

# REQUEST FOR QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS OF THE MARINE LIVING RESOURCES FUND

REQUEST FOR QUOTATIONS: RFQ000716    CLOSING DATE: 06 SEPTEMBER 2023    CLOSING TIME: 11:00

## DESCRIPTION:

TO APPOINT A SERVICE PROVIDER (SP) TO PROVIDE THE DEPARTMENT OF FORESTRY, FISHERIES AND THE ENVIRONMENT (DFFE) / MARINE LIVING RESOURCES FUND (MLRF) FOR SUPPLY AND DELIVER OF FILTER CARTRIDGES FOR THE RE-CIRCULATING SYSTEM.

NB: Suppliers should be registered on the CSD

The successful bidder will be required to fill in and sign a written Contract Form (SBD 7).

## RFQ DOCUMENTS MAY BE EMAILED TO:

[SKhatshaza@dffe.gov.za](mailto:SKhatshaza@dffe.gov.za)

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

ALL RFQ'S MUST BE SUBMITTED ON THE OFFICIAL FORMS

THIS RFQ 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

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

|                                                                             |                       |
|-----------------------------------------------------------------------------|-----------------------|
| NAME OF BIDDER                                                              | .....                 |
| POSTAL ADDRESS                                                              | .....                 |
| STREET ADDRESS                                                              | .....                 |
| TELEPHONE NUMBER                                                            | CODE.....NUMBER.....  |
| CELLPHONE NUMBER                                                            | .....                 |
| FACSIMILE NUMBER                                                            | CODE .....NUMBER..... |
| E-MAIL ADDRESS                                                              | .....                 |
| VAT REGISTRATION NUMBER                                                     | .....                 |
| HAS AN ORIGINAL AND VALID TAX CLEARANCE CERTIFICATE BEEN SUBMITTED? (SBD 2) | YES or NO             |

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES or NO

IF YES, WHO WAS THE CERTIFICATE ISSUED BY?

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA).....  
A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS);  
OR.....  
A REGISTERED AUDITOR .....  
[TICK APPLICABLE BOX]

ARE YOU THE ACCREDITED REPRESENTATIVE  
IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED?  
NO

YES or

[IF YES ENCLOSE PROOF]

SIGNATURE OF BIDDER .....

DATE .....

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

TOTAL BID PRICE..... TOTAL NUMBER OF ITEMS OFFERED .....

---

**ANY ENQUIRIES REGARDING THIS RFQ PROCEDURE MAY BE DIRECTED TO:**

Contact person: Sesethu Khatshaza  
Tel: (021) 402 3055  
Email address: [SKhatshaza@dfpe.gov.za](mailto:SKhatshaza@dfpe.gov.za)

**ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:**

Contact person: Lloyd Sassman  
Tel: 021 430 7026  
Email address: [LSassman@dfpe.gov.za](mailto:LSassman@dfpe.gov.za)

**PRICING SCHEDULE**  
(Professional Services)

|                       |                                        |
|-----------------------|----------------------------------------|
| NAME OF BIDDER: ..... | RFQ NO.: <b>RFQ000716</b>              |
| CLOSING TIME 11:00    | CLOSING DATE: <b>06 SEPTEMBER 2023</b> |

OFFER TO BE VALID FOR 60 DAYS FROM THE CLOSING DATE OF BID.

| ITEM<br>NO 01 | DESCRIPTION | BID PRICE IN RSA CURRENCY<br>**(ALL APPLICABLE TAXES INCLUDED) |
|---------------|-------------|----------------------------------------------------------------|
|---------------|-------------|----------------------------------------------------------------|

**TO APPOINT A SERVICE PROVIDER (SP) TO PROVIDE THE DEPARTMENT OF FORESTRY, FISHERIES AND THE ENVIRONMENT (DFFE) / MARINE LIVING RESOURCES FUND (MLRF) FOR SUPPLY AND DELIVER OF FILTER CARTRIDGES FOR THE RE-CIRCULATING SYSTEM.**

**NB: Suppliers should be registered on the CSD**

1. The accompanying information must be used for the formulation of proposals.
2. Bidders are required to indicate a ceiling price based on the total estimated time for completion of all phases and including all expenses inclusive of all applicable taxes for the project. R.....
3. PERSONS WHO WILL BE INVOLVED IN THE PROJECT AND RATES APPLICABLE (CERTIFIED INVOICES MUST BE RENDERED IN TERMS HEREOF)
4. PERSON AND POSITION
 

|       | HOURLY RATE | DAILY RATE |
|-------|-------------|------------|
| ..... | R.....      | .....      |
| ..... | R.....      | .....      |
| ..... | R.....      | .....      |
| ..... | R.....      | .....      |
| ..... | R.....      | .....      |
5. PHASES ACCORDING TO WHICH THE PROJECT WILL BE COMPLETED, COST PER PHASE AND MAN-DAYS TO BE SPENT
 

|       |        |            |
|-------|--------|------------|
| ..... | R..... | ..... days |
| ..... | R..... | ..... days |
| ..... | R..... | ..... days |
| ..... | R..... | ..... days |
- 5.1 Travel expenses (specify, for example rate/km and total km, class of airtravel, etc). Only actual costs are recoverable. Proof of the expenses incurred must accompany certified invoices.
 

| DESCRIPTION OF EXPENSE TO BE INCURRED | RATE  | QUANTITY | AMOUNT |
|---------------------------------------|-------|----------|--------|
| .....                                 | ..... | .....    | R..... |
| .....                                 | ..... | .....    | R..... |
| .....                                 | ..... | .....    | R..... |

Name of Bidder: .....

