## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

DATE ADVERTISED: 12.0 ENQUIRIES MAY BE DIRE PHYSICAL ADDRESS: 80	0 Vusi Mzimela road ,Mayville 4091	0865555254		EMAII	ACT NUMB	ns@i	31 240	2151					
DESCRIPTION TAPE, SURG	168/21/22 CLOSIN SICAL,ADH,MICROPOROUS,24.0MMX5. LLOWING PARTICULARS MUST BE FUF	M			,					UALII	FIED)		
		NAME & ADDRESS	OF BIDD	ER (FIE	2M)								
NAME OF BIDDER:	· · · · · · · · · · · · · · · · · · ·	TAINE & ADDITEOU	DATE:										
PHYSICAL ADDRESS:			EMAIL ADDRESS:										
CONTACT NUMBER:			FACS	MILE N	UMBER:								
SIGNATURE OF BIDDER:			SARS	PIN:							****		
[By signing this document I	hereby agree to all terms and conditions]		CENT	RAL SU	PPLIER DA	TABA	SE REG	SISTRAT	TON (C	SD) N	0::1	Sattle	
UNIQUE REGISTRATION	REFERENCE: Į												
Does this offer comply with the trice firm?	ne specification?				d e.g. <i>E.g. 1</i> ust be includ	_		te price					
Item Quantity	Description		1		Brand &	mode			itry of ifacture	9	Price R		
1. 160 Rolls	TAPE,SURGICAL,ADH,MICR	OPOROUS.24.0MI	MX5M								2000		Ť
1. 100 110					U.								Ι
	Please see specific	ation attached.											$\perp$
													+
	Evaluation will be based			o deno saturo en									+
	Samples must be dropped off on or befor							-	_		50.0		+
	Please label your sample clearly with	ZNQ number and S	Supplier	name.						-		_	+
				-		_	_						$^{\dagger}$
													T
VALUE ADDED TAX @ 15	% (Only if VAT Vendor)				W-112							- 61	Ι
TOTAL QUOTATION PRIC	E (VALIDITY PERIOD 60 Days)												
1.2 The price quoted must includ 1.3 The department reserves the vendors. 1.4 The bidder must ensure the c cover all for the work/item (s) bidder's risk. 1.5 The bidder must accept full in devolving on under this agree 1.6 This quotation will be evalual 1.7 Only offers that comply with 1.8 Late quotes will not be consist 1.9 All products supplied must be 1.10 A bidder not registered on th 1.11 All delivery costs must be inc 1.12 Only firm prices will be accept (including rates of exchange 1.13 in cases where different deliferent deli	ligation to accept the lowest or any quote.  e VAT (if VAT vendor).  right to evaluate all quotations excluding VAT as some to correctness & validity of quote: that the price(s), rate(s) & & accept that any mistakes regarding the price (s) & call esponsibility for the proper execution & fulfillment of all of amend, as the Principal (s) liable for the due fulfillment of the specification & correctness of information, or greater than specification will be considered fored.  If you have the proper of the proper of the prescribed developed in the quote price, for delivery at the prescribed developed prices that the proper ovariations) will not be considered, every points influence the pricing, a separate pricing sched inspection / briefing session are required, the supplier with the proper of	preference quoted cutations will be at the biligations conditions this contract.  If not be considered estination.  If Non-firm prices dule must be submitted the informed in due consibility to provide a sier. as tall third-party claims a goods or any part the period(s) specified in	2. 2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 3. 3.1 3.2	period not it in the even considered quoting (oc considered quoting (oc considered QUOTATIC Q	NSTRUCTIONS IN. Insistent with or rise and with with or rise and with with or ricumstances w documentation is advised to ch utomitted must to on made by the ecting fluid is pr rill be opened in ficial, prioss are ed to make more of the page in qu NSTRUCTIONS shall be lodged a ridance with the ation shall be ad separate scale in indicated on it indi	ars. ing multi werficat this bid.  AND N express: A	iple quotes on will be a ln such instance of the su	s, only the ofdone to ide stances only of the	cheapest at the thing of the cheapest at the c	according ders has appest bix appest appear app	g to specification of the control of	tion will be companies a specificati LETION O all include e and the n dd. Photoco- photocopie missing of tion. Id be given ules attach ed for their coutaion num ng to any c	and ion when the pheute opies es. or dup

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## **DECLARATION OF INTEREST**

1.	rei qu by	ny 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 lationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited lote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed or 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 losition 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.
		Full Name of bidder/representative
	2.8. 2.8.1	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.  Are you or any person connected with the bidder presently employed by the state?  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:  If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment
	2.8.2	in the public sector?  2.1. If yes, did you attach proof of such authority to the quote document?
(N	ote: F	Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)
	2.9.	2.2. If no, furnish reasons for non-submission of such proof:  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
	2.10.	If so, furnish particulars:
	2.11. 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  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    1. If so, furnish particulars:
	3. NB:	Full details of directors / trustees / members / shareholders.  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
		HE UNDERSIGNED (NAME)CERTIFY THAT THE INFORMATION RNISHED IN PARAGRAPHS 2.
		CCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION OVE TO BE FALSE.
		e of bidder Signature Position Date
	"State a)	e" means — 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);  d) provincial legislature; d) national Assembly or the national Council of provinces; or Parliament.



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Prepared	by
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Initial and Surname	Designation	Signature	Date
Elsie Pillay	Buyer	GUAT	1102/2021

## Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
Mr Mahendra Daya	Plastic Consultant	Carlot .	30/04/2021

Item description	3M MICROPORE TM SURGICAL TAPE (1530)		
Size	24.0MMX10M		
Colour			
Material			
Packaging (unit/box)	Come in rolls of 12		
Functionality/performance	Achieves its purpose		
Purpose	This product is used for achieving tissue expansion, abnormal scar management and wound healing		
Other:			

## Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N.P mtheraby	Samo	QMQ)	11.05.2021