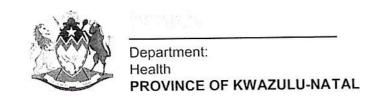
≥ N Q 272/18/19 STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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NEW SPECIFICATION FORM IALCH SUPPLY CHAIN DEPARTMENT

Postal Address: Private Bag x03 Mayville Physical Address 800 vusi Mzimela Road Mayville Tel.:0312402094, Fax: 0312401050 Fmail.:Nolwazi.mthembu@ialch.co.za www.kznhealth.gov.za

DETAILED SPECIFICATION FOR THE ITEM REQUSTED NOT BRAND /CODES ATTACHED TO **NSI REQUEST FORM**

Permanent pacemaker lead cap	
5	
sabs approved	
	5

DETAILED EXPLANATION OF THE ITEM/ WHAT IS THIS ITEM/PRODUCT USED FOR etc.

•	electrical interference that might lead to pacemaker malfunction.
•	
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F	EATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)

1. Sterile	
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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

any municipality or municipal entity;

- 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 mu	st be	completed and submitted	with the quote.		
2.1.	Full Name of bidder/rep	resentative	2.4.	Company Registration N	umber:		20
				Tax Reference Number:			
	Position occupied in the	Company (director, trustee, shareholder ²)					
2.7.	The names of all direct	ors / trustees / shareholders / members, tl pers must be indicated in paragraph 3 belo	neir ir ow.	dividual identity numbers,			if applicable
	Are you or any person	connected with the bidder presently emplo		y the state?		YES	NO
2.8.1	. If so, furnish the followi					West Contains	
		or / trustee / shareholder/ member:					
		at which you or the person connected to					
0.00		state institution:					
2.8.2		mployed by the state, did you obtain the a	pprop	oriate authority to undertak	te remunerative work		
201	in the public sector?	h proof of such sutherity to the sucto door	ıman	10		YES	NO
		h proof of such authority to the quote doct such authority, where applicable, may res			auata l		
		ns for non-submission of such proof:					
		e, or any of the company's directors / trust					
2.0.	state in the previous tw		0037	onarcholacis / members o	i tileli spouses conu	YES	NO NO
2.9.1		irs:				LILO	INO
		connected with the bidder, have any relation				by the st	ate and who
		e evaluation and or adjudication of this qu		(),	po.co cp.o,co	YES	NO
2.10	.1. If so, furnish particula	ırs:		······	••••		
2.11	. Are you, or any person	connected with the bidder, aware of any re	elation	ship (family, friend, other)	between any other b	idder and	d any persor
	employed by the state	who may be involved with the evaluation a	nd or	adjudication of this quote?	?	YES	NO
		ırs:					
2.12	. Do you or any of the dir	ectors / trustees / shareholders / members	of the	e company have any intere	est in any other relate	d compa	nies whethe
55 339	or not they are bidding					YES	NO
2.12	If so, furnish particula	irs:					
3.	Full details of directors	s / trustees / members / shareholders.					
	The Department Of He to ensure that their det	alth will validate details of directors / trus ails are up-to-date and verified on CSD. I passed over as non-compliant according t	f the	Department cannot validat	e the information of		
4	DECLARATION						
	HE UNDERSIGNED RNISHED IN PARAG	(NAME) RAPHS 2.		CE	RTIFY THAT THI	E INFO	RMATION
	CCEPT THAT THE S' DVE TO BE FALSE.	TATE MAY REJECT THE QUOTE (OR A	CT AGAINST ME SHO	OULD THIS DECI	LARAT	ION
	ne of bidder	Signature		Position	 Date	 9	
1-Stat	te" means – any national or provincial o	department, national or provincial public entity or	رم دا	provincial legislatures			
uj		in the meaning of the Public Finance Management	c) d) e)	를 보고 있다면서 HTML HTML HTML HTML HTML HTML HTML HTML	nal Council of provinces; o	or	

^{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.