R.....

TOTAL: R.....

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

- 5.2 Other expenses, for example accommodation (specify, eg. Three star hotel, bed and breakfast, telephone cost, reproduction cost, etc.). On basis of these particulars, certified invoices will be checked for correctness. Proof of the expenses must accompany invoices.

| DESCRIPTION OF EXPENSE TO BE INCURRED | RATE  | QUANTITY | AMOUNT |
|---------------------------------------|-------|----------|--------|
| .....                                 | ..... | .....    | R..... |
| .....                                 | ..... | .....    | R..... |
| .....                                 | ..... | .....    | R..... |
| .....                                 | ..... | .....    | R..... |

TOTAL: R.....

6. Period required for commencement with project after acceptance of bid .....  
 7. Estimated man-days for completion of project .....  
 8. Are the rates quoted firm for the full period of contract? \*YES/NO  
 9. If not firm for the full period, provide details of the basis on which adjustments will be applied for, for example consumer price index. ....  
 .....  
 .....  
 .....

\*[DELETE IF NOT APPLICABLE]

Any enquiries regarding bidding procedures may be directed to the –

#### DEPARTMENT OF FORESTRY, FISHERIES & THE ENVIRONMENT

ATTENTION: Sesethu Khatshaza  
 Tel: 021 402 3055

Or for technical information –

ATTENTION: Lloyd Sassman  
 TEL: 021 430 7026

## MLRF SCM 1



### forestry, fisheries & the environment

Department:  
Forestry, Fisheries and the Environment  
REPUBLIC OF SOUTH AFRICA

## MARINE LIVING RESOURCES FUND

### REQUEST FOR PRICE QUOTATIONS

The Marine Living Resources Fund (MLRF), Schedule 3A entity, is an entity within the Department of Forestry, Fisheries and the Environment, hereby request your quotation on the goods/service/works listed hereunder.

|                                                                                                         |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RFQ Number</b>                                                                                       | <b>ARD9349/0013/23/24</b>                                                                                                                                                       |
| <b>Description</b>                                                                                      | REQUEST TO APPOINT A SERVICE PROVIDER (SP) TO SUPPLY:<br>•288 MELTBLOWN 5 MICRON, 20 INCH FILTER CARTRIDGES AND<br>•72 PP PLEATED 0.45 MICRON 20 INCH ABS DOE FILTER CARTRIDGES |
| <b>Detailed Specification/scope of work and functionality</b>                                           | <b>Attached as Annexure A</b>                                                                                                                                                   |
| <b>Local Production &amp; Content Requirements (attached please find the relevant Circular from NT)</b> | <b>Not applicable.</b>                                                                                                                                                          |
| <b>Briefing Session</b>                                                                                 | <b>Not applicable.</b>                                                                                                                                                          |
| <b>RFQ Publication date</b>                                                                             |                                                                                                                                                                                 |
| <b>Responses MUST be submitted to</b>                                                                   | <i>Skhatshaza@elffe.gov.za</i>                                                                                                                                                  |
| <b>RFQ Closing Details</b>                                                                              |                                                                                                                                                                                 |
| <b>Delivery Address</b>                                                                                 | <b>For the attention of: Claudia Colima Melo</b><br><b>Marine Research Aquarium, Lower Beach Road, Sea Point</b>                                                                |
| <b>Quotation Validity Period</b>                                                                        | <b>30 Days from the Closing Date</b>                                                                                                                                            |
| <b>Mandatory Requirement/Pre-Qualification Criteria</b>                                                 | <b>Not Applicable</b>                                                                                                                                                           |

Initials:

|                                                                                                                                                                                                                                   |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Evaluation Criteria</b>                                                                                                                                                                                                        | <b>See Annexure A.</b> |
| <b>NO HAND DELIVERED RFQ RESPONSES WILL BE ACCEPTED<br/>PROSPECTIVE BIDDERS MUST BE REGISTERED ON NATIONAL TREASURY'S CENTRAL<br/>SUPPLIER DATABASE (CSD) PRIOR TO SUBMITTING BIDS AND THEIR TAX MATTERS<br/>MUST BE IN ORDER</b> |                        |

# ERMS AND CONDITIONS OF REQUEST FOR QUOTATION (RFQ)

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## 1. Terms and conditions of Request for Quotation (RFQ)

