## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

DATE.	ADVERTISED: . <mark>0.1.</mark> IRIES MAY BE DIF	TED TO QUOTE FOR REQUIREMENTS AT: INKOSI ALBE /10/2021 FACSIMILE NUMBER: RECTED TO: Phindile Newane 800 Vusi Mzimela road .Mayville 4091		EM	AIL:	Quota	tions@	ialch 031	co.za 240 2050		es con			
ZNQ NUI	MBER: ST IAL 377	CLOSING DATE: .95/19 CO Blades  OLLOWING PARTICULARS MUST BE FURNISHED (FAILL	/2021				CL	OSING	3 TIME: 11	:00				
							IN TO	UKO	FFER	NG DIS	GUA	LIFIED)		
NAME (	OF BIDDER:	NAME & ADDRE		BIDDER (F DATE:	IRM									
2010/2010/2015	CAL ADDRESS:		_	MAIL ADD	RES	S:				-				
CONTA	CT NUMBER:			ACSIMILE		100		0.0000000000000000000000000000000000000						
	URE OF BIDDER		S	ARS PIN:									-0.00	leto-e-we
		I hereby agree to all terms and conditions]	C	ENTRAL S	UPP	LIER	ATAB/	ASE R	EGISTRA	TION (	CSD)	NO:: Ţ		eren i iliretanio
UNIQUE	REGISTRATION	REFERENCE: 1		-	-1	Ц	$\perp$			_				
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Does this Is the pric	offer comply with t		State d	lelivery peri	od e	g. E.g.	1day,	1 week						
Item	Quantity	Description	All deir	very costs n	_									
No	Quantity	Description			"	rand 8	mode			Country of manufacture		Price		
1.	50 units	Surgical Micro Blades	- 11571					peronchestat cottlic		K		С		
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		Please see attached specification.												
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VALUE A	ADDED TAX @ 15	% (Only if VAT Vendor)		_						1200.00	-	- 100		
TOTAL C	NOTATION PRIC	E (VALIDITY PERIOD 60 Days)												$\vdash$
1.1 The is 1.2 They covered to the c	nstitution is under no obli- trice quoted must include lepartment reserves the insta- toder must ensure the or all for the work/teem (s) if a risk, idder must accept full re- ining on under this agreed offers that comply with or under with a comply with or ele not registered on the livery costs must be inclu- rm prices will be accept ing rates of exchange via as where different delive ch delivery point.	right to evaluate all quotations excluding VAT as some bidders may not be VAT irrectness & validity of quote: that the price(s), rate(s) & preference quoted is accept that any mistakes regarding the price (s) & calculations will be at the sponsibility for the proper execution & fulfilment of all obligations conditions nent, as the Principal (s) liable for the due fulfilment of this contract, of specification & correctness of information, greater than specification will be considered, red, rated for a minimum period of six months, cantral Suppliers Database or verification has failed will not be considered, ded in the quote price, for delivery at the prescribed destination, d. Such prices must remain firm for the contract period. Non-firm prices initiations) will not be considered, ny points influence the pricing, a separate pricing schedule must be submitted spection / briefing session are required, the supplier will be informed in due nformation, when requested.	1.2 2. 2.1 2.2 2.3 2.4 4.2.5 2.6 2.7 2.8 2.9	period not e. 2 In the event or considered, quoting (on considered SPECIAL II QUOTATIO Unless incou and vice ver Under no ci original bid of The bidder ir Quotation as Any alteratio Quotation as Any alteratio Quotation si If it is desired pholocopy of SPECIAL IN SPECIAL IN S	NSTRI NSTRI	ing 10 ye indeed has a coting) for JCTIONS at with or 1 with wo tances we entation , seed to che do must be by the luid is propened in rices are ake more age in que CTIONS	ars. ing multiple werification this bid. I  AND NO expresship distinct and the expression of the e	ole quote in will be in such if indicate ting the