

QUOTATIONS ARE HEREBY REQUESTED IN ACCORDANCE WITH THE SCM REGULATIONS SECTION 18 OF THE LOCAL GOVERNMENT MUNICIPAL FINANCE MANAGEMENT ACT 56 OF 2003, FOR THE PURCHASE OF ITEM/S THAT COULD BE ABOVE R30 000.00.

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADVERTISEMENT DATE                                                                                                                                                                                                                                                                                                                                                                                                                    | 06 February 2024                                                                                                                                                                                                                             |
| DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                            | LAD                                                                                                                                                                                                                                          |
| RFQ NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                            | JCPZ/RFQ/LAD57/2023                                                                                                                                                                                                                          |
| RFQ VALIDITY PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 DAYS (COMMENCING FROM THE RFQ CLOSING DATE)                                                                                                                                                                                               |
| DESCRIPTION OF GOODS/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                         | SHE REP TRAINING                                                                                                                                                                                                                             |
| CIDB GRADING                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                          |
| DOCUMENTS ARE OBTAINABLE AT NO COST FROM:                                                                                                                                                                                                                                                                                                                                                                                             | The JCPZ's website- <a href="http://www.jhbcityparksandzoo.com">www.jhbcityparksandzoo.com</a>                                                                                                                                               |
| SUBMISSION OF QUOTES: Due to the COVID-19 restrictions, Service Providers are to submit quotations in the boxes provided at the entrance of JCPZ House office, any day after the advert <u>between 8am-11:00am</u>                                                                                                                                                                                                                    | <b>Quotation Box, 40 De Korte Street, JCP House Braamfontein. Telegraphic, telephonic, telex, facsimile and late quotations will not be accepted. City Parks does not take responsibility for any quotations submitted in the wrong box.</b> |
| CLOSING DATE & TIME                                                                                                                                                                                                                                                                                                                                                                                                                   | 13 February 2024 @ 12:00pm                                                                                                                                                                                                                   |
| COMPULSORY SITE MEETING                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                                                                                                                                                                                                                                          |
| ENQUIRIES                                                                                                                                                                                                                                                                                                                                                                                                                             | Sinah Magolo – 079 898 1761<br><a href="mailto:smagolo@jhbcityparks.com">smagolo@jhbcityparks.com</a>                                                                                                                                        |
| <p>Name of Bidder: .....</p> <p>Total Amount excl. VAT: .....</p> <p>VAT Amount: .....</p> <p>Total Amount Incl. VAT: .....</p> <p>VAT VENDOR: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NB: ATTACH FORMAL QUOTATION IMMEDIATELY AFTER FIRST PAGE</b></p> <p>For more information on Tenders and Quotations visit our website <a href="http://www.jhbcityparksandzoo.com">www.jhbcityparksandzoo.com</a></p> |                                                                                                                                                                                                                                              |
| COMPILED BY                                                                                                                                                                                                                                                                                                                                                                                                                           | TSHEPO NKOPANE                                                                                                                                                                                                                               |

QUOTATIONS MUST BE SUBMITTED IN SEALED ENVELOPES CLEARLY MARKED "RFQ FOR - JCPZ/RFQ/LAD57/2023"

**SPECIAL CONDITIONS:**

- Provide valid Companies' proof of address and/ or Director's proof of residence (Only latest municipal statement not older than three (3) months (not in arrears for more than 90 days) or valid lease agreement in their area of jurisdiction;
- Provide CIPC Company Registration Document and shareholder certificates (Company required to have the following among the shareholders:
- Provide Valid COIDA Certificate from Department of Labor (Letter of good standing);
- Provide a valid Joint Venture (JV) agreement signed by all parties with all individual parties' mandatory documents submitted; if applicable
- Provide Proof of registration with CSD (Central Supplier Database) at National Treasury compliant with all regulatory requirements;
- The use of correction fluid is strictly prohibited and shall lead to disqualification;
- All corrections must be initialed by the bidder; and
- Completion of the entire tender document as issued or downloaded is compulsory

**Additional Conditions**

- Accepted RFQ's will be communicated by way of an official order. Accordingly, no goods, work or service must be prepared or delivered before an official order is received by the respondent
- The process of closing and opening of RFQ's is open for all service providers who submitted quotations
- Non submission of mandatory Municipal Bidding Documents (MBD forms) will result in the bid being disqualified.
- All Municipal Bidding Documents (MBD Form) must be signed and completed in full
- The lowest, or any tender will not necessarily be accepted and Johannesburg City Parks and Zoo reserves the right to accept any tender either in whole or in part.

