

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):..... | 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

¹"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);
- b) any municipality or municipal entity;

- c) provincial legislature;
- d) national Assembly or the national Council of provinces; or
- e) Parliament.

²"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.



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

E3228998

Specifications Template

Prepared by:

Initial and Surname	Designation	Signature	Date
C. MHLONGO	BUYER	<i>C. Mhlongo</i>	09.03.2021

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
<i>T.Z. SHABALALA</i>	<i>PN</i>	<i>T.Z. Shabalala</i>	<i>10 03 21</i>

Item details	Specification
Item description	Suture synthetic braided coated, absorbable with single needle, 3/0
Size	Suture: 3/0 X 45cm length Needle: 19mm reverse cutting 3/8 circle
Color	Undyed
Material	Polyglactin 910 or lactomer 9-1
Packaging (unit/box)	Box of 12's
Functionality/performance	<i>Wound closure</i>
Purpose	<i>Promote healing</i>
Other:	

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
<i>N. P. Mthembu</i>	<i>Scup</i>	<i>N.P. Mthembu</i>	<i>11.02.2021</i>



health

Department:
Health
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Prepared by:

Initial and Surname	Designation	Signature	Date
C. MHLONGO	BUYER		09.03.2021

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
J Z SHABALALA	RIN		10-03-21

Item details	Specification
Item description	Suture synthetic braided coated, absorbable with single needle, 5/0
Size	Suture: 5/0 X 70cm length Needle: 1/2C, 13mm taper point
Color	Violet
Material	Polyglactin 910 or lactomer 9-1
Packaging (unit/box)	Box of 12's
Functionality/performance	Wound closure
Purpose	Promote healing
Other:	

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N. P. Mthembu	Scmp		11. 03. 2021