- 1.1 This document may contain confidential information that is the property of the Marine Living Resources Fund [MLRF].
- 1.2 No part of the contents may be used, copied, disclosed, or conveyed in whole or in part to any party in any manner whatsoever other than for preparing a proposal in response to this RFQ without prior written permission from MLRF.
- 1.3 All copyright and intellectual property herein vests with MLRF.
- 1.4 Late and incomplete submissions will not be considered. Submissions received after closing time and date will be classified as LATE and WILL NOT be considered.
- 1.5 No services must be rendered, or goods delivered before an official MLRF Purchase Order form has been issued by a duly authorised official from the MLRF and received by the bidder. Please note that this is not an instruction to proceed with supply of any goods or service unless the quotation is approved, and a Purchase Order is supplied to you.
- 1.6 Please note that if you receive the Purchase Order, delivery of goods or rendering of services must be done within 14 calendar days or upon agreed time frames. Failing to deliver upon agreed times will result in your Purchase Order being cancelled.
- 1.7 This RFQ will be evaluated in terms of the 80/20 preference point system if is equal to or below R50 million.
- 1.8 Bidders are required to register on the Central Supplier Database at [www.csd.gov.za](http://www.csd.gov.za) if you are not registered on the CSD.
- 1.9 All questions regarding this RFQ must be forwarded to within 24 hours after the RFQ has been issued.
- 1.10 Any bidder who has reasons to believe that the RFQ specification is based on a specific brand must inform MLRF within two (2) days before the RFQ closing date.
- 1.11 Where quotations/proposals submitted are equal to or below R50 million, bidders are required to submit the original and valid proof for preference points claimed or certified copies thereof; to substantiate their preference points claims. SBD 6.1 must also be duly completed, signed, and submitted alongside the bid to claim preference points. Failure to do so will result in preference points being forfeited.

- 1.12 As per section 4(1) of the Preferential Procurement Regulations of 2022, the maximum 20 points may be awarded based on specific goals. The 20 points will be allocated as follows:

| <b>SPECIFIC GOAL</b> | <b>POINTS TO BE ALLOCATED</b> |
|----------------------|-------------------------------|
| 51% black owned      | 8 points                      |
| 50% women            | 4 points                      |
| Youth                | 4 points                      |
| Disability           | 4 points                      |
| <b>TOTAL POINTS</b>  | <b>20 points</b>              |

- 1.13 Bidders are required to duly complete, sign and submit the new SBD 4 together with their quotations/proposals. Failure to do so may result in your quotation/proposal **not** being accepted.
- 1.14 For designated sectors for local production and content, SBD 6.2 and Annexures C, D & E must be duly completed, signed and SBD 6.2 together with Annex E must be submitted with your quotation/proposal.
- 1.15 All quotations/proposals submitted must be inclusive of Value Added Tax (VAT) if you are VAT registered and must be quoted in South African Rands (ZAR) and price must be firm.
- 1.16 The full costs must be disclosed as there will be no variances that will be entertained, and no price adjustment will be entertained after the Purchase Order has been issued.
- 1.17 These terms and conditions supersede any terms and conditions that may be issued by the service provider/supplier on their quotations or any other document similar to that.
- 1.18 Full and updated CSD report must be submitted with the quotation and MLRF will only contract with supplier's/service providers that their tax matters are in order.
- 1.19 The MLRF pays within 30 (thirty) days after receipt of a valid tax invoice and after approval of relevant invoice and reports and does not make upfront payments or deposits.
- 1.20 It is the responsibility of prospective bidders to ensure that all bid documents are submitted before the closing date and time of the RFQ.

## **2. PROTECTION OF PERSONAL INFORMATION**

In responding to this RFQ, MLRF acknowledges that it may obtain and have access to personal data of the respondents. MLRF agrees that it shall only process the information disclosed by bidders in their response to this RFQ for the purpose of evaluating and subsequent award of business and in accordance with any applicable law. Furthermore, MLRF will not otherwise modify, amend, or alter any personal data submitted by Respondents or disclose or permit the disclosure of any personal data to any Third Party without the prior written consent from the

**CONFIDENTIAL**

Respondents. Similarly, MLRF requires Respondents to process any process any personal information disclosed by MLRF in the bidding process in the same manner.

**MLRF RESERVES THE RIGHT NOT TO MAKE ANY APPOINTMENT AND SHALL NOT ENTERTAIN ANY CLAIM FOR COSTS THAT MAY HAVE BEEN INCURRED IN THE PREPARATION AND THE SUBMISSION OF THIS QUOTATION/PROPOSAL**

**Approvals of RFQ**

|                                                                                                                                                      |                  |                                                                                   |                  |                                                                                     |                            |                                                                                     |             |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|-------------|----------------|
| <b>End User</b>                                                                                                                                      | <b>Requester</b> | LC SASSMAN                                                                        | <b>Rank</b>      | SMDA                                                                                | <b>Cost Centre Manager</b> |  | <b>Rank</b> | Major Director |
|                                                                                                                                                      | <b>Signature</b> |  | <b>Date</b>      | 14/7/23                                                                             | <b>Signature</b>           |  | <b>Date</b> | 18/07/2023     |
| It is hereby certified that all the information supplied in this form is correct, that the requirement may be procured and that funds are available. |                  |                                                                                   |                  |                                                                                     |                            |                                                                                     |             |                |
| <b>SCM Only</b>                                                                                                                                      |                  |                                                                                   |                  |                                                                                     |                            |                                                                                     |             |                |
| <b>Official verifier (buyer)</b>                                                                                                                     | <b>Name</b>      | S. Khatsheza                                                                      | <b>Signature</b> |  | <b>Date</b>                | 23/08/2023                                                                          |             |                |
| <b>Approver as per Delegations</b>                                                                                                                   | <b>Name</b>      | NMATIWANE                                                                         | <b>Signature</b> |  | <b>Date</b>                | 2023.08.22                                                                          |             |                |



**forestry, fisheries  
& the environment**

Department:  
Forestry, Fisheries and the Environment  
REPUBLIC OF SOUTH AFRICA

THE MARINE LIVING RESOURCES FUND, A SCHEDULE 3A PUBLIC ENTITY ESTABLISHED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT NO 1 of 1999) AND THE DEPARTMENT OF FORESTRY, FISHERIES AND ENVIRONMENT ("DFFE") (IN ITS COMMITMENT TO THE PRINCIPLES ENSHRINED IN THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, 1996) ADHERES TO THE PROVISIONS OF THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 5 OF 2000 ("PPPF") AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022.

## **TERMS OF REFERENCE**

TO APPOINT A SERVICE PROVIDER (SP) TO PROVIDE THE DEPARTMENT OF FORESTRY, FISHERIES AND THE ENVIRONMENT (DFFE) / MARINE LIVING RESOURCES FUND (MLRF) FOR SUPPLY AND DELIVER OF FILTER CARTRIDGES FOR THE RE-CIRCULATING SYSTEM.

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## **1. PURPOSE**

The Department of Forestry, Fisheries and the Environment (“DFFE”) / MLRF requires the services of a Service Provider (SP) to supply and deliver filter cartridges for the re-circulating system..

## **2. SPECIFICATIONS**

**Meltblown 5 Micron, 20 Inch Filter Cartridges:**

- Quantity: 288 filters
- Micron Rating: 5 microns
- Filter Cartridge Type: Meltblown
- Size: 20 inches
- End Cap Type: DOE (Double Open End)
- Material: Compatible with sea water
- Compatibility: Suitable for use in the Research Aquarium in Sea Point
- Flow Rate: Adequate flow rate for the filtration needs of the Research Aquarium.

**PP Pleated 0.45 Micron 20 Inch ABS DOE Filter Cartridges:**

- Quantity: 72 filters
- Micron Rating: 0.45 microns
- Filter Cartridge Type: Pleated
- Size: 20 inches
- End Cap Type: ABS DOE (Double Open End)
- Material: Polypropylene (PP) or compatible with sea water
- Compatibility: Suitable for use in the Research Aquarium in Sea Point
- Flow Rate: Adequate flow rate for the filtration needs of the Research Aquarium

### **Detailed description:**

1. Meltblown 5 Micron, 20 Inch Filter Cartridges (Quantity: 288 filters):

We are seeking to purchase 288 Meltblown 5 Micron, 20 Inch Filter Cartridges for the Research Aquarium in Sea Point. These filter cartridges, with a micron rating of 5 microns, are specifically designed to filter

incoming sea water. The cartridges should be 20 inches in length and feature a Double Open End (DOE) configuration for easy installation and replacement. The material used in the construction of the cartridges should be compatible with filtering sea water, ensuring optimal performance and longevity. The filters should be compatible with the filtration system in the Research Aquarium and provide the necessary flow rate to effectively filter the sea water while maintaining a high filtration efficiency.

2. We are seeking to purchase 72 PP Pleated 0.45 Micron 20 Inch ABS DOE Filter Cartridges for the Research Aquarium in Sea Point. These filter cartridges, with a micron rating of 0.45 microns, are specifically designed for filtering incoming sea water. The cartridges should be 20 inches in length and feature an ABS Double Open End (DOE) configuration for easy installation and replacement. The material used in the construction of the cartridges should be polypropylene (PP) or a compatible material suitable for filtering sea water. The filters should be compatible with the filtration system in the Research Aquarium and provide the required flow rate while maintaining a high filtration efficiency to ensure the cleanliness and safety of the water.

### 3. EVALUATION METHOD

- 1.
- 2.
- 3.

#### 3.1. Preferential Points (80/20 system)

- 3.1.1. An evaluation of Price and Specific Goals Preference points on the suppliers, that successful qualified to this stage of evaluation.
- 3.1.2. **Calculation of points for price** - The Preferential Procurement Policy Framework Act (PPPFA) prescribes that the lowest acceptable bid will score 80 points (for tenders under R50m) or 90 points (for tenders above R50m) for price. Suppliers that quoted higher prices will score lower points for price on a pro-rata basis. Where functionality is set as criteria, only bid proposals that meets functionality requirements will be considered for evaluation on price and specific goals preference points.
- 3.1.3. The 80/20 as an appropriate preference point system will be used in the evaluation and adjudication of this quote. However, it must be extended that the lowest acceptable quote will be used to determine the applicable preference point system as per regulation (Section 3(2)(b) of the Preferential Procurement Regulations (PPR) 2022, which states: "If it is unclear which preference point system will be applicable, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable proposal will be used to determine the applicable preference point system". Therefore, either 80 or 90 points, depending on the rand value of the proposal, will be awarded to the suppliers who offers the lowest price, and proportionately fewer points are awarded

to those with higher prices. Either 20 or 10 points are then available as preference points for Specific Goals, as applicable. The contract will be awarded to the suppliers that scores the highest total number of adjudication points per category.

### Calculating of points for Specific Goals

- 3.1.4. Points will be awarded to a supplier for specific goals. Bidders are required to submit the original and valid proof for preference points claimed or certified copies thereof; to substantiate their preference points claims. SBD 6.1 must also be duly completed, signed, and submitted alongside the bid to claim preference points. Failure to do so will result in Specific Goals preference points being forfeited.
- 3.1.5. The 80/20 as an appropriate preference point system will be used in the evaluation and adjudication of this quotation. However, it must be extended that the lowest acceptable supplier will be used to determine the applicable preference point system as per regulation (Section 3(2)(b) of the Preferential Procurement Regulations (PPR) 2022, which states: "If it is unclear which preference point system will be applicable, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable supplier will be used to determine the applicable preference point system". Therefore, either 80 or 90 points, depending on the rand value of the quotation, will be awarded to the suppliers who offers the lowest price, and proportionately fewer points are awarded to those with higher prices. Either 20 or 10 points are then available as preference points for specific goals, as applicable. The contract will be awarded to the suppliers that scores the highest total number of adjudication points per category.
- 3.1.6. Points will be awarded to a supplier for specific goals in accordance with the table below:

|           |                           |                              |
|-----------|---------------------------|------------------------------|
| <b>B.</b> | <b>PRICE</b>              | <b>80</b>                    |
| <b>C.</b> | <b>Specific Goal</b>      | <b>Number of points (20)</b> |
|           | 51% black ownership       | 8                            |
|           | 50% women ownership       | 4                            |
|           | Youth ownership           | 4                            |
|           | Disability                | 4                            |
|           | Non-compliant contributor | 0                            |

- 3.1.7. The SCM unit of the DFFE / MLRF will allocate preferential points (Specific Goals) to each company for its contribution towards empowerment of the black designated groups as prescribed in the Preferential Procurement Regulations of 2022, women, people with disabilities, youth as well as local economic development.
- 3.1.8. A supplier will not be disqualified from the quotation process if the suppliers does not submit supporting documents substantiating the specific goals preference points claimed or is a non-compliant contributor. Such some suppliers will score 0 for Specific Goals.
- 3.1.9. Suppliers will be subject to SCM conditions of the Department – MLRF and the Preferential Procurement Regulations, 2022 issued in terms of section 5 of the Preferential Procurement Policy Framework Act (Act No 5 of 2000) (PPPFA).
- 3.1.10. The PPPFA prescribes that the lowest acceptable bid will score 80 or 90 points for price (as explained above, depending on whether the bid prices is more or less than R50million). Suppliers that quoted higher prices will score lower points for price on a pro-rata basis. Where functionality is set as a criterion, only bid proposals that meets functionality requirements will be considered to be evaluated on price and Specific Goals.
- 3.1.11. The contract will be awarded to the supplier scoring the highest points subject to section 2(1) (f) of the PPPFA, 2000.

#### **4. SUBMISSION REQUIREMENTS**

- 4.1 Suppliers should ensure that the following submission requirements, which will be needed for evaluation purposes are included in their bid proposal and are as follows:
- 4.1.1 The SP must draft a table of content which will indicate where each document is located in the proposal.
- 4.1.2 The proposal shall consist of two parts, namely the technical bid and the pricing bid (master and copies).
- 4.1.3 Add documents that are required to be submitted with the bids. These documents include those included in phase one (1) and two (2) of evaluation criteria.
- 4.1.4 Standard bidding documents (SBD1, 2, 3.1/3.3, 4, 6.1) completed and signed.
- A valid copy of the Tax Clearance Certificate/ Tax Compliance Status Pin issued by SARS to the supplier/copy of Central Supplier Database (CSD)/ MA supplier Number must be submitted together with the bid.
  - In case of bids where Consortia / Joint Ventures / Sub-contractors are involved; such must be clearly indicated and each party must submit a separate copy of a valid Tax Clearance Certificate or copy of Tax Compliance Status Pin or CSD/ MAAA supplier Number together with the bid.
  - Certified copies of identity documents of directors and shareholders of the company.

- Entity registration Certificate (CK1).
- Letter of Authority to sign documents on behalf of the company.

## **5. SPECIAL CONDITIONS OF CONTRACT**

- 5.1 On appointment, the performance measures for the delivery of the agreed services will be closely monitored by Department / MLRF.
- 5.2 The Department / MLRF will not be held responsible for any costs incurred by the SPs in the preparation, presentation and submission of the proposal.
- 5.3 All the conditions specified in the General Conditions of Contract (GCC) will apply and where the conditions in the special conditions of contract contradicts the conditions in the general conditions of contract, the special conditions of contract will prevail.

## **6. PAYMENT TERMS**

- 6.1 The DFFE / MLRF undertakes to pay out in full or as per deliverables within 30 (thirty) days all valid claims for work done to its satisfaction upon presentation of a substantiated claim and the required reports stipulated in special conditions. No payment will be made where there is outstanding information/work not submitted by the Service Provider/s until that outstanding information is submitted.
- 6.2 Payment by the DFFE / MLRF shall be made by means of an electronic transfer into the SP's bank account.
- 6.3 Payment requirements
  - The successful Service Provider shall render services to the DFFE / MLRF in accordance with the Project Plan and Project Scope.
  - The amounts are inclusive of VAT and all disbursements shall be paid in South African Rands.