Evaluation Criteria: 80/20 Preference point system as presented in the preferential procurement regulations 2022, for this purpose MBD 1, MBD 3,1, MBD 4, MBD6.1, MBD 8 and MBD 9 forms should be scrutinized, completed and submitted together with your quotation. Failure in submitting these documents will result in a quotation being disqualified:

1. All prices quoted must be firm and be inclusive of Value Added Tax (VAT).
2. The lowest, or any, offer will not necessarily be accepted and Johannesburg City Parks and Zoo reserves the right to accept any offer either in whole or in part.
3. No offer shall be considered unless it has been signed and accompanied by sufficient information to show whether or not the goods offered comply with the specifications.
4. The offer herein shall remain binding and open for acceptance by Johannesburg City Parks and Zoo during the validity period indicated and calculated from the closing time of the RFQ.

All Service Providers that are currently not on the Central Supplier Database of National Treasury [www.csd.gov.za](http://www.csd.gov.za) are required to register and provide the CSD vendor number when submitting quotations/tenders. For more information on Tenders and Quotations visit our website [www.jhbcityparks.com](http://www.jhbcityparks.com) as well as on [www.etenders.gov.za](http://www.etenders.gov.za)

JOHANNESBURG CITY PARKS AND ZOO is committed to combat fronting. Insofar as it is legally permitted to do so, and provided that service delivery will not be severely influenced, contracts executed by fronting enterprises will be cancelled, the service provider in question will be blacklisted on its database of service providers and reported to the applicable authorities.

**For more information on bids and quotations visit our website [www.jhbcityparks.com](http://www.jhbcityparks.com) . Bids completed in Pencil will be regarded as invalid.**

**SUBMISSIONS MUST BE IN SEALED ENVELOPES CLEARLY MARKED WITH REFERENCE NUMBER AND DESCRIPTION "JCPZ/SCM....."**

**REQUEST FOR QUOTATION FORM****DESCRIPTION: SHE REPRESENTATIVE TRAINING****SPECIFICATION OR TERMS OF REFERENCE (below)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                           |   |         |                                                          |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------|---|---------|----------------------------------------------------------|---|
| Name of user department: LEARNING & DEVELOPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                           |   |         |                                                          |   |
| Tender No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                           |   |         |                                                          |   |
| Description of the panel : Describe the functions of the workplace health and safety representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                           |   |         |                                                          |   |
| Closing date and time : February 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                           |   |         |                                                          |   |
| <p>Nature of Goods/Services: The person credited with this unit standard is able to understand the objectives and statutory requirements pertaining to health and safety in the workplace. The learners will be able to explain the rights, powers, functions and duties of the workplace health and safety representative and how any errant health, safety and environmental issues may be handled.</p> <p>Service providers must provide their accreditation certificate with the relevant ETQA and registered as an assessor with the relevant authority. All learning material will be reviewed to ensure all specifications have been addressed and have a pre-training meeting set-up with requesting department prior to any implementation of training. SCM Compliance documents are compulsory.</p> |      |                                                                           |   |         | Estimated Budget to be Utilized for such Goods/ Services |   |
| Type of Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | SHE Rep training                                                          |   |         |                                                          |   |
| Unit Standard Title<br>259 622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Describe the functions of the workplace health and safety representative. |   |         |                                                          |   |
| Relevant Accreditation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SETA | NQF level                                                                 | 2 | Credits |                                                          | 3 |
| Number of Delegates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | 80 (4 GROUPS OF 20)                                                       |   |         |                                                          |   |
| <p><b>Specific outcome 1</b></p> <p>Describe the framework of workplace health and safety legislation pertaining to health and safety representatives.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                           |   |         |                                                          |   |
| <p><b>Specific outcome 2</b></p> <p>Explain the specified requirements to conduct safety, health and environmental representation activities at a working place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                           |   |         |                                                          |   |
| <p><b>Specific outcome 3</b></p> <p>Address safety, health and environment related issues within the scope of authority.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                           |   |         |                                                          |   |
| <p><b>Specific outcome 4</b></p> <p>Comply with the activities within safety, health and environmental structures.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                           |   |         |                                                          |   |

Company Registered Name: \_\_\_\_\_

Company registration no: \_\_\_\_\_ VAT Reg. No: \_\_\_\_\_

Tax Reg. No: \_\_\_\_\_ CIDB No (If Applicable). \_\_\_\_\_

Central Supplier Database Vendor No (CSD): \_\_\_\_\_

**For Office use only:**

**Evaluation criteria: Preferential Procurement Regulations 2022.**

|                                          | POINTS | POINTS CLAIMED |
|------------------------------------------|--------|----------------|
| PRICE:                                   | 80     | _____          |
| 25% and Above for women Owned Companies: | 20     | _____          |
| TOTAL POINTS FOR THE PRICE AND GOALS:    | 100    | _____          |

