



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

E3029009

Specification Template

Prepared by:

Initial and Surname	Designation	Signature	Date
JZ SHABALALA	PN		08 / 11 / 21

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
N E MAPHEKULA	OPM		08 / 11 / 21

Item details	Specification
Item description	GAUZE, ABSORBENT, 8 inch roll with XRAY Indicator
Size	90.0CMX100.0M, WHITE
Colour	WHITE
Material	A 100% cotton, woven bandage-
Packaging (unit/box)	Roll
Functionality/performance	Temporary absorbent dressing over wounds. Used for vaginal procedures as a plug
Purpose	Offers absorbency in a conforming bandage. For use in applications that require controlled compression.
Other:	Non-sterile. Latex-free. Not self-adherent. Soft polyester fabric for patient comfort Woven for light compression Conforms to difficult-to-dress body contours.

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N.P Mthembu	SCMP		10. 11. 2021

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...
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:
2.8.2. If you are presently employed by the state, did you obtain the appropriate authority...
2.9. Did you or your spouse, or any of the company's directors...
2.10. Do you, or any person connected with the bidder, have any relationship...
2.11. Are you, or any person connected with the bidder, aware of any relationship...
2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest...

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.

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.