## **7. ENQUIRIES**

- 7.1 Should you require any further information in this regard, please do not hesitate to email:

| <b>Name</b>       | <b>Email address</b>   |
|-------------------|------------------------|
| SEBETHU KHATSHAZA | SKhatshaza@dffe.gov.za |

## BIDDER'S DISCLOSURE

### 1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

### 2. Bidder's declaration

- 2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

| Full Name | Identity Number | Name of State institution |
|-----------|-----------------|---------------------------|
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |

- 2.2 Do you, or any person connected with the bidder, have a relationship

---

<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....  
 .....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1 If so, furnish particulars:

.....  
 .....

### **3 DECLARATION**

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned,  
 (name)..... in  
 submitting the accompanying bid, do hereby make the following  
 statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 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>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 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.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring

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<sup>2</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.

institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

- 3.6 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.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature Date

.....  
Position Name of bidder

## 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     |
|--------------------------------------------------|------------|
| <b>PRICE</b>                                     |            |
| <b>SPECIFIC GOALS</b>                            |            |
| <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:

$$\begin{array}{ccc}
 \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\
 \\
 \mathbf{Ps} = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right) & \mathbf{or} & \mathbf{Ps} = 90 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)
 \end{array}$$

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:

$$\begin{array}{ccc} \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\ \\ \mathbf{Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)} & \mathbf{or} & \mathbf{Ps = 90 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)} \end{array}$$

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<br>(90/10 system)<br>(To be completed by the organ of state) | Number of points allocated<br>(80/20 system)<br>(To be completed by the organ of state) | Number of points claimed<br>(90/10 system)<br>(To be completed by the tenderer) | Number of points claimed<br>(80/20 system)<br>(To be completed by the tenderer) |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |
|                                                             |                                                                                         |                                                                                         |                                                                                 |                                                                                 |

#### **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:** .....

.....

.....

.....



## forestry, fisheries & the environment

Department:  
Forestry, Fisheries and the Environment  
REPUBLIC OF SOUTH AFRICA

### MARINE LIVING RESOURCES FUND

### SUPPLIER DATABASE REGISTRATION

Good Day

The Marine Living Resources Fund (MLRF) is currently not linked to National Treasury's Central Supplier Database (CSD) and so we humbly request that you complete our forms for registration on our database. You would need to be registered on the CSD and we will verify this once we have received your completed forms.

The following is a checklist of documents that are required:

1. MLRF Database registration document.
2. SARS Tax Compliance status document (TCS).
3. Copy of the company registration document if applicable. *Please submit a certified copy*
4. Certified copy of the owners Identity Document.
5. Bank account confirmation letter (must match account listed on the CSD). Bank stamp not required if account confirmation letter is submitted.
6. CSD supplier number.
7. Standard Bidding Documents (new SBD 4)
8. Proof of address

#### International suppliers

Foreign suppliers are also required to be registered on the CSD. The CSD cannot electronically verify the identity of a supplier other than a South African Individual / Sole Proprietor (through Home Affairs) or a company registered at the Companies and Intellectual Property Commission (CIPC). Supply Chain Practitioners need to obtain supporting documentation to verify the identity and legitimacy of a supplier.

The completed database form together with the required documents may be scanned and emailed. We will contact you should we require to view the original documents.

Thank you.



## 1.6 VAT REGISTRATION NUMBER

[illegible]

### 1.7 COMPANY REGISTRATION NUMBER

[illegible]

## 1.8 POSTAL ADDRESS

[illegible]

## 1.9 STREET ADDRESS

[illegible]

## 1.10

|          |  |
|----------|--|
| Website: |  |
|----------|--|

## 1.11

|                        |  |
|------------------------|--|
| <b>E-Mail Address:</b> |  |
|------------------------|--|

## 1.12

|                   |  |
|-------------------|--|
| <b>Landline:</b>  |  |
| <b>Cellphone:</b> |  |

### 1.13

|                                              |  |
|----------------------------------------------|--|
| <b>Toll Free Number:<br/>(if applicable)</b> |  |
|----------------------------------------------|--|

1.14

|                                       |  |
|---------------------------------------|--|
| <b>Number of full-time employees:</b> |  |
|---------------------------------------|--|

1.15 SUPPLIERS GROUPING DETAIL: TYPE OF FIRM: (PLEASE TICK THE RELEVANT BOX)

|   |                           |  |    |                          |  |
|---|---------------------------|--|----|--------------------------|--|
| 1 | Public Company (Ltd)      |  | 7  | Sole Proprietor          |  |
| 2 | Private Company (Pty) Ltd |  | 8  | Foreign Company          |  |
| 3 | Close Corporation (cc)    |  | 9  | Partnership              |  |
| 4 | Other (specify)           |  | 10 | Trust                    |  |
| 5 | Joint Venture             |  | 11 | Section 21 Company       |  |
| 6 | Consortium                |  | 12 | Government / Parastatals |  |