**Conditions:**

1. Submit a formal quotation on your company letter head
2. Return all MBD Forms and signed
3. All prices quoted must be firm and be inclusive of Value Added Tax (VAT).
4. The lowest, or any, offer will not necessarily be accepted and Johannesburg City Parks and Zoo reserves the right to accept any offer either in whole or in part.
5. No offer shall be considered unless it has been signed and accompanied by sufficient information to show whether or not the goods offered comply with the specifications.
6. The offer herein shall remain binding and open for acceptance by Johannesburg City Parks and Zoo during the validity period indicated and calculated from the closing time of the RFQ.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICE USE ONLY****FUNCTIONALITY (Complete Applicable or Not Applicable)****PRE-QUALIFICATION CRITERIA Functionality Tables (100 Points)**

| Description of Evaluation and Evidence Required                                                               | Weights | Total Weight | Points |
|---------------------------------------------------------------------------------------------------------------|---------|--------------|--------|
|                                                                                                               |         |              |        |
|                                                                                                               |         |              |        |
|                                                                                                               |         |              |        |
|                                                                                                               |         |              |        |
| <b><i>A bidder that scores less than 63 out of 70 on the above services will not be evaluated further</i></b> |         |              |        |
|                                                                                                               |         |              |        |
| <b>Total</b>                                                                                                  |         | <b>100</b>   |        |

## INVITATION TO BID

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE  
BID BOX SITUATED AT (STREET ADDRESS

|                                                                              |                              |  |                                           |         |                              |
|------------------------------------------------------------------------------|------------------------------|--|-------------------------------------------|---------|------------------------------|
|                                                                              |                              |  |                                           |         |                              |
|                                                                              |                              |  |                                           |         |                              |
|                                                                              |                              |  |                                           |         |                              |
|                                                                              |                              |  |                                           |         |                              |
|                                                                              |                              |  |                                           |         |                              |
| <b>SUPPLIER INFORMATION</b>                                                  |                              |  |                                           |         |                              |
| NAME OF BIDDER                                                               |                              |  |                                           |         |                              |
| POSTAL ADDRESS                                                               |                              |  |                                           |         |                              |
| STREET ADDRESS                                                               |                              |  |                                           |         |                              |
| TELEPHONE NUMBER                                                             | CODE                         |  | NUMBER                                    |         |                              |
| CELLPHONE NUMBER                                                             |                              |  |                                           |         |                              |
| FACSIMILE NUMBER                                                             | CODE                         |  | NUMBER                                    |         |                              |
| E-MAIL ADDRESS                                                               |                              |  |                                           |         |                              |
| VAT REGISTRATION NUMBER                                                      |                              |  |                                           |         |                              |
| TAX COMPLIANCE STATUS                                                        | TCS PIN:                     |  | <b>OR</b>                                 | CSD No: |                              |
| B-BBEE STATUS LEVEL<br>VERIFICATION CERTIFICATE<br><br>[TICK APPLICABLE BOX] | <input type="checkbox"/> Yes |  | B-BBEE STATUS<br>LEVEL SWORN<br>AFFIDAVIT |         | <input type="checkbox"/> Yes |
|                                                                              |                              |  |                                           |         | <input type="checkbox"/> No  |

2

|                                                                                                                                                              |                                                                                    |                                                                                 |                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                                                                                                                              | <input type="checkbox"/> No                                                        |                                                                                 |                                                                                        |
| <b>[A VALID CK DOCUMENT AND SHARE CERTIFICATE AS WELL AS RATES AND TAXES OR LEASE AGREEMENT MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS]</b> |                                                                                    |                                                                                 |                                                                                        |
| <i>ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?</i>                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF] | <i>ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER PART B:3 ] |
| <i>TOTAL NUMBER OF ITEMS OFFERED</i>                                                                                                                         |                                                                                    | <i>TOTAL BID PRICE</i>                                                          | R                                                                                      |
| <i>SIGNATURE OF BIDDER</i>                                                                                                                                   | .....                                                                              | <i>DATE</i>                                                                     |                                                                                        |
| <i>CAPACITY UNDER WHICH THIS BID IS SIGNED</i>                                                                                                               |                                                                                    |                                                                                 |                                                                                        |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b>                                                                                                       |                                                                                    | <b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b>                                |                                                                                        |
| DEPARTMENT                                                                                                                                                   |                                                                                    | CONTACT PERSON                                                                  |                                                                                        |
| CONTACT PERSON                                                                                                                                               |                                                                                    | TELEPHONE NUMBER                                                                |                                                                                        |
| TELEPHONE NUMBER                                                                                                                                             |                                                                                    | FACSIMILE NUMBER                                                                |                                                                                        |
| FACSIMILE NUMBER                                                                                                                                             |                                                                                    | E-MAIL ADDRESS                                                                  |                                                                                        |
| E-MAIL ADDRESS                                                                                                                                               |                                                                                    |                                                                                 |                                                                                        |

## TERMS AND CONDITIONS FOR BIDDING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| <b>1. BID SUBMISSION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| <p>1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.</p> <p>1.2. <b>ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE</b></p> <p>1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| <p>2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.</p> <p>2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.</p> <p>2.3 APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE <a href="http://WWW.SARS.GOV.ZA">WWW.SARS.GOV.ZA</a>.</p> <p>2.4 FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.</p> <p>2.5 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.</p> <p>2.6 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.</p> <p>2.7 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.</p>                                                                                                                                                                                                     |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| <b>3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA?</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?</td> <td style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> <p><b>IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.</b></p> | 3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| 3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| 3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| 3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |
| 3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO             |                                                          |                                                |                                                          |                                                                 |                                                          |                                                            |                                                          |                                                                |                                                          |

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.**

**NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....

DATE: .....

### PRICING SCHEDULE – FIRM PRICES (PURCHASES)

**NOTE: ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING,  
A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY  
POINT**

|                             |                 |
|-----------------------------|-----------------|
| Name of Bidder.....         | Bid Number..... |
| Closing Time .....<br>..... | Closing Date    |

OFFER TO BE VALID FOR **30 DAYS** FROM THE CLOSING DATE OF BID.

| ITEM NO.                                                                                                                                                                                                                                                                                 | QUANTITY<br>(QTY) | DESCRIPTION | UNIT PRICE<br>(P) | TOTAL PRICE<br>(QTY*P) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-------------------|------------------------|
|                                                                                                                                                                                                                                                                                          |                   |             |                   |                        |
| SUB-TOTAL                                                                                                                                                                                                                                                                                |                   |             |                   | R                      |
| VAT AT 15%                                                                                                                                                                                                                                                                               |                   |             |                   | R                      |
| GRAND TOTAL (BID PRICE IN RSA CURRENCY WITH ALL<br>APPLICABLE TAXES INCLUDED)                                                                                                                                                                                                            |                   |             |                   | R                      |
| I (full name) _____, in my capacity as _____,<br>the duly authorized representative of _____ (company<br>name) hereby declares that the offer is in accordance with the attached specification, notes to<br>suppliers & accepts all conditions/ clauses contained in the said documents. |                   |             |                   |                        |
| Signature of duly authorized representative                                                                                                                                                                                                                                              |                   |             | Date:             |                        |

- 
- Required by: .....
  - At: .....  
.....
  - Brand and Model .....
  - Country of Origin .....
  - Does the offer comply with the specification(s)? \*YES/NO
  - If not to specification, indicate deviation(s) .....
  - Period required for delivery .....  
\*Delivery: Firm/Not firm
  - Delivery basis .....

Note: All delivery costs must be included in the bid price, for delivery at the prescribed destination.

\*\* "all applicable taxes" includes value- added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.

**DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state<sup>1</sup>.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
- 3 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name of bidder or his or her representative:

.....

3.2 Identity Number:

.....

3.3 Position occupied in the Company (director, trustee, hareholder<sup>2</sup>)

:.....

3.4 Company Registration Number:

.....

3.5 Tax Reference number:

.....

3.6 VAT Registration Number:

.....

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state?

**YES / NO**

3.8.1 If yes, furnish particulars. ....

.....

<sup>1</sup>MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

- (i) any municipal council;
- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council of provinces;

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of 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);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) an employee of Parliament or a provincial legislature.

<sup>2</sup> Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9 Have you been in the service of the state for the past twelve months? ..... **YES / NO**

3.9.1 If yes, furnish particulars.....

.....

3.10 Do you have any relationship (family, friend, other) with persons

in the service of the state and who may be involved with

the evaluation and or adjudication of this bid? ..... **YES / NO**

3.10.1 If yes, furnish particulars.....

.....

- 3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.11.1 If yes, furnish particulars

.....  
 .....

- 3.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.12.1 If yes, furnish particulars.

.....  
 .....

- 3.13 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.13.1 If yes, furnish particulars.

.....  
 .....

- 3.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other related companies or business whether or not they are bidding for this contract. **YES /**

**NO**

3.14.1 If yes, furnish particulars:

.....  
 .....

