS SPECIFICATION ATTACHED)

Instruction to Bidders.

- **The Bidder is required to make comments on section A and B about service(s) and item(s) the Bidder is prepared to offer:**
- **All pages must be fully signed**
- **Failure to sign and comment may disqualify the Bidder**
- **Fully completed form must be returned back with the Quotation Documents and other supporting documents**
- **Enquiries regarding quote may be directed to Mrs PG Biyela at 035 473 4598**
- **Enquiries regarding technical information may be directed to: Mr Bonga Zulu 035 473 4500. Ext. 4664**
- **All document should be faxed, emailed and hand delivered to tender box of Institution.**
(035 474 9439, bonga.zulu@kznhealth.gov.za, 40 Kangela Street, Eshowe, 3815

SECTION A: SPECIFICATION

1. **This Bid require that all Bidders must fully complete the Health Technological Services Department's Specification on this bid (HTS Spec attached)**
NB: Failure to comply will surely invalidate the Bid.
BIDDER'S COMMENTS:

2. **The Bidder is required to specify the Brand Name (if any) and Product code of an item(s) on this bid**
BIDDER'S COMMENTS:

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

3. This Bid requires that all Bid's prices offered are firm for the duration of a contract and all costs (Incl V.A.T) must be included on this bid

BIDDER'S COMMENTS:

4. The successful Supplier will be required to deliver the item on this Bid as per the instruction to deliver/ Order by Eshowe District Hospital

BIDDER'S COMMENTS:

5. The Item(s) on this Bid must be according to SABS and / Approved

BIDDER'S COMMENTS:

6. This Bid must be accompanied by samples for each product quoted for.

- ✓ Sample shall be supplied by the Bidder at his/her own risk and expense
- ✓ The Department shall not be obliged to pay for such sample
- ✓ Samples must be clearly marked
 - ✚ Name of the Company
 - ✚ Item Description
 - ✚ Brand Name
 - ✚ Bid number

NB: Failure to comply will surely invalidate the Bid.

BIDDER'S COMMENTS:

7. The successful Bidder will be required to sign a 24 Months Service Level Agreement (SLA) with Eshowe District Hospital

BIDDER'S COMMENTS:

8. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

- ✓ if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser
- ✓ If the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

BIDDER'S COMMENTS:

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

9. In emergency cases, the Department of Health reserves the right to request the successful bidder/s to effect deliveries at any given time including Saturdays, Sundays and public holidays
BIDDER'S COMMENTS:

10. The total estimated usage for the duration of Contract is:4500 Pairs
The Eshowe Hospital is under no obligation to purchase any stock, which is in excess of the indicated quantities of each item. The quantities reflected in the bid forms are estimated quantities and no guarantee is given or implied as to the actual quantity which will be ordered.

BIDDER'S COMMENTS:

11. The Eshowe Hospital also reserves the right to purchase its requirements elsewhere outside the contract if:
a) The minimum packing or minimum order quantity specified by the contractor be more than that of an institution's requirement.
b) The item(s) are urgently required and not immediately available.
c) An emergency arises.
d) The Bidder fails to deliver the required items as per instruction to deliver

BIDDER'S COMMENTS:

12. The Bidder must quote per packaging/ unit of issue as per (Refer to attached Quotation)
BIDDER'S COMMENTS:

13. The Quantities to be delivered for an Order will be determined by Eshowe District Hospital and will be on the Instruction to deliver/ an Official Order
BIDDER'S COMMENTS:

14. Only Bidders whose core Business as per Central Supplier Database (CSD) is the Supply/ Servicing of the required item on this bid will be considered
BIDDER'S COMMENTS:

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

**15. The successful Bidder will be required to hold a meeting with the hospital to discuss implementation of the SLA and working arrangement. Minutes of that meeting/ resolutions will be part of SLA to be signed by Hospital and Service Provider.
BIDDER'S COMMENTS:**

**16. The Bidder must provide options for the Hospital to choose from at least five (5) different types of plastic frames unisex and five(5) different types metal frames unisex in the same price quoted.
BIDDER'S COMMENTS:**

**17. The successful Bidder will be required to place different types of frames as per Clause 16 into the existing display case to allow clients to choose at no extra cost.
BIDDER'S COMMENTS:**

**18. The successful Bidder must note that, should an exceptional situation arise where the institution requires the repairs of spectacle(s), a separate quotation will be called for.
BIDDER'S COMMENTS:**

**19. Payment will be made strictly within 30 Days from the date the Valid invoice received by Eshowe District Hospital
BIDDER'S COMMENTS:**