1.16 CONTACT PERSON DETAILS: (Complete for at least two Persons-Preferably Management)  
(Compulsory)

|   | CONTACT PERSON 1           |   |  |   | CONTACT PERSON 2 |   |  |   |  |
|---|----------------------------|---|--|---|------------------|---|--|---|--|
| 1 | Contact Name:              |   |  |   |                  |   |  |   |  |
| 2 | Job Title:                 |   |  |   |                  |   |  |   |  |
| 3 | Receiver of contracts:     | Y |  | N |                  | Y |  | N |  |
| 5 | Receiver of bids:          | Y |  | N |                  | Y |  | N |  |
| 6 | Landline Number:           |   |  |   |                  |   |  |   |  |
| 7 | Cellular Telephone Number: |   |  |   |                  |   |  |   |  |
| 8 | E-Mail Address:            |   |  |   |                  |   |  |   |  |

1.17 ANNUAL TURNOVER per annum

|          |  |
|----------|--|
| <b>R</b> |  |
|----------|--|

## INSTRUCTIONS AND DEFINITIONS

### 2. GENERAL DEFINITIONS

- 2.1 **“Acceptable bid”** means any bid which, in all respects, complies with the specifications and conditions of bid as set out in the bid document.
- 2.2 **“Bid”** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods, works or services.
- 2.3 **“Comparative price”** means the price after the factors of a non-firm price and all unconditional discounts that can be utilised have been taken into consideration.
- 2.4 **“Consortium or joint venture”** means an association of persons for the purpose of combining their expertise, property, capital, efforts, skills and knowledge in an activity for the execution of a contract.
- 2.5 **“Contract”** means the agreement that results from the acceptance of bid by an organ of state.
- 2.6 **“Specific contract participation goals”** means the goals as stipulated in the Preferential Procurement Regulations 2001.
- 2.6.1 In addition to above-mentioned goals, the Regulations [12.(1)] also make provision for organs of state to give particular consideration to procuring locally manufactured products.
- 2.7 **“Control”** means the possession and exercise of legal authority and power to manage the assets, goodwill and daily operations of a business and the active and continuous exercise of appropriate managerial authority and power in determining the policies and directing the operations of the business.
- 2.8 **“Disability”** means, in respect of a person, a permanent impairment of a physical, intellectual, or sensory function, which results in restricted, or lack of, ability to perform an activity in the manner, or within the range, considered normal for a human being.
- 2.9 **“Equity Ownership”** means the percentage ownership and control, exercised by individuals within an enterprise.
- 2.10 **“Historically Disadvantaged Individual (HDI)”** means a South African citizen
- (1) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993, (Act No 200 of 1993) (“the interim Constitution); and/or
  - (2) who is a female; and/or
  - (3) who has a disability:
- provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be a HDI;

- 2.11 **“Management”** means an activity inclusive of control and performed on a daily basis, by any person who is a principal executive officer of the company, by whatever name that person may be designated, and whether or not that person is a director.
- 2.12 **“Owned”** means having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination of the substance, rather than the form of ownership arrangements.
- 2.13 **“Person”** includes reference to a juristic person.
- 2.14 **“Rand value”** means the total estimated value of a contract in Rand denomination that is calculated at the time of bid invitations and includes all applicable taxes and excise duties.
- 2.15 **“Small, Medium and Micro Enterprises (SMMEs)”** bears the same meaning assigned to this expression in the National Small Business Act, 1996 (No 102 of 1996).
- 2.16 **“Sub-contracting”** means the primary contractor's assigning or leasing or making out work to, or employing another person to support such primary contractor in the execution of part of a project in terms of the contract.
- 2.17 **“Trust”** means the arrangement through which the property of one person is made over or bequeathed to a trustee to administer such property for the benefit of another person.
- 2.18 **“Trustee”** means any person, including the founder of a trust, to whom property is bequeathed in order for such property to be administered for the benefit of another person.
- 2.19 **“Trade Name”** The trade names that the company owns or distributes, which you wish to be registered for, as a supplier to the Marine Living Resource Fund. Applicants should indicate this on page 5 of the application.

### 3. LIST OF SHAREHOLDERS

| Name | Position occupied in Enterprise | ID | Date RSA Citizenship obtained | *HDI Status                     |       |   |          |
|------|---------------------------------|----|-------------------------------|---------------------------------|-------|---|----------|
|      |                                 |    |                               | No franchise prior to elections | Women |   | Disabled |
|      |                                 |    |                               |                                 | W     | A |          |
|      |                                 |    |                               |                                 |       |   |          |
|      |                                 |    |                               |                                 |       |   |          |
|      |                                 |    |                               |                                 |       |   |          |
|      |                                 |    |                               |                                 |       |   |          |
|      |                                 |    |                               |                                 |       |   |          |
|      |                                 |    |                               |                                 |       |   |          |

#### EQUITY OWNERSHIP CLAIMED IN TERMS OF THE ABOVE:

Equity Ownership **by persons who had no franchise in the national elections prior to 1994:** \_\_\_\_\_ % owned

Equity Ownership **by White women:** \_\_\_\_\_ %

Equity Ownership **by African women:** \_\_\_\_\_ %

Equity Ownership **by Disabled persons:** \_\_\_\_\_ %

Is the company 50.1% or more black owned? (Black enterprise, which means the majority of shares, is owned by blacks)

Or is the company 25.1% or more black owned? (Black empowered, which means the traditionally white owned company has empowered blacks in terms of shares in their company)

Please indicate the number of employees \_\_\_\_\_

\*Indicate YES or NO

#### 4. BUSINESS ACTIVITIES

|  |                                                                                                                                                                                                                                                                  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Office stationery, computer equipment, consumables, cleaning material, Office furniture, audio-visual equipment, office equipment.                                                                                                                               |
|  | Printing, layout, design, publications, portfolios and banners, Signage and Flags                                                                                                                                                                                |
|  | Communication specialist (writing and producing of information)                                                                                                                                                                                                  |
|  | Media production – TV, radio etc. TV, radio and exhibits production, Entertainers i.e. dancers, musicians, poets, craftspeople etc. Stage, Podium and Sound System/Public Address System.                                                                        |
|  | Building maintenance: electrical, plumbing, office partitioning, painting, replacement of carpets, pest control etc                                                                                                                                              |
|  | Cleaning service (e.g. steam cleaning of carpets, curtains etc)                                                                                                                                                                                                  |
|  | Tracing                                                                                                                                                                                                                                                          |
|  | Panel beating, Light and Heavy Vehicle Mechanicals                                                                                                                                                                                                               |
|  | Lab Machinery, Water Treatment, Microscopes                                                                                                                                                                                                                      |
|  | Mobile Tool Unit                                                                                                                                                                                                                                                 |
|  | Marine Electronics, Vessels and Small Boats Repair                                                                                                                                                                                                               |
|  | Catering Service                                                                                                                                                                                                                                                 |
|  | Boat hire                                                                                                                                                                                                                                                        |
|  | Buoys                                                                                                                                                                                                                                                            |
|  | Ballistic Spray                                                                                                                                                                                                                                                  |
|  | Cable tie and Metal Seals, Fertiliser Bags                                                                                                                                                                                                                       |
|  | Cash Management/In transit                                                                                                                                                                                                                                       |
|  | Protective Clothing, Personal Protective Equipment                                                                                                                                                                                                               |
|  | Divers and Cameras Normal Including (Underwater Camera)                                                                                                                                                                                                          |
|  | Fish Tank                                                                                                                                                                                                                                                        |
|  | SAMSA Accredited Medical Practitioners                                                                                                                                                                                                                           |
|  | Supply of Sanitary Bins and Toilets                                                                                                                                                                                                                              |
|  | Path Care Service                                                                                                                                                                                                                                                |
|  | Lock Smith                                                                                                                                                                                                                                                       |
|  | Corporate Clothing                                                                                                                                                                                                                                               |
|  | Trawl nets, Trawl Wrap, Door net                                                                                                                                                                                                                                 |
|  | Gun Smoothing Kalgarding                                                                                                                                                                                                                                         |
|  | Furniture Removals                                                                                                                                                                                                                                               |
|  | Supply of Research Equipment                                                                                                                                                                                                                                     |
|  | Security Service and Access Control System                                                                                                                                                                                                                       |
|  | Hazardous Waste Removal                                                                                                                                                                                                                                          |
|  | Health and Safety                                                                                                                                                                                                                                                |
|  | Travel Agencies and Shuttle Service                                                                                                                                                                                                                              |
|  | Event organizers: Conferences and accommodation                                                                                                                                                                                                                  |
|  | Training and workshops                                                                                                                                                                                                                                           |
|  | Suppliers of aircraft and Helicopters                                                                                                                                                                                                                            |
|  | Financial auditing, Forensic Auditing                                                                                                                                                                                                                            |
|  | Feasibility studies, project implementation, determination of norms and standard for the Expanded Public Works Programme (EPWP), development of training programs related to the marine environment.                                                             |
|  | Service providers who specialise in Waste Management, cleaner production and air quality, geotechnical investigation, archaeological survey, land survey, flood line investigation, environmental impact assessment, quantity survey, environmental engineering. |

[illegible]

## **5. GENERAL INFORMATION TO NOTE**

- Registration on the Supplier Database does not guarantee business opportunities.
- Only suppliers who are registered and verified on the CSD will be captured on the MLRF Supplier Database. We will provide assistance to those companies who are not yet registered.
- Please include registration with appropriate regulatory and professional bodies eg. Copy of certificate of acceptability for food safety (Catering companies only).
- Please note that no 3<sup>rd</sup> party payments are allowed.
- Payment to suppliers will be through electronic banking transfer.
- In the case of Trusts, a certified copy of the trust Certificate/Trust Deed and a certified letter allowing a specific person to conduct business on behalf of the Trust.
- It shall be the responsibility of the registered supplier/service provider to inform the Marine Living Resources Fund immediately in writing of any change of address, telephone numbers and, in particular, of any changes in respect of the equity ownership by historically disadvantaged individuals (HDI Status) and the small / medium / micro enterprise (SMME) status of the business. Should a contract be awarded to a business as a result of incorrect particulars on the HDI / SMME status of that business, the Marine Living Resources Fund shall have the right to, in addition to any other remedy that it may have in terms of the Preferential Procurement Regulations (2001), cancel the contract and to claim damages.
- The Marine Living Resource Fund reserves the right to