

VOLUME 2: RETURNABLE DOCUMENTS

Volume 2: Returnable Documents
HDA/EC/2023/001

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.1: LIST OF RETURNABLE DOCUMENTS

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T2.1: LIST OF RETURNABLE DOCUMENTS

| HOUSING DEVELOPMENT AGENCY | | |
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| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE | |
| Project Manager: | JERRY MAKOFANE | Contract no: HDA/EC/2023/001 |

1. RETURNABLE SCHEDULES REQUIRED FOR TENDER EVALUATION PURPOSES

(Insert a tick in the "Checklist" column to indicate which documents are returned with this tender)

| Tender Document Name | Checklist |
|--|--|
| Valid SARS Tax Clearance Certificate, SBD 2 (SARS PIN to be inserted by the tenderer) (T2.2a) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Central Supplier Database Summary Report (T2.2b) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certified copy of NHBRC Certificate or Proof of Registration (T2.2c) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certified copy of the Companies CIPRO Certificate or Proof of Registration (T2.2d) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proof of CIDB Registration and Grading (T2.2e) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sworn Affidavit (QSE and EME) or letter from Auditors of authorised person confirming annual turnover (T2.2f) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resolution of Signatory (T2.2g) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resolution of Board of Directors to enter into consortia or joint venture (T2.2h) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Record of Addenda to Tender Documents (T2.2i) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Declaration of Interests, SBD 4 (T2.2j) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Declaration of Procurement about R10million, SBD 5 (T2.2k) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compulsory Enterprise Questionnaire (T2.2l) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PPPPFA Points Claim from 2011, SBD 6.1 (T2.2m) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedule of Estimated monthly expenditure (T2.2p) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preliminary Construction Programme (T2.2q) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction Methodology (T2.2r) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional Engineer/Technologist's Curriculum Vitae (T2.2s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certified copy of Professional Engineer's registration certificate with the Engineering Council of South Africa (ECSA) (T2.2t) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional Engineer's Professional Indemnity (PI) Insurance (T2.2u) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agreement between Tenderer and Professional Engineering Entity (T2.2v) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedule of Proposed Sub-contractors (T2.2w) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Curriculum Vitae of Key Personnel incl. certified copies of qualifications (T2.2x) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Curriculum Vitae of CHSO and proof of registration with SACPCMP (T2.2y) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedule of Plant and Equipment (T2.2z) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional particulars concerning Bidders (T2.2aa) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30% Small, Medium and Micro Enterprises (SMME) (T2.2ab) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Project References for listed relevant projects (T2.2ac) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Completion certificates for completed listed relevant projects (T2.2ad) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proof of Locality (T2.2ae) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Form of Offer and Acceptance (C1.1) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Final Summary (C1.1a) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contract Data (Part 2: Data provided by the Contractor) (C1.2) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performance Guarantee (C1.3) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Occupational Health and Safety Agreement (C1.4) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pricing Data (C3) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Audited Financial Statements for Last 3 Years | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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T2.2: RETURNABLE SCHEDULES

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T2.2a: Valid Tax Clearance Certificate (SARS PIN to be inserted by Tenderer)

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SCHEDULE B – CONFIRMATION OF REGISTRATION OF BIDDER ON CENTRAL SUPPLIER DATABASE (CSD)

| BIDDER NAME | REGISTERED ON CSD? (YES/NO) | CSD SUPPLIER NUMBER |
|-------------|--------------------------------|---------------------|
| | | |

Bidders are required to register as suppliers on the government Web-based Central Supplier Database (CSD) prior to submission of this bid, and provide their CSD supplier number in the table above. If not registered on submission of the bid, bidders will be required to register on the CSD within such timeframe as stipulated by the HDA.

It is the responsibility of a bidder to ensure that this requirement is complied with. In the case of Joint Ventures and Consortia, this requirement will apply to each party to the Joint Venture or Consortium.

BIDDER’S SIGNATURE:

| | | | |
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T2.2b: Central Supplier Database Summary Report (CSD)

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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**T2.2b: CENTRAL SUPPLIER DATABASE SUMMARY REPORT
(CSD)**

*The Tenderer shall attach hereto a copy of a Central Supplier Database report
Failure to submit the registration with the tender document will lead to the conclusion that
the Tenderer is not registered with the Central Supplier Database and therefore not eligible to tender].*

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2c: Certified Copy of valid NHBRC Grading Certificate or Proof of Registration

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T2.2c: NHBRC CERTIFICATE

[The Tenderer shall attach hereto a certified copy of the NHBRC CERTIFICATE. Failure to submit the certificate with the tender document will lead to the conclusion that the Tenderer is not registered with the NHBRC and therefore not eligible to tender].