SECTION B: CONDITIONS OF THIS BID

THE BIDDER IS REQUIRED TO COMMENT BY TICKING ONLY ONE BLOCK PER ROW (CLAUSE) BELOW

Clause No.	Description	Bidder's Comment: Offer will Comply?	
		TICK ONE(v)	
		YES	NO
aB1	The Supplier must supply product that is new, no defect, product of the most recent or current models, and that incorporate all recent improvements in design and materials.		
aB2	Bidders must submit their offers in line with the bid specifications. Offers exceeding specification are also deem to be in line with the specification. NB: Failure to comply shall invalidate the bid		
aB3	Bids must be for supply ex duty paid stocks held in the Republic of South Africa during the contract period. The Eshowe Hospital is under no obligation to purchase any stock, which is in excess of the indicated quantities of each item. The quantities reflected in the bid forms are estimated quantities and no guarantee is given or implied as to the actual quantity which will be ordered.		
aB4	The Eshowe Hospital also reserves the right to purchase its requirements elsewhere outside the contract if: a) The minimum packing or minimum order quantity specified by the contractor be more than that of an institution's requirement. b) The item(s) are urgently required and not immediately available. c) An emergency arises. d) The Bidder fails to deliver the required items as per instruction to deliver		
aB5	The Supplier must honour the proposed delivery date and any delays must be approved by Eshowe District Hospital. The Eshowe District Hospital may then extend the delivery date, if and as it deems fit. Should the Contractor fail to supply the offer within the time stated in his bid, or within the extended time allowed to him, the Eshowe District Hospital reserves the right to cancel the order		
aB6	Product(s) shall be delivered on Weekdays between 07:30 and 16:00. No goods or service will be received on Saturdays, Sundays and public holidays.		
aB7	The Supplier must comply with the General Conditions of Contract by Treasury Department, Environmental Management Act no.107 of 1998, Occupational Health and Safety Act no.83 of 1995, Food, Cosmetics and Disinfectants Act no.54 of 1972, Hazardous Substances Act no.15 of 1973 and other relevant regulations		
aB8	The Bidder must specify the product code or catalogue number and Brand name of the item willing to offer		
aB9	All applicable Items on this bid (quote) must be SABS and ISO Approved.		

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

Clause No.	Description	Bidder's Comment: Offer will Comply?	
		TICK ONE(v)	
		YES	NO
aB10	The Bidder must specify the country of Manufacture on Official Price Page		
aB11	<p>The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:</p> <ul style="list-style-type: none"> ✓ if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser ✓ If the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract. 		
aB12	<p>Where the sample is required, it must be submitted at the Bidders' expense and risk for the purpose of visual screening of products during the evaluation phase. Hence, all samples submitted for visual screening must be a true representation of the product which will be supplied.</p> <p>NB: Sample should be marked with : Company name and contacts, ZNQ number, Brand Name, Product Code</p>		
aB13	<p>This Bid must be accompanied by samples for each product quoted for.</p> <ul style="list-style-type: none"> ✓ Sample shall be supplied by the Bidder at his/her own risk and expense ✓ The Department shall not be obliged to pay for such sample ✓ Samples must be clearly marked <ul style="list-style-type: none"> ✚ Name of the Company ✚ Item Description ✚ Brand Name ✚ Bid number <p>NB: Failure to comply will surely invalidate the Bid.</p>		
aB14	<p><u>Document of Undertaking</u></p> <ul style="list-style-type: none"> ▪ In the event of the Bidder not being the actual manufacture and will be sourcing the product(s) from another company, a letter from that company (i.e./ supplier(s) confirming firm's supply arrangement(s) including lead times in this regard, must accompany your bid at closing date and time. The said company/ manufacturer/ supplier issuing such letter must confirm that it has familiarized itself with item description/ specification and bid conditions. ▪ If the Bidder is the Manufacturer must also indicate in writing (attach letter). The institutional Bid Evaluation might request to visit the Bidder's warehouse/ factory prior making award to confirm if the Bidder is actually the Manufacturer. <p>NB: Failure to comply will result to the bid being passed over</p>		

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

aB15	<p>Packaging: The following information must be clearly and indelibly printed on all inner and outer packaging:-</p> <ul style="list-style-type: none"> ➤ The product name, product code as relevant, quantity of contents (e.g box of 100units), expiry date (if applicable). ➤ Size of the product, date of manufacture and trademark or trade name of the manufacture ➤ All products must be packed in acceptable containers/packets/box/bale, where applicable, specifically developed for the product ➤ The word “sterile” (where applicable) ➤ The warning information, instructions and conditions under which the product must be stored ➤ Labels for consumable items must be clearly marked for occupational health and safety purposes 		
aB16	<p>The successful Bidder must note that, should an exceptional situation arise where the institution requires the repairs of spectacle(s), a separate quotation will be called for.</p>		

DECLARATION

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF THE BIDDER (COMPANY):

CENTRAL DATABASE REGISTRATION NUMBER:

UNIQUE REGISTRATION REFERENCE NUMBER (36 DIGITS):

.....

BIDDER'S AUTHORIZED REPRESENTATIVE NAME:

Date:

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

OFFICIAL PRICE PAGE FOR QUOTATIONS

DESCRIPTION: SUPPLY AND DELIVERY OF SINGLE VISION, BIFOCAL AND MULTI-FOCAL SPECTACLES, COMPLETE SET TO: ESHOWE HOSPITAL FOR THE PERIOD OF 24 MONTHS

SIGNATURE OF THE BIDDER: DATE:

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>Packaging / Unit of Issue</u>	<u>Brand and Model</u>	<u>Country of Manufacture</u>	<u>Price Per Packaging / Unit of Issue Excl. Vat</u>
01	SPECTACLES: SINGLE VISION SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)	Complete Set			
02	SPECTACLES: BIFOCAL SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)	Complete Set			
03	SPECTACLES: MULTI-FOCAL SPECTACLE COMPLETE SET (HTS SPECIFICATION ATTACHED)	Complete Set			
04	READING GLASSES (HTS SPECIFICATION ATTACHED)	Complete Set			
05	SUNGLASSES FOR GLAUCOMA PATIENTS (HTS SPECIFICATION ATTACHED)	Complete Set			

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

SUPPLIER VAT NUMBER (IF VAT VENDOR):

VALIDITY PERIOD: 60 DAYS.

Does this offer comply with specification?		Does the article conform to S.A.N.S. / S.A.B.S. Specification?	
Is the price firm?		Delivery period will be specified in the SLA	

<p>Enquiries Regarding <u>Quote</u> may be directed to:</p> <p>Contact Person: Mrs P.G. Biyela</p> <p>Tel: 035 473 4598</p> <p>Email Address: gugu.biyela@kznhealth.gov.za</p>	<p>Enquiries Regarding <u>technical information</u> may be directed to:</p> <p>Contact Person: Mr. B. Zulu</p> <p>Tel: 035 473 4664/4720</p> <p>Email Address: bonga.zulu@kznhealth</p>
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BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:

Revised: 28/02/2019

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
HEALTH TECHNOLOGY SERVICES
(H.T.S.)

SPECIFICATION FOR:

SPECIFICATION: H.T.S. NO. M 71 (MECHANICAL)

Description of Unit:

VISUAL ASSISTIVE DEVICES

Intended Areas of Use:

Clinics
CHC
District Hospitals
Regional Hospitals
Tertiary Hospitals
Specialised Eye Hospitals

Expert Advisory Group:

Ophthalmology:

Ms. S. Mthethwa - Mr.Z.Mnwabe
Ms. J. Naidoo - Mr. P. Mdalose
Mr. S. Gwala - Ms. Shingange
Mr. S. Nyawo

SPECIFICATION: H.T.S. M 71 (MECHANICAL)

REVISED: 28/02/2019

Page 1 of 8

TECHNICAL SPECIFICATION.

Clause T1.

Complete Set of Spectacles

Definition: A complete set of spectacles with metal and plastic flexible temple, frames + lenses + spectacle case + spectacle cleaning cloth and a spectacle strap for children.

a. Types of lenses: Organic Plastic Lenses (CR39)
Polycarbonate Lenses (For Children)
High Refractive Index Lenses

b. Types of tints: Full Lens Fixed Tint
Gradient Fixed Tint
CR39 Photochromic Tint

c. Coatings: Anti- Reflection Coating

Clause T1.1 Single Vision Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 8.00	Sph: >10.00 (must go up to -24.00) Cyl: > 8.00
Clear Lenses	R	R	R
Full Lens Fixed Tint	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39	R	R	R
With Prisms	R	R	R

Higher prescription plus powers must be knife edged to reduce edge thickness
Greater than -8.00DS and -3.00DC must be offered as a high refractive index lens.
High plus lenses must also be offered high refractive index lenses.

Clause T1.2 Bifocal Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 6.00	Sph: >10.00 Cyl: > 6.00
Clear Lenses	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39			
With Prisms	R	R	R

Reading Addition: +1.00 to +4.00 in +0.25 steps

Clause T1.3 Multifocal Spectacle Set

Description	Sph: 0.00 to 6.00 Cyl: 0.00 to 3.00	Sph: 6.25 to 10.00 Cyl: 3.25 to 6.00	Sph: >10.00 Cyl: > 6.00
Clear Lenses	R	R	R
Gradient Fixed Tint	R	R	R
Photochromic Tint CR39			
With Prisms	R	R	R

Reading Addition: +1.00 to +4.00 in +0.25 steps

Clause T1.4 Ready-mades

Definition: Readers ready-mades to be available in a variety of frame designs and sizes.
Readers/ Minus must be in 0.50 DS steps starting from +/-1.00DS

Description		
Readers +1.00 to +4.00		
Minus -1.00 to -3.00		
Aphakics +8.00 to +15.00		

Clause T1.5 Spectacle Frames

Definition: Frames are used to fit in spectacle lenses.

Requirements

1. Metal frames should have flexi – temples, spring back
2. Frames should be SABS approved for normal wear
3. Frames should be of current designs
4. Frames to cater for all: Face shapes, and sizes (oval, wide etc.), with varying temple lengths
Ages (including children of all age groups- starting from 3months old) minimum pupillary distance and both male and female frames
5. Variety of colours to be catered for in both metal and plastic ranges.
6. Pupillary distance 40 – 80mm range.

Clause T2. Accessories

Definition: Replacements and repairs.

Description	Unit Price
Metal frame replacement	R
Plastic frame replacement	R
Single vision clear standard lens replacement	R
Single vision standard lens with full fixed tint replacement	R
Single vision standard lens with gradient fixed tint replacement	R
Single vision standard lens with photochromic tint replacement	
Single vision standard lens with ARC replacement	
Bifocal clear standard lens replacement	R
Bifocal standard lens with full fixed tint replacement	R
Bifocal standard lens with gradient fixed tint replacement	R
Bifocal standard lens with photochromic tint replacement	R
Bifocal standard lens with ARC replacement	
Nose pads replacement sets (Tools and Nosepads)	R
Screw replacement sets (Tools and Screws)	R
Tint removal	R
Fixed tint addition	R
Gradient tint addition	R

Clause T3. Low Vision Devices

Low Vision Device	Magnification									
	3x	R	4x	R	6x		8x	R		
Telescope	3x	R	4x	R	6x		8x	R		
Stand magnifier	3x	R	7x	R	9x	R	11x	R	12.5x	R
Hand held magnifier	1.5x	R	3x	R	4x	R	6x	R		
Dome magnifier	1.5x	R								
Bar magnifier	1.5x	R	2x	R	3x	R	5x	R		
Chest magnifiers										
Stand Magnifier with Light										
Mounted magnifiers in form of specs for near- (max detail) + distance + max Tv.	3x	R	4x	R	6x	R				
Binocular Telescope	3x	R	4x	R	6x	R				

Clause T4

The bidder must list all the standard accessories that will be supplied with the system at no extra cost to the final bid price.

BIDDER'S COMMENTS:

Clause T5

Bidders must ensure that all other necessary accessories, that will be required in order that the unit may be put into immediate use, must clearly be quoted for and the prices of which inclusive of V.A.T. must be included in the final bid price.

BIDDER'S COMMENTS:

Clause T6

The bidder must guarantee that no additional equipment will be required for the successful operation of the equipment bidded for on delivery and commissioning at the customers site. A starter pack of all essential accessories and disposables must be supplied so that the unit can be put into immediate operation. The cost of the starter pack must be included in the final bid price.

BIDDER'S COMMENTS:

Clause T7

UPGRADABILITY:

All future upgrades (hardware and software), where applicable, involving patient safety must be offered at no additional cost. **All future upgrades** and removing software viruses from existing software, where applicable, must be supplied at no additional cost. Any software upgrade, where applicable, before or after installation of the equipment must be brought to the attention of the Manager, Health Technology Services.

BIDDER'S COMMENTS:

DETAILED TECHNICAL SPECIFICATION

GENERAL INFORMATION REQUIRED

FAILURE TO COMPLETE THIS PART WILL DISQUALIFY THE BIDDER

Make: _____

Model Number / Part Number for: _____

Country of Origin _____

Final Bid / Quotation Price inclusive of V.A.T. _____

Local (Kwa-Zulu Natal) Agent _____

Delivery Period _____

R S A Import Permit Holder _____

SIGNATURE _____ DATE _____

ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

CONTACT PERSON _____ (PLEASE
PRINT)

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. 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)..... | 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
----------------	-----------	----------	------

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. |

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.