



DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state, 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...
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? YES NO

(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

E3002048

Prepared by:

Initial and Surname	Designation	Signature	Date
Elsie Pillay	Buyer		24/08/21

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
T Naudu	CM		24/08/2021

Item description	Mesh Retention tubular Bandage
Size	Size 4
Colour	White/Beige
Material	A combination of nylon and latex threads knitted into a continuous tubular length. The bandage is spooled into a roll and packed into a carton.
Packaging (unit/box)	Each Individually packed in a box
Functionality/performance	Holds dressing firmly in place in difficult areas i.e. the head, trunk, hip and extremities.
Purpose	Used as a highly elastic, tubular net retention bandage for :- Dry, superficial wounds Difficult dressing areas
Other:	Quick and easy application and dressing changes, easy wound inspection. Readily adapts to the body's contours without causing congestion or constriction.

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N-P. mthembu	Scamp		24-08-2021