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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T2.2d: Certified Copy of Company's CIPRO Certificate or Proof of Registration

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2d: CERTIFIED COPY OF CIPRO DOCUMENT
(To be attached by Tenderer)

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T2.2e: Proof of Valid CIDB Registration and Grading

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T2.2e: CERTIFIED COPY OF CIDB REGISTRATION AND GRADING

*The Tenderer shall attach hereto a certified copy of the CIDB REGISTRATION AND GRADING
Failure to submit the registration with the tender document will lead to the conclusion that
The Tenderer is not registered with the CIDB and therefore not eligible to tender].*

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T2.2f: SWORN AFFIDAVIT OR LETTER FROM AUDITORS

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2f: SWORN AFFIDAVIT OR LETTER FROM AUDITORS

(Original to be attached here)

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| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

The Tenderer shall attach a sworn affidavit or a letter from the auditors or an authorized person confirming the company's annual turnover to be eligible to claim specific goal compliance points in terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations.

POINTS CLAIMED:

.....
DATE

.....
SIGNATURE OF BIDDER

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T2.2g: Resolution of Signatory

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T2.2g: RESOLUTION FOR SIGNATORY

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| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
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A: CERTIFICATE OF AUTHORITY FOR SIGNATORY

Signatory for companies shall confirm their authority hereto by attaching a duly signed and dated copy of relevant resolution of the board of directors to this form.

An example is given below:

“By resolution of the board of directors passed at a meeting held on

Mr/Ms, whose signature appears below, has been duly authorised to

sign all documents in connection with the tender for Contract No.

and any Contract which may arise there from on behalf of (Block Capitals)

.....

.....

SIGNED ON BEHALF OF THE COMPANY:

IN HIS/HER CAPACITY AS:

DATE:

SIGNATURE OF SIGNATORY:

WITNESSES:

1. SIGNATURE:

2. SIGNATURE:

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T2.2h: Resolution of Board of Directors to enter into Consortia or Joint Venture

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T2.2h: RESOLUTION OF BOARD OF DIRECTORS TO ENTER INTO CONSORTIA OR JOINT VENTURE

(A copy of a Joint Venture Agreement must be attached)

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| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
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RESOLUTION of a meeting of the Board of *Directors/Members/Partners of:

.....
(Legally correct full name and registration number, if applicable, of the Enterprise)

Held at (place)

On (date)

RESOLVED that:

1. The Enterprise submit a Bid/Tender, in consortium/ Joint Venture with the following

Enterprises:

.....
(List all the legally correct full names and registration numbers, if applicable, of the Enterprises forming the Consortium/Joint Venture)

To the HOUSING DEVELOPMENT AGENCY in respect of the following project:

.....
(Project description as per Bid/Tender Document)

Bid Number: (Bid/Tender Number as per Bid/Tender Document)

2. *Mr/Mrs/Ms:

in *his/hers Capacity as:(Position in the Enterprise)

and who will sign as follow:

be, and is hereby, authorised to sign a consortium/ joint venture agreement with the parties listed under item 1 above, and any and all other documents and/ or correspondence in connection with and relating to the consortium/joint venture, in respect of the project described under item 1 above

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3. The Enterprise accepts joint and several liability with the parties listed under item 1 above for the due fulfilment of the obligation of the joint venture deriving from, and in any way connected with, the Contract to be entered into with the HOUSING DEVELOPMENT AGENCY in respect of the project described under item 1 above.

4. The Enterprise chooses as its domicilium citandi et executandi for all purposes arising from this joint venture agreement and the Contract with the in respect of the project under item 1 above:

Physical address:

.....

.....

..... (code)

Postal Address:

.....

.....

..... (code)

Telephone number: (code)

Fax number: (code)

| NAME OF FIRM | ADDRESS | DULY AUTHORISED SIGNATORY AND DESIGNATION |
|--------------------------------|---------|---|
| Lead Partner | | Signature..... Name : Designation: |
| CIDB registration no. | | |
| Partner 2 | | Signature..... Name : Designation: |
| CIDB registration no. | | |

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| Partner 3 CIDB registration no. | | Signature..... Name : Designation: |
| Partner 4 CIDB registration no. | | Signature..... Name : Designation: |

Note:

1. * Delete which is not applicable
2. NB. This resolution must be signed by all the Directors/ Members/ Partners of the Bidding Enterprise.
3. Should the number of Directors/Members/Partners exceed the space available above, additional names and signature must be supplied on a separate page

| ENTERPRISE STAMP |
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T2.2i: Record of Addenda to Tender Documents

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T2.2i: RECORD OF ADDENDA TO TENDER DOCUMENTS

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| HOUSING DEVELOPMENT AGENCY | | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE | |
| Contract No: | HDA/EC/2023/001 | |
| We confirm that the following communications received from the Employer before the submission of this tender, amending the tender documents, have been taken into account in this tender offer: | | |
| | Date | Title or Details |
| | | |
| | | |
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Attach additional pages if more space is required.

Signed **Date**

Name **Position**

Tenderer

*This document must form part of the returnable schedules as it is referenced in the offer portion of the Form of Offer and Acceptance.

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T2.2j: Declaration of Interests

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T2.2j: DECLARATION OF INTERESTS

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| HOUSING DEVELOPMENT AGENCY | |
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1. Any legal person, including persons employed by the principal, or persons having a kinship with persons employed by the principal (state), including a blood relationship, may make an offer or offers in terms of this invitation to bid/tender. In view of possible allegations of favouritism, should the resulting bid/tender, or part thereof, be awarded to persons employed by the principal, or to persons connected with or related to them, it is required that the bidder/tenderer or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest, where-

- the bidder/tenderer is employed by the principal; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid/tender(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid/tender.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid/tender :

2.1 Full Name of bidder or his or her representative:

2.2 Identity number:.....

2.3 Position occupied in the Company (director, trustee, shareholder², member):

.....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:

.....

2.5 Tax Reference Number:

2.6 VAT Registration Number:

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2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below

¹"State" means –

(a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance

Management Act, 1999 (Act No. 1 of 1999);

(b) any municipality or municipal entity;

(c) provincial legislature;

(d) national Assembly or the national Council of provinces; or

(e) Parliament.

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

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed.....

Position occupied in the state institution:

Any other particulars:

.....

.....

.....

2.7.2 If you are presently employed by the state, did you obtain work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)

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2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....
.....
.....

2.8 Did you or your spouse, or any of the company's directors
trustees / shareholders / members or their spouses conduct
business with the state in the previous twelve months?

YES / NO

2.8.1 If so, furnish particulars:

.....
.....
.....

2.9 Do you, or any person connected with the bidder, have
any relationship (family, friend, other) with a person
employed by the state and who may be involved with
the evaluation and or adjudication of this bid?

YES / NO

2.9.1 If so, furnish particulars.

.....
.....
.....

2.10 Are you, or any person connected with the bidder,
aware of any relationship (family, friend, other) between
any other bidder and any person employed by the state
who may be involved with the evaluation and or adjudication
of this bid?

YES/NO

2.10.1If so, furnish particulars.

.....
.....
.....

2.11 Do you or any of the directors / trustees / shareholders / members
of the company have any interest in any other related companies
whether or not they are bidding for this contract?

YES/NO

2.11.1If so, furnish particulars:

.....
.....
.....

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3. Full details of directors / trustees / members / shareholders.

| Full Name | Identity Number | Personal Income Tax Reference Number | State Employee Number / Persal Number |
|-----------|-----------------|--------------------------------------|---------------------------------------|
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4. DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 TP 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder/tenderer

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2k: Declaration of Procurement above R10million VAT Included

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2k: DECLARATION FOR PROCUREMENT ABOVE R10 MILLION VAT INCLUDED

(DELETE IF NOT APPLICABLE)

BIDDERS MUST COMPLETE THE FOLLOWING QUESTIONNAIRE:

1. Are you by law required to prepare annual financial statements for auditing? **YES / NO**

1.1. If yes, submit audited annual financial statements for the past three years or since the date of establishment if established during the past three years.

.....
.....

1.2. If no, un-audited financial statements must be submitted with your bid.

.....
.....

2. Do you have any outstanding undisputed commitments for municipal services towards a municipality or any other service provider in respect of which payment is overdue for more than 30 days?

YES / NO

2.1. If no, this serves to certify that the bidder has no undisputed commitments for municipal services towards a municipality or other service provider in respect of which payment is overdue for more than 30 days.

2.2. If yes, provide particulars.

.....
.....
.....
.....

3. Has any contract been awarded to you by an organ of state during the past five years, including particulars of any material non-compliance or dispute concerning the execution of such contract?

YES / NO

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
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3.1. If yes, furnish particulars.

.....

.....

4. Will any portion of goods or services be sourced from outside the Republic, and, if so, what portion and whether any portion of payment from the municipality / municipal entity is expected to be transferred out of the Republic?

***YES / NO**

4.1 If yes, furnish particulars

.....

.....

CERTIFICATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

| | |
|--|---|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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|---|--------------------------------------|
| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2I: Compulsory Enterprise Questionnaire

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
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T2.2I: COMPULSORY ENTERPRISE QUESTIONNAIRE

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

The following particulars must be furnished. In the case of a joint venture, **separate** enterprise questionnaires in respect of each partner must be completed and submitted.

Section 1: Name of enterprise:

Section 2: VAT registration number, if any:

Section 3: CIDB registration number, if any:

Section 4: Particulars of sole proprietors and partners in partnerships

| Name* | Identity number* | Personal income tax number* |
|-------|------------------|-----------------------------|
| | | |
| | | |
| | | |

* Complete only if sole proprietor or partnership and attach separate page if more than 3 partners

Section 5: Particulars of companies and close corporations

Company registration number

Close corporation number

Tax reference number

Section 6: Record in the service of the state

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

- | | |
|--|---|
| <input type="checkbox"/> a member of any municipal council <input type="checkbox"/> a member of any provincial legislature <input type="checkbox"/> a member of the National Assembly or the National Council of Province <input type="checkbox"/> a member of the board of directors of any municipal entity <input type="checkbox"/> an official of any municipality or municipal entity | <input type="checkbox"/> an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999) <input type="checkbox"/> a member of an accounting authority of any national or provincial public entity <input type="checkbox"/> an employee of Parliament or a provincial legislature |
|--|---|

| | |
|--|---|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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|---|--------------------------------------|
| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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If any of the above boxes are marked, disclose the following:

| Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder | Name of institution, public office, board or organ of state and position held | Status of service (tick appropriate column) | |
|---|---|---|-----------------------|
| | | Current | Within last 12 months |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*insert separate page if necessary

Section 7: Record of spouses, children and parents in the service of the state

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:

| | |
|--|---|
| <input type="checkbox"/> a member of any municipal council <input type="checkbox"/> a member of any provincial legislature <input type="checkbox"/> a member of the National Assembly or the National Council of Province <input type="checkbox"/> a member of the board of directors of any municipal entity <input type="checkbox"/> an official of any municipality or municipal entity | <input type="checkbox"/> an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999) <input type="checkbox"/> a member of an accounting authority of any national or provincial public entity <input type="checkbox"/> an employee of Parliament or a provincial legislature |
|--|---|

| Name of spouse, child or parent | Name of institution, public office, board or organ of state and position held | Status of service (tick appropriate column) | |
|---------------------------------|---|---|-----------------------|
| | | Current | Within last 12 months |
| | | | |
| | | | |
| | | | |
| | | | |

*insert separate page if necessary

The undersigned, who warrants that he/she is duly authorised to do so on behalf of the enterprise:

| | |
|--|---|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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|---|--------------------------------------|
| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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-
- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my/our tax matters are in order;
 - ii) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
 - iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
 - iv) confirms that I/we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
 - iv) confirms that the contents of this questionnaire are within his/her personal knowledge and are to the best of his/her belief both true and correct.

Signed Date

Name Position

Enterprise name

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2m: PPPFA Points Claim Form 2022(SBD 6.1)

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2m: PPPFA POINTS CLAIM FORM

SBD 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 | 20 |
| Total points for Price and SPECIFIC GOALS | 100 |

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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- 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

$$P_s = 80 \left(1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where

P_s = Points scored for price of tender under consideration

P_t = Price of tender under consideration

P_{min} = Price of lowest acceptable tender

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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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 points is allocated for price on the following basis:

80/20

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

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

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.

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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Table 1: Specific goals for the tender and points claimed are indicated per the table below.

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 (80/20 system) (To be completed by the organ of state) | Number of points claimed (80/20 system) (To be completed by the tenderer) |
|--|---|---|
| Size of company (Maximum points = 7 points) | | |
| EME | 7 | |
| QSE | 5 | |
| GE or others | 3 | |
| Black Women Owned (Maximum points = 5 points) | | |
| 75% - 100% | 5 | |
| 51% - 74.99 - | 3 | |
| Below 51% | 1 | |
| Historically Disadvantaged South Africans* (maximum Points = 8) | | |
| Youth (Maximum points 3) | 3 | |
| HDSA | 2 | |
| Disabled People | 3 | |

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]

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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- 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:

.....

.....

.....

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2p: Schedule of Estimated Monthly Expenditure

T2.2p: SCHEDULE OF ESTIMATED MONTHLY EXPENDITURE

| | |
|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

The Bidder shall state his estimated value of the work to be completed every week, based on his preliminary programme and his tender unit rates, in the table below. The amounts for Contingencies and Dayworks shall not be included.

| Month | Value (VAT Zero Rated) | Cumulative Value |
|------------------------|------------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| Total (VAT Zero Rated) | | |

.....
DATE

.....
SIGNATURE OF BIDDER

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2q: Preliminary Construction Programme

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2q: PRELIMINARY PROGRAMME

The Tenderer shall attach a preliminary construction programme reflecting the proposed sequence and duration of the various activities comprising the work for this Contract. The programme shall be in accordance with the information supplied in the Contract, requirements of the Project Specifications and with all other aspects of his Tender. Failure to submit this programme will result in a tender being non-functional.

[Note: *The programme must be based on the completion time as specified in the Contract Data. No other completion time that may be indicated on this programme will be regarded as an alternative offer, unless it is listed in Table (b) of Form I hereafter and supported by a detailed statement to that effect, all as specified in the Tender Data]*

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2r: Construction Methodology

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2r: CONSTRUCTION METHODOLOGY

The Tenderer shall attach a work implementation strategy assigned to the respective tasks and the optimisation of resources and activities. The work methodology must demonstrate an understanding of the scope of work, the interrelated activities and sequencing.

As the Tenderer is expected to allocate work to SMMEs, it is expected that the work to be allocated to SMMEs will be included in the work methodology.

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2s: Professional Engineer/Technologist's Curriculum Vitae

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2s: PROFESSIONAL ENGINEER/TECHNOLOGIST’S CURRICULUM VITAE

The Tenderer shall attach a detailed Curriculum Vitae of the Professional Engineer/Technologist's that shall be responsible on the project detailing his/her relevant experience.

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2t: Certified copy of Professional Engineer/Technologist's registration certificate with ECSA

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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**T2.2t: CERTIFIED COPY OF PROFESSIONAL ENGINEER/TECHNOLOGIST’S
REGISTRATION CERTIFICATE WITH THE ENGINEERING COUNCIL OF
SOUTH AFRICA (ECSA)**

The Tenderer shall attach a certified copy of Professional Engineer/Technologist’s registration certificate with the Engineering Council of South Africa (ECSA)

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2u: Copy of Professional Engineer's Professional Indemnity Insurance

| | |
|--|---|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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|---|--------------------------------------|
| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | |

T2.2u: COPY OF PROFESSIONAL ENGINEER'S PROFESSIONAL INDEMNITY INSURANCE

The Tenderer shall attach a certified copy of Professional Engineer's Professional Indemnity (PI) Insurance

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2v: Copy of agreement between Tenderer and Professional Engineering Entity

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2v: COPY OF AGREEMENT BETWEEN TENDERER AND PROFESSIONAL ENGINEERING ENTITY

The Tenderer shall attach a copy of the agreement that will outline each party's roles and responsibility/working arrangement in the project

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2w: Schedule of Proposed Subcontractors

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2w: SCHEDULE OF PROPOSED SUBCONTRACTORS

| | |
|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

We notify you that it is our intention to employ the following Subcontractors for work in this contract.

If we are awarded a contract we agree that this notification does not change the requirement for us to submit the names of proposed Subcontractors in accordance with requirements in the contract for such appointments. If there are no such requirements in the contract, then your written acceptance of this list shall be binding between us.

We confirm that all Subcontractors who are contracted to construct a house are registered as home builders with the National Home Builders Registration Council.

| | Name and address of proposed Subcontractor | Nature, extent and value of work to be sub-contracted | Subcontractor NHBRC Registration No. |
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| 1 | | | |
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| 3 | | | |
| 4 | | | |
| 5 | | | |

Signed _____ Date _____

Name _____ Position _____

Tenderer _____

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2x: Curriculum Vitae of Key Personnel incl. certified copies of qualifications

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2x: CURRICULUM VITAE OF KEY PERSONNEL

[illegible]**Certification:**

I, the undersigned, certify that, to the best of my knowledge and belief, this data correctly describes my qualifications, my experience and me.

DATE **SIGNATURE OF TENDERER**
(of person authorised to sign on behalf of the Tenderer)

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2y: Curriculum Vitae of CHSO and proof of registration with SACPCMP

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2y: CURRICULUM VITAE OF CHSO AND PROOF OF REGISTRATION WITH SACPCMP

The Tenderer shall attach a Curriculum Vitae of the Construction Health and Safety Officer to be appointed on the project and his/her proof of registration as a Construction Health and Safety Officer with the South African Council for the Project and Construction Management Profession (SACPCMP)

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2z: Schedule of Plant and Equipment

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2z: SCHEDULE OF PLANT AND EQUIPMENT

HOUSING DEVELOPMENT AGENCY

Project title:

APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE

Contract No:

HDA/EC/2023/001

The following are lists of major items of relevant equipment that I/we presently own or lease and will have available for this contract or will acquire or hire for this contract if my/our tender is accepted.

(a) Details of major equipment that is owned by and immediately available for this contract.

| Quantity | Description, size, capacity, etc. |
|----------|-----------------------------------|
| | |

Attach additional pages if more space is required.

(b) Details of major equipment that will be hired or acquired for this contract if my/our tender is acceptable.

| Quantity | Description, size, capacity, etc. |
|----------|-----------------------------------|
| | |

Attach additional pages if more space is required.

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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Signed _____ Date _____

Name _____ Position _____

Tenderer _____

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2aa: Additional Particulars Concerning Bidders

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2aa: ADDITIONAL PARTICULARS CONCERNING BIDDERS

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|----------------------------|---|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| BCMM No: | HDA/EC/2023/001 |

SURETIES AS SECURITY

Since I/we propose to furnish two sureties as security, the following particulars are provided:

1.1 Name of surety:

.....

Address of surety:

.....

Bank of surety:

Branch:

1.2 Name of surety:

.....

Address of surety:

.....

Bank of surety:

Branch:

COMPANIES

If the bidder is a company, a certified copy of the resolution of the board of directors (personally signed by the chairman of the board) authorizing the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company, must be submitted with this bid.

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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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PARTNERSHIPS

The following particulars in respect of every partner must be furnished and signed by every partner:

| | | |
|----------------------|------------------|-----------|
| Full name of partner | Resident address | Signature |
| | | |
| | | |
| | | |

We, the undersigned partners, in the business trading as

..... hereby

authorizeto sign this bid as well as any

contract resulting from the bid and any other documents and correspondence in connection with this bid and/or contract on our behalf.

| | | |
|-------------|-------------|-------------|
| | | |
| Signature | Signature | Signature |
| Date: | Date: | Date: |

ONE-MAN BUSINESS

I, the undersigned

hereby confirm that I am the sole owner of the business trading as

| | |
|-----------|-------|
| | |
| Signature | Date |

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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WORK CAPACITY

The bidder is requested to furnish the following particulars. Failure to do so may result in the bid being disregarded.

Skilled artisans employed. State categories and furnish numbers:

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Unskilled labour employed. State categories and furnish numbers:

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Full particulars of machinery, plant and workshops:

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Current and Previous Experience:

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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Particulars of commitments on which the bidder is at present engaged (Current experience):

A.HOUSING DEVELOPMENT AGENCY

| PROJECT DESCRIPTION, PLACE AND CONTRACT SUM | CONTRACT PERIOD WITH COMMENCEMENT AND COMPLETION DATES | CLIENT | PRINCIPAL AGENT CONTACT NAME AND COMPANY NAME | PRINCIPAL AGENT TELEPHONE, FAX and CELL NUMBERS | PRINCIPAL AGENT E-MAIL ADDRESS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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**B. DEPARTMENT OF HUMAN SETTLEMENTS. OTHER DEPARTMENTS, OTHER MUNICIPALITIES
AND PRIVATE SECTOR**

| PROJECT DESCRIPTION, PLACE AND CONTRACT SUM | CONTRACT PERIOD WITH COMMENCEMENT AND COMPLETION DATES | CLIENT | PRINCIPAL AGENT CONTACT NAME AND COMPANY NAME | PRINCIPAL AGENT TELEPHONE, FAX and CELL NUMBERS | PRINCIPAL AGENT E-MAIL ADDRESS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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Particulars of projects which bidder has already (previous experience) –