## 4. Full details of directors / trustees / members / shareholders.

| Full Name | Identity Number | State Employee Number |
|-----------|-----------------|-----------------------|
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |

.....  
**Signature**.....  
**Date**.....  
**Capacity**.....  
**Name of Bidder**

**MBD 6.1****PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

---

**1. GENERAL CONDITIONS**

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

**1.2 To be completed by the organ of state**

*(delete whichever is not applicable for this tender).*

- a) The applicable preference point system for this tender is the **90/10** preference point system.
- b) The applicable preference point system for this tender is the **80/20** preference point system.
- c) Either the **90/10 or 80/20 preference point system** will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

**1.4 To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|                                                  | POINTS     |
|--------------------------------------------------|------------|
|                                                  |            |
| PRICE                                            | 80         |
| SPECIFIC GOALS: 25% OR MORE WOMEN OWNED          | 20         |
|                                                  |            |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b> |

- 1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.
- 1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

**80/20**

**or**

**90/10**

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right) \text{ or } Ps = 90 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

or

90/10

$$Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right) \text{ or } Ps = 90 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of

- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
- (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

*(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.)*

*Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)*

| The specific goals allocated points in terms of this tender | Number of points allocated (90/10 system)<br>(To be completed by the organ of state) | Number of points allocated (80/20 system)<br>(To be completed by the organ of state) | Number of points claimed (90/10 system)<br>(To be completed by the tenderer) | Number of points claimed (80/20 system)<br>(To be completed by the tenderer) |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Price                                                       | N/A                                                                                  | 80                                                                                   | N/A                                                                          |                                                                              |
| 25% and above women Owned                                   | N/A                                                                                  | 20                                                                                   | N/A                                                                          |                                                                              |
|                                                             |                                                                                      |                                                                                      |                                                                              |                                                                              |
|                                                             |                                                                                      |                                                                                      |                                                                              |                                                                              |
|                                                             |                                                                                      |                                                                                      |                                                                              |                                                                              |
|                                                             |                                                                                      |                                                                                      |                                                                              |                                                                              |
|                                                             |                                                                                      |                                                                                      |                                                                              |                                                                              |

**DECLARATION WITH REGARD TO COMPANY/FIRM**

4.3. Name of company/firm.....

4.4. Company registration number: .....

4.5. TYPE OF COMPANY/ FIRM

☐ Partnership/Joint Venture / Consortium

☐ One-person business/sole propriety

☐ Close corporation

☐ Public Company

☐ Personal Liability Company

☐ (Pty) Limited

☐ Non-Profit Company

☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution, if deemed necessary.

.....  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

.....

.....

## DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by municipalities and municipal entities in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be rejected if that bidder, or any of its directors have:
  - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - b. been convicted for fraud or corruption during the past five years;
  - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

| Item | Question | Yes | No |
|------|----------|-----|----|
|------|----------|-----|----|

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                           |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| 4.1   | <p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p><b>The Database of Restricted Suppliers now resides on the National Treasury's website(<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) and can be accessed by clicking on its link at the bottom of the home page.</b></p> | <p>Yes</p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> |
| 4.1.1 | <p>If so, furnish particulars:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                           |
| 4.2   | <p>Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?</p> <p><b>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</b></p>                                                                                                                                                                                                                                                                           | <p>Yes</p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> |
| 4.2.1 | <p>If so, furnish particulars:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                           |

|             |                                                                                                                                                                                                                                        |                                 |                                |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 4.3         | Was the bidder or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?                                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.3.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| <b>Item</b> | <b>Question</b>                                                                                                                                                                                                                        | <b>Yes</b>                      | <b>No</b>                      |
| 4.4         | Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.4.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| 4.5         | Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?                         | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.7.1       | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) .....  
CERTIFY THAT THE INFORMATION FURNISHED ON THIS  
DECLARATION FORM TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME  
SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder

### **CERTIFICATE OF INDEPENDENT BID DETERMINATION**

- 1 This Municipal Bidding Document (MBD) must form part of all bids<sup>1</sup> invited.
- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
  - a. take all reasonable steps to prevent such abuse;
  - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
  - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
- 4 This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5 In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.

<sup>2</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

\_\_\_\_\_

(Bid Number and Description)

in response to the invitation for the bid made by:

\_\_\_\_\_

\_\_\_\_\_

(Name of Municipality / Municipal Entity)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:\_\_\_\_\_that:

(Name of Bidder)

- 1. I have read and I understand the contents of this Certificate;
- 2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;

5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
- (a) has been requested to submit a bid in response to this bid invitation;
  - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
  - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

**MBD 9**

6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium<sup>3</sup> will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation)
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

<sup>3</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

**MBD 9**

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder