

2nd 3rd/19/20

PHYSICAL ADDRESS: Inkosi Albert Luthuli Central Hospital, 800 Vusi Mzimela road, Mayville, 4091

DESCRIPTION, 02 UNITS SYNTHETIC SURGICAL GLUE 1ML

NAME & ADDRESS OF BIDDER (FIRM)	
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NAME OF BIDDER:	DATE:
PHYSICAL ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER:	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	SARS PIN:
[By signing this document I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓
UNIQUE REGISTRATION REFERENCE: ↓	

All delivery costs must be included in the quote price

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
01	02 UNITS	SYNTHETIC SURGICAL GLUE 1ML				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

1.21 Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a

3.6 Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

### Specifications Template

Prepared by:

Initial and Surname	Designation	Signature	Date
L.Kakana	Ward Clerk		02.10.2019

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
S.Pillay	Operational Manager		02.10.2019

Item details:	Specification
Item description	SYNTHETIC SURGICAL GLUE
Size	1ML
Colour	
Material	ACRYLIC GLUE
Packaging (unit/box)	UNIT
Functionality/performance	EFFECTIVE ESPECIALLY IN THE PRESENCE OF SMALL FISTULAE EASY TO USE DURING ACCESS APPROACH, CAN BE PASSED THROUGH A 22HR CYSTOSCOPY SHEATH.
Purpose	USED TO RE-INFORCE VESICOVAGINAL FISTULAE REPAIRS DURING LAPAROSCOPY, ESPECIALLY IN PATIENTS WITH RECURRENT VESICOVAGINAL FISTULAE AND USED BY OBS & GYNAE THEATRE
Other:	

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N.P. Mthembu	SCMP		14/10/2019

*Handwritten signature/initials*

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Hea  
PRO



## 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?); 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
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<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);<br>b) any municipality or municipal entity; | c) provincial legislature;<br>d) national Assembly or the national Council of provinces; or<br>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.