ir may the sed, but imber of the in all it is to offer age ear indicate ting the instance of	to done to identification in the control of the con	eapest a ify if bidd the chea is REGA y the corder shall forms be nature me satisfy he ter the clang quota idual iter must be:	ders have pest bid a RDING at the country to the co	to specification multiple or according to:  THE COMPL  singular shall the terminine of or redraftee aar on such plat none are in the conference of quotation offers should in the schedule IS	on will be ompanies a specification of the companies and the near the companies of the comp	and are on will be THIS THIS THIS THIS THIS THIS THIS THIS
SARS The su of infri thereo 1.18 If the s the cor contrac service perform 1.19 The pu goods or has 1.20 The pu service such si	pin in order for the institu- poppier shall indemnify the oppier shall indemnify the upplier falls to deliver an intract, the purchaser shall of price, as a penalty, as is is using the current primmens, as using the current primmens, manufacturing the primmens of the within the period(s) spec- engaged in corrupt or fra inchaser may procure, up a similar to those undelive manufacy possible of the primary pro- sider of the primary pro- sider of the primary pro- sider of the primary primary primary pro- mary pro-	ance status has failed on CSD, it is the suppliers' responsibility to provide a tition to validate the tax compliance status of the supplier.  KZN Department of Health (ake the purchaser) against all third-party claims mark, or industrial design rights arising from use of the goods or any part y or all of the goods or to perform the services within the period(s) specified in it, without prejudice to its other remedies under the contract, deduct from the um calculated on the delivered price of the delayed goods or unperformed interest rate calculated for each day of the delay until actual delivery or ay also consider termination of the contract, his contract in whole or in part if the supplier fails to deliver any or all of the field in the contract fails to perform any other obligation(s) under the contract, udulent practices in competing for or in executing the contract, on such terms and in such manner as it deems appropriate, goods, works or end, and the supplier shall be liable to the purchaser for any excess costs for vices.	3.1 3.2 3.3 3.4 3.5 3.6	and in according to the country of t	dance ion she epara indica at sho eing ir safe co be se numb x is proof the co bid se he quotumer	with the call be acked and the acked on the win on the trailed. We do not be usted your aled. If it is a carrier ascert to yided for a scent or idea of the through a	irectives ressed in envelope envelope envelope envelope aled enve til the clo s receive ained, the the receive and tin the pos- cumental	in the qui according, with the c. The ear. If this lopes we sing time d without envelope pt of que will be a ion, and	e of the quotation/to the sealed and obtations, and rotation will be considered if it proof of posti	nents.  firectives of dress of not contact compliant compliant compliant compliant compliant compliant compliant compliant consider is received and will not compliant	in the qualities in the did in document with, on numb Where, er on the ation numion foun ed.	juotation docu- der, the quota- ments relating such quotation ers on the em- however, a qua- envelope, it mber written of d in any other the closing di- pepted as pro-	ments and tion numbe to any que ns/bids ma velopes are votation is shall be op on the enve box or else ale and tim	d shall be er and obtation by be e kept received bened, slope, ewhere

## **DECLARATION OF INTEREST**

2.1. Full Name of bidder/representative	1.	quote or proposal). In view of p by the state, or to persons com- position in relation to the evalua- the bidder is employed by the the legal person on whose the evaluation and or adjudication whose behalf the declarant a	or others in terms of this invitation, ossible allegations of favouritism, ected with or related to them, it is ting/adjudicating authority wherestate; and/or behalf the bidding document is sign of the quote(s), or where it is known and persons who are involved.	should the required gned, hown that with the	aving a kinship with persons employed te (includes a price quotation, adverthe resulting quote, or part thereof, but that the bidder or his/her authorised that the bidder or his/her authorised as a relationship with persons/a pert such a relationship exists between evaluation and or adjudication of the	rtised competitive quote, limited e awarded to persons employed d representative declare his/her rson who are/is involved in the the person or persons for or on e quote.
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. 2.8. Are you or any person connected with the bidder presently employed by the state? 2.8. Are you or any person connected with the bidder presently employed by the state? 2.8. If so, uninish the following particulars: 2.8. If so, uninish the following particulars: 2.8. If so, uninish the following particulars: 2.8. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? 2.8. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? 2.8. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? 2.8. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? 2.8. If you are presently employed by the state in the previous twelve months? 2.8. If you are presently employed by the state in the previous twelve months? 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? 2.9. If you found the evaluation and or adjudication of this quote? 2.9. If you can you fine directors / trustees / members / shareholders / members or their spouses conduct business with the evaluation and or adjudication of this quote? 2.9. If you or your spouse, or any of the directors / trustees / members / shareholders on capture in the previous twelve months? 2.1. If you found the previous twelve months? 2.1. If you found the	۷.	in order to give effect to the abo	ve, the following questionnaire mu	st be co	impleted and submitted with the quot	e.
2.8. Are you or any person connected with the bidder presently employed by the state?  2.8.1. If so, furnish the following particulars:  Name of person / director / fustee / shareholder/ member:  Name of state institution at which you or the person connected to the bidder is employed:  Position occupied in the state institution:  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?  2.8.2.1. If yes, did you attach proof of such authority, where applicable, may result in the disqualification of the quote.)  2.8.2.1. If yes, did you attach proof of such authority, where applicable, may result in the disqualification of the quote.)  2.8.2.2. If no, furnish particulars:  2.8.2.2. In you, 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?  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?  2.9.1. If so, furnish particulars:  2.10. Do you, or any person connected with the bidder, have 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?  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?  2.11. 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?  2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether	2.2	Identity Number:	oany (director, trustee, shareholde	25	Tay Deference Number	
(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)	2.8 2.8 2.8	Are you or any person connect.      If so, furnish the following part Name of person / director / trus Name of state institution at white Position occupied in the state in the public sector?	ted with the bidder presently empliculars: tee / shareholder/ member: ch you or the person connected to astitution:	oyed by the bid	the state?  der is employed:Any other particulars: iate authority to undertake remunera	TICK APPLICABLE  YES NO  tive work outside employment
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?  2.9.1. If so, furnish particulars:  3. Full details of directors / trustees / members / shareholders.  3. Full 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  1. THE UNDERSIGNED (NAME).  3. Full details of directors / trustees / members / shareholders 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  1. THE UNDERSIGNED (NAME).  3. Full details of directors / trustees / members / shareholders / members / shareholders / members / shareholders / m	(Note:	Z.1. If yes, did you attach proof Failure to submit proof of such a	of such authority to the quote doc	ument?	i di en en en en en	TES   NO
state in the previous twelve months?  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?  2.10. 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?  2.11. 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?  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  1. THE UNDERSIGNED (NAME).  CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.  1. ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION  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 of the Publ	2.0	4.4. II IIV, lulliish leasons for n	OD-SUDMISSION OF SUCh proof:			
2.10.1. If so, furnish particulars:	2.9.	state in the previous twelve mo	nths?	ees / sr	nareholders / members or their spous	ses conduct business with the YES NO
employed by the state who may be involved with the evaluation and or adjudication of this quote?  2.11.1. If so, furnish particulars:	2.10	.1. If so, furnish particulars:	ation and or adjudication of this qu	ote?		YES NO
<ul> <li>3. Full details of directors / trustees / members / shareholders.</li> <li>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.</li> <li>4 DECLARATION</li> <li>I. THE UNDERSIGNED (NAME). CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.</li> <li>I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.</li> <li>Name of bidder Signature Position Date</li> <li>"State" means –         <ul> <li>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);</li> <li>b) any municipality or municipal entity;</li> </ul> </li> </ul>	2.11 2.12	employed by the state who ma  1. If so, furnish particulars:  Do you or any of the directors / or not they are bidding for this o	ed with the bidder, aware of any re be involved with the evaluation a trustees / shareholders / members contract?	elationsl nd or ac of the c	nip (family, friend, other) between any djudication of this quote? ompany have any interest in any othe	YES NO related companies whether
I, THE UNDERSIGNED (NAME).  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;	3.	Full details of directors / trustors The Department Of Health will want to ensure that their details are not be considered and passed of	ees / members / shareholders. ralidate details of directors / trus up-to-date and verified on CSD. If	tees / m	nembers / shareholders on CSD. It i	otion on CCD the audie to
I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION  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;  I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION  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); any municipality or municipal entity;						
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;  One of bidder  Position  Position  Date  c) provincial legislature; national Assembly or the national Council of provinces; or Parliament.	I, TH	IE UNDERSIGNED (NAME NISHED IN PARAGRAPHS	) 2.		CERTIFY THA	T THE INFORMATION
Name of bidder  Signature  Position  Date  Slate* 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;  Constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); b) any municipality or municipal entity;	I AC PRO	CEPT THAT THE STATE N VE TO BE FALSE.	IAY REJECT THE QUOTE O	R ACT	AGAINST ME SHOULD THIS	DECLARATION
<ul> <li>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);</li> <li>any municipality or municipal entity;</li> <li>provincial legislature; national Assembly or the national Council of provinces; or Parliament.</li> </ul>						
**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.	a)	any national or provincial department, constitutional institution within the mean Act, 1999 (Act No. 1 of 1999):	national or provincial public entity or ing of the Public Finance Management	d) na	tional Assembly or the national Council of provi	rinces; or
	*Share	holder" means a person who owns share	s in the company and is actively involved in	the man	agement of the enterprise or business and exe	ercises control over the enterprise.



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Specifications Template

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Initial and Surname	Designation	Signature	Date
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## Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
A.MADAROS	V 1000	160	13/09/21

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Surgical micro blades
Standard-Fine
Sliver
Stainless steel- Sterilized by gamma radiation
25
Incision
Surgical incision
Sm 64

## Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
F.Z. MKMZÉ	Sun	1 19	14/09/2021