





health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**NEW SPECIFICATION FORM**  
**IALCH SUPPLY CHAIN DEPARTMENT**  
Postal Address: Private Bag x03 Mayville  
Physical Address 800 vusi Mzimela Road Mayville  
Tel.:0312402094, Fax.0312401050  
Email.:nolwazi.mthembu@ialch.co.za  
www.kznhealth.gov.za

SPEC FOR: POLYGLACTIN 910 VIOLET SUTURE

Material no.:

ZNQ: 2017/2018

SPEC NO:

ITEM DESCRIPTION	POLYGLACTIN 910 VIOLET SUTURE
UNIT OF ISSUE	BOX OF 10
SIZE	6.5MM 10CM LENGTH
QUALITY STANDARDS	SOUTH AFRICAN BEREU OF STANDADARS (SABS) OR INTERNATIONAL STANDARDS (ISO) APPROVED
ESTIMATED PRICE	

**WHAT IS THIS ITEM/PRODUCT USED FOR?**

- Sutures are absolute neccessart in cataract and glaucoma surgery

**SPECIAL CONDITIONS**

- Please submit sample when requested to do so, should you fail to submit, your quotation will be disqualified
- The Department is not compelled to accept lowest price only, evaluation criteria of your bid / quote will be based on Price, Functionality, and as prescribed on Broad Based Black Economic Act and Preferential Procurement Policy

**FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)**

- Gauge 10/0
- 3/8 circle ultima-spatula needle
- 10cm length

**AUTHORISED BY BID/QUOTATION SPECIFICATION COMMITTEE**

Initials and Surname	Portfolio	Signature	Date
Chairperson. N. Mthembu	Chairperson		27/11/18
Matron. T Hunter	Member		27/11/18
Sister. K.A Biggins	Member		
Sister. D Duma	Member		



**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 <sup>2</sup> ):..... | 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
-------------------------	--------------------	-------------------	---------------

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