

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

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); | c) provincial legislature; |
| b) any municipality or municipal entity; | 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.

RT296-19-043	Plastic strip, dental surface protection. Thermoplastic, transparent polycarbonate break and abrasion resistant material for splines and bite guards. Dia 125mm x 1.0mm 1 Box 10 pieces Example Grabs - Inpreon™ ICN: 18-094-9379 BX Note: RT296-19-043ME and RT296-19-044ME will be awarded as a series	NOVA DENTAL LABORATORY SUPPLIES (PTY) LTD	R 194.82	R 194.53	Scheu	Germany	42	1	Box	n/a	90
RT296-19-044	Plastic strip, dental surface protection. Insulating foil, plaster, for cold cure acrylics. Dia 125mm x 0.31mm 1 Box 100 pieces Example Grabs - Bionder - Isolilan Foil ICN: 18-095-2485 BX	NOVA DENTAL LABORATORY SUPPLIES (PTY) LTD	R 413.51	R 417.14	Scheu	Germany	42	1	Box	n/a	90
RT296-19-046	Wetting agent. Cobalt-Chrome technique. liquid 1 Bottle 100ml Example Grabs - Bego - Aurifilm TM ICN: 18-970-5404 BT	NOVA DENTAL LABORATORY SUPPLIES (PTY) LTD	R 200.13	R 201.89	Bego Aurifilm 52019	Germany	1	1	bottle	B406600	90
RT296-19-047	Wetting agent. Crown and bridge technique liquid 1 Box 2 Bottles 100ml Example Grabs - Degussa - Wairt TM ICN: 18-970-5517 BX	CONFIDENT AGENCIES	R 446.09	R 450.00	Whipps 02313	United States of America	42	10	Box	2313	95
RT296-19-051	Butane Gas. Refill for dental laboratory microtorch ICN: 18-095-6095 TI	NOVA DENTAL LABORATORY SUPPLIES (PTY) LTD	R 27.68	R 27.92	Butane Gas	Germany	1	5	tin	D809615	90

INKOSI ALBERT LUTHULI CENTRAL HOSPITAL
CASH FLOW
COMMITTEE

2020-06-11

APPROVED / NOT APPROVED

SIGNATURE: *[Handwritten Signature]*

LESS 5/2/5 5831