



**national treasury**

Department:  
National Treasury  
**REPUBLIC OF SOUTH AFRICA**

## **DECLARATION FORM**

**BID NUMBER:**

**BID DESCRIPTION:** APPOINTMENT OF A SERVICE PROVIDER FOR THE DEVELOPMENT OF MAINTENANCE FRAMEWORKS, CONTRACTING DOCUMENTS, MAINTENANCE CONTRACTS AND SERVICE LEVEL AGREEMENTS FOR THE HOSPITAL MEDICAL EQUIPMENT CATEGORIES FOR A PERIOD OF TWELVE (12) MONTHS.

I (Full names and Surname) ..... and Identity number (ID no) ..... declare that I am not an employee of any Medical Equipment Manufacturer (OEM) /Supplier or do not belong to any Original Equipment Manufacturer Associations in or out of South Africa.

Signature:

Date: