

SECTION 2.1 SPECIFICATIONS

AUCTIONEERING SERVICES NEEDED FOR HESSEQUA MUNICIPALITY FOR A PERIOD OF THREE (3) YEARS FROM DATE OF APPOINTMENT TO 31 AUGUST 2027

Requirements:

Specifications	Comply YES/NO	Page to Reference
1. The Auctioneer must be registered with the South African Institute for auctioneers. Proof must be attached.		
2. The Auctioneer must indicate if he has a Fidelity Fund in place.		
3. The Auctioneer must indicate the commission % for Immovable Property and for Moveable property separately. The commission should include all rates and disbursements (travel, accommodation and call out fees)		
4. Auctions of moveable property will take place in Riversdale, Western Cape		
5. Auctions of fixed property will take place at the specific property to be sold.		
6. The Auctioneer will be responsible to draw up the advert and present the advert to the responsible Municipal official for his/her written approval together with the cost of placing the advert in the newspaper and/or other methods of advertising.		
7. The responsible Municipal official must indicate in which newspaper the upcoming auction must be advertised and must communicate this in writing to the auctioneer.		
8. The Auctioneer must pay all advertising cost for the auction and the highest bidder are responsible to reimburse the actual advertising costs to the auctioneer on acceptance of the highest bid, by the Municipality. This arrangement must be communicated prior to the auction to all persons attending the auction and it must be included in the sale agreement.		
9. The sale agreement of the auctioneer can be used for fixed property.		
10. Should the Municipality not accept the highest bid, the actual advertisement costs will be reimbursed to the auctioneer.		
11. The commission % as per approved must be paid by the successful bidder to the auctioneer.		

Failure to indicate compliance to specifications, provide the information or adhere to the conditions as stated above, may result in your tender being declared non-responsive.

DECLARATION,

Initials of Service Provider's Authority:

I, THE UNDERSIGNED (NAME)
CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY
MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY:DATE:

Initials of Service Provider's Authority: