

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state...
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...
2.2. Identity Number...
2.3. Position occupied in the Company...
2.4. Company Registration Number...
2.5. Tax Reference Number...
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

"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);
b) any municipality or municipal entity;
c) provincial legislature;
d) national Assembly or the national Council of provinces; or
e) Parliament.

"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.



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Specifications Template

Prepared by:

| Initial and Surname | Designation | Signature | Date |
|---------------------|-------------|-----------|------------|
| L.Kakana | Ward Clerk | | 24.06.2021 |

Reviewed by Supervisor/Operational Manager:

| Initial and Surname | Designation | Signature | Date |
|---------------------|---------------------|-----------|------------|
| D.Duma | Operational Manager | | 24.06.2021 |

| Item details | Specification |
|---------------------------|--|
| Item description | SYNTHETIC SURGICEL GLUE 1ML |
| Size | 1ML |
| Colour | CLEAR |
| Material | GLUE |
| Packaging (unit/box) | UNIT |
| Functionality/performance | EASY TO USE DURING APPROACH CAN BE USED THROUGH A 22HR CYSTOSCOPY SHEATH |
| Purpose | USED TO RE-INFORCE VESICOVAGINAL FISTULAE REPAIRS DURING LAPARASCOPY. 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 |
|---------------------|-----------|-----------|------|
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