

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl vat

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: INKOSI ALBERT LUTHULI CENTRAL HOSPITAL
DATE ADVERTISED: 21/02/2022 FACSIMILE NUMBER: N/A EMAIL: Quotations@ialch.co.za
ENQUIRIES REGARDING THE QUOTE: Lungani Ngcemu CONTACT NUMBER: 031 240 1403
ENQUIRIES REGARDING TECHNICAL INFORMATION: Nolwazi Mthembu CONTACT NUMBER: 031 240 1254
PHYSICAL ADDRESS: 800 Vusi Mzimela Road Mayville 4091

QUOTE NUMBER: ZNQ/IAL/591/21/22 CLOSING DATE: 24/02/2022 CLOSING TIME: 11:00

DESCRIPTION: 50 UNITS, PACKING NASAL AIRWAY TUBE 8 0 CM LENGTH 8CM WIDTH1.5CM HEIGHT 2CM

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED)

Table with 2 columns: NAME & ADDRESS OF BIDDER (FIRM) and details like NAME OF BIDDER, DATE, PHYSICAL ADDRESS, EMAIL ADDRESS, CONTACT NUMBER, FACSIMILE NUMBER, SIGNATURE OF BIDDER, SARS PIN, CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO., UNIQUE REGISTRATION REFERENCE.

Table with 2 columns: Does this offer comply with the specification? State delivery period, e.g. 1day, 1week; Is the price firm? All delivery costs must be included in the quoted price

Main item table with columns: Item No, Quantity, Description, Brand & model, Country of manufacture, Price (R, C). Includes 'Please see attached specification' and tax/total quotation price sections.

Handwritten marks: '11' and a signature.

- 1. SPECIAL CONTRACT CONDITIONS OF QUOTATIONS
1.1. The Department is under no obligation to accept the lowest or any quote.
1.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer...
2.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa...
3. SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
3.1. Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt...
3.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope...
3.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/ bids...
3.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
3.5. No quotation/ bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
3.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

E3023496



**health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**Specifications Template**

Prepared by:

Initial and Surname	Designation	Signature	Date
JJ Shabole	PA	<i>[Signature]</i>	17/11/21

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
H. XABA	RN	<i>[Signature]</i>	17/11/21

Item details	Specification
Item description	PACKING, NASAL AIRWAY TUBE, 8.0CM
Size	Length 8cm Width 1.5cm Height 2cm
Colour	White
Material	Low density, Large-pore Mowool sponge with oxidized cellulose
Packaging (unit/box)	Units
Functionality/performance	Treating anterior and posterior epistaxis
Purpose	Nasal packing
Other:	

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N. F. Mthembu	Secur	<i>[Signature]</i>	18.11.2021

**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, 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
  - 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 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 (director, trustee, shareholder<sup>2</sup>): .....
- 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
-------------------------	--------------------	-------------------	---------------

<sup>1</sup>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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup> 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.