A) COMPLETED FOR HOUSING DEVELOPMENT AGENCY

| PROJECT DESCRIPTION, PLACE AND CONTRACT SUM | CONTRACT PERIOD WITH COMMENCEMENT AND COMPLETION DATES | CLIENT | PRINCIPAL AGENT CONTACT NAME AND COMPANY NAME | PRINCIPAL AGENT TELEPHONE, FAX and CELL NUMBERS | PRINCIPAL AGENT E-MAIL ADDRESS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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B) COMPLETED FOR DEPARTMENT OF HUMAN SETTLEMENTS, OTHER DEPARTMENTS, MUNICIPALITIES INCLUDING THE PRIVATE SECTOR

| PROJECT DESCRIPTION, PLACE AND CONTRACT SUM | CONTRACT PERIOD WITH COMMENCEMENT AND COMPLETION DATES | CLIENT | PRINCIPAL AGENT CONTACT NAME AND COMPANY NAME | PRINCIPAL AGENT TELEPHONE, FAX and CELL NUMBERS | PRINCIPAL AGENT E-MAIL ADDRESS |
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Signature _____

Date _____

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| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2ab: 30% SMALL, MEDIUM AND MICRO ENTERPRISES (SMME)

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2ab: SUBCONTRACTING TO SMALL, MEDIUM AND MICRO ENTERPRISES (SMME)

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

Bidders are required as a condition in the tender to subcontract to local small medium micro enterprises.

I, the undersigned, as the lead partner, in submitting the accompanying bid do hereby make the following statements that I certify to be true and complete in every respect:

I understand and support the contents of this page and agree to allocate work **to local SMME's**.

I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;

I am authorized by the bidder to sign this page, and to submit the accompanying bid, on behalf of the bidder;

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.

Signed _____

Date

Name _____

Position

Tenderer

| | |
|--|---|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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T2.2ac: PROJECT REFERENCES FOR LISTED RELEVANT PROJECTS

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
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| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
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| | |

T2.2ac: PROJECT REFERENCE FORM 1

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project comprising surfaced roads, concrete kerbing and concrete side drains that was completed successfully by the tenderer.

I, _____ (name and surname) of _____

_____ (company name) declare that I was the project

manager/principal agent on the following construction project, successfully executed, in which

_____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone; _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

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T2.2ac: PROJECT REFERENCE FORM 2

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project comprising surfaced roads, concrete kerbing and concrete side drains that was completed successfully by the tenderer.

I, _____ (name and surname) of _____

_____ (company name) declare that I was the project

manager/principal agent on the following construction project, successfully executed, in which

_____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone; _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

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T2.2ac: PROJECT REFERENCE FORM 3

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project comprising surfaced roads, concrete kerbing and concrete side drains that was completed successfully by the tenderer.

I, _____ (name and surname) of _____

_____ (company name) declare that I was the project

manager/principal agent on the following construction project, successfully executed, in which

_____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

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|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone; _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

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T2.2ac: PROJECT REFERENCE FORM 4

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project comprising surfaced roads, concrete kerbing and concrete side drains that was completed successfully by the tenderer.

I, _____ (name and surname) of _____

_____ (company name) declare that I was the project

manager/principal agent on the following construction project, successfully executed, in which

_____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone; _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

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T2.2ac: PROJECT REFERENCE FORM 5

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|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project comprising surfaced roads, concrete kerbing and concrete side drains that was completed successfully by the tenderer.

I, _____ (name and surname) of _____

_____ (company name) declare that I was the project

manager/principal agent on the following construction project, successfully executed, in which

_____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone; _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

Volume 2: Returnable Documents
HDA/EC/2023/001

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|--|---|---|--------------------------------------|
| | | | |

T2.2ac: PROJECT REFERENCE FORM 6

| | |
|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project consisting of any building projects (houses, school, office block, hospital, etc.) to the minimum contract value of R8 million that was completed successfully by the tenderer.

I, _____ (name and surname) of _____
 _____ (company name) declare that I was the project
 manager/principal agent on the following construction project, successfully executed, in which
 _____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

Volume 2: Returnable Documents
 HDA/EC/2023/001

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone: _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

Volume 2: Returnable Documents
HDA/EC/2023/001

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|--|---|---|--------------------------------------|
| | | | |

T2.2ac: PROJECT REFERENCE FORM 7

| | |
|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project consisting of any building projects (houses, school, office block, hospital, etc.) to the minimum contract value of R8 million that was completed successfully by the tenderer.

I, _____ (name and surname) of _____
 _____ (company name) declare that I was the project
 manager/principal agent on the following construction project, successfully executed, in which
 _____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

Volume 2: Returnable Documents
 HDA/EC/2023/001

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone: _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

Volume 2: Returnable Documents
HDA/EC/2023/001

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|--|---|---|--------------------------------------|
| | | | |

T2.2ac: PROJECT REFERENCE FORM 8

| | |
|-----------------------------------|--|
| HOUSING DEVELOPMENT AGENCY | |
| Project title: | APPOINTMENT OF A TURNKEY CONTRACTOR FOR THE COMPLETION OF MDANTSANE EAST TEMPORARY RELOCATION AREA IN BUFFALO CITY METROPOLITAN MUNICIPALITY, EASTERN CAPE PROVINCE |
| Contract No: | HDA/EC/2023/001 |

NOTE: This returnable document must be completed by the person who was Project Manager/Principal Agent on a project consisting of any building projects (houses, school, office block, hospital, etc.) to the minimum contract value of R8 million that was completed successfully by the tenderer.

I, _____ (name and surname) of _____
 _____ (company name) declare that I was the project
 manager/principal agent on the following construction project, successfully executed, in which
 _____ (name of tenderer) was the Contractor.

Project Name: _____

Project Location: _____ Construction period: _____

Contract value: _____ Completion date: _____

A. Please evaluate the performance of the Tenderer on the above-mentioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

| Key Performance Indicators | Very Poor 1 | Poor 2 | Fair 3 | Good 4 | Excellent 5 | Total |
|--|----------------|-----------|-----------|-----------|----------------|-------|
| 1. Project Performance | | | | | | |
| 2. Quality of Services | | | | | | |
| 3. Resources: Personnel | | | | | | |
| 4. Time management/programming | | | | | | |
| 5. Financial management/ Project budget management/ cashflow | | | | | | |
| TOTAL | | | | | | |

B. Would you consider/ recommend this tenderer again:

| | |
|-----|----|
| Yes | No |
| | |

Volume 2: Returnable Documents
 HDA/EC/2023/001

| | | | |
|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

C. Any other comments: _____

D. My contact details are:

Telephone: _____ Cellphone: _____

Fax: _____ E-mail: _____

Thus signed at _____ on this _____ day of _____ 2022

Signature of project manager/principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the reference or failure on his/her part to respond to a written request to do so, that reference will be disregarded. It is the responsibility of the tenderer to put referees who are reachable and are willing to be contacted.

Name of Tenderer

Signature of Tenderer

Volume 2: Returnable Documents
HDA/EC/2023/001

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2ad: Completion Certificates of listed relevant projects

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|--|---|---|--------------------------------------|
| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
| | | | |

T2.2ad: COMPLETION CERTIFICATES OF RELEVANT LISTED PROJECTS

The Tenderer shall attach a completion certificates of all the completed project relevant to this tender for the projects listed in the schedule of completed projects.

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |

T2.2ae: Proof of Locality

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS | SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|--|---|---|--------------------------------------|
| | | | |

T2.2ae: PROOF OF LOCALITY

The Tenderer shall attach a copy of the company's most recent municipal bill or a signed lease agreement as proof of the company's office presence in the Buffalo City Metropolitan Municipality or the Eastern Cape

| HOUSING DEVELOPMENT AGENCY REPRESENTATIVE INITIALS | HOUSING DEVELOPMENT AGENCY WITNESS INITIALS |
|--|---|
| | |

| SERVICE PROVIDER REPRESENTATIVE INITIALS | SERVICE PROVIDER WITNESS INITIALS |
|---|--------------------------------------|
| | |