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AdvertQuote

KWAZULU-NATAL PROVIN HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2022-02-07
Closing Date:	2022-02-14
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Dr Pixley ka Isaka Seme Memorial Hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
Date Submitted	2022-02-04
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: DPM 263/21-22
Item Category:	Goods
Item Description:	ORTHOPAEDIC BONE MILL
Quantity (if supplies)	01 UNIT
COMPULSORY BRIEFING SESSION	,
Select Type:	Not Applicable
Date:	
Time: Venue:	
QUOTES CAN BE COLLECTED FROM:	KZN HEALTH WEBSITE
QUOTES SHOULD BE DELIVERED TO:	310 JABU NDLOVU STREET OLD BOY MODEL PMB SCM TENDER BOX OR EMAIL TO: quotations.scmho@kznhealth.gov.za
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	ZAMA DLADLA
Email:	zamampembe.dladla@kznhealth.gov.za
Contact Number:	087 131 1807
Finance Manager Name:	BM NTOMBELA
Finance Manager Signature:	(Mitchel)

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SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

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 of	uestionnaire mus	t be co	mpleted a	and submitte	d with the quot	le.			
2.1	I. Full name of bidder/representati	ve									****
2.2	2. Identity Number:			2.4.	Compar	ıy Registrati	on Number:			***	
2,3	 Position occupied in the shareholder²): 	Company	(director, truste	e,2.5. 2.6.	Tax Ref	erence Num gistration Nu	ber: ımber:		· · · · · · · · · · · · · · · · · · ·		
2.7	7. The names of all directors / trus employee / persal numbers mus	tees / shareho t be indicated	lders / members, in paragraph 3 bel	their in ow.	dividual id	dentity numi	oers, tax refere	nce numb	ers and [TICK	, if appl	licable,
	APPLICABLE1										
2.8	 Are you or any person connecte 	d with the bidd	ler presently empl	oyed by	the state	e?			YE	<u>s </u>	NO
2.8	3.1.If so, furnish the following partic	ulars:	, ,								
	Name of person / director / truste				tho	norcon	connected	to	the	bidder	r is
		ution at	•	or	ule	person	Connected	i.	1110	Diago	
	employed:Position occupied	in tha	etata	inet	itution:				An	J	other
	particulars:			1,101	itation:	*******		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
28	3.2. If you are presently employed	by the state.	lid you obtain the	approp	riate auth	ority to und	ertake remune	rative wor	k outsid	e empl	oyment
	in the public sector?					•			YE		NO
2.8	3.2.1. If yes, did you attach proof o	of such authori	ly to the quote doc	cument	?				L	lt	
(Note	 Failure to submit proof of such au 	thority, where a	applicable, may re	sult in	the disau	alification of	the quote.)				
2.8	B.2.2. If no, furnish reasons for no	n-submission (of such proof:								. Veta da a
2.5	9. Did you or your spouse, or any		y's directors / trus	tees / s	sharehold	lers / memb	ers or their spo	uses con	duct bus	iness y	with the
	state in the previous twelve mor	iths?							YE	.5	NO
2.9	9.1. If so, furnish particulars: 10. Do you, or any person connect	ر الأما معالة مالات المالية		المحمالما	hin /famil	v friend at	nod with a por	ean amnl	aved hu	the et	hne ate
2.	Do you, or any person connect who may be involved with the e	ed with the bi	ager, nave any re	hie auc	nip (iainii do?	y, menu, ou	iei) witti a pei	son empi	Uyeu by	SI	NO NO
n .	who may be involved with the e- 10.1. If so, furnish particulars:	valuation and t	or adjudication or t	ilis yuc	/IC:				1	.ડ	NO
2.	10. I. II so, lumism particulars 11. Are you, or any person connec	ted with the I	oldder aware of a	nv rel	ationship	⟨familv, frie	nd, other) bety	veen anv	other b	idder a	ind any
۴.	person employed by the state w	ho may be inv	olved with the eva	luation	and or a	diudication of	of this quote?	,	YE	SI	NO
2	11.1 If so furnish particulars:										
2.	12. Do you or any of the directors	/ trustees / si	hareholders / mer	nbers	of the co	mpany have	e any interest i	in any oth	ner <u>relat</u>	ed con	npanies
	whether or not they are bidding	for this contract	ot?						YE	:S	NO
2.	12.1. If so, furnish particulars:										
3.	Full details of directors / truste	es / members	s / shareholders.								
N	B: The Department Of Health w responsibility to ensure that the the quote will not be considered	ill validate de ir details are u	tails of directors up-to-date and ver	ified or	i CSD. If	the Departr	nent cannot va	lidate the	inform	ation o	ippliers' in CSD,
4	DECLARATION	and passed o	ive: as non-compi	ani au	Joiding to	Hauviai 11	easury mando	.0111100	7 (a) 20	107111	
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N	ame of bidder	Signature			Positi	on		Da	H.C		
1 *	State" means –					tt stateme					
a) b)	any national or provincial departmen constitutional Institution within the mea Act, 1999 (Act No. 1 of 1999);	t, national or pro ming of the Public	vincial public entity o Finance Managemer	or c) nt d) e)			e national Council	of provinces	; or		

²⁰ 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.

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	Out-mondia Dono Mill	
em Description:	Orthopaedic Bone Mill	Dana groff Cruisher
epartment/Section:	Orthopaedic Surgery	Purpose of Item: Bone graft Crusher
. Pre-qualification cri	teria if anv:	
1.1. Is the item requ Regulatory Body / cert	ired to have a regulatory body ce	rtification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? [25]
if Yes, specify; Date		Mace State of the
if Yes, specify:	tion and content part of the quote	ng dentation that the state of
1.4. Provisions of s if Yes, specify:	ection 4(1)(a) of the PPPFA Regu	lations,2017 if applicable? Yes / মর্চ
1.5. Liability Cover if Yes, specify:	insurance? Yes / No-	
2. What is the specific	cation of the required item?	Comment
List specifications to be	advertised	Coniment
1. Orthopaedic Bone N	Aill	
2.		
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5.	nd to be submitted? Yes / No(sele	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Name of End-user (in full) Dr PG Mthethwa Designation/ Rank (in full) Designation / Rank (in full) HCU - Orthopaedics THE WAY Signature Signature Date Date 14/09/2021 Page 1 of 1

Name of SCM Rep (in full)

Standard End-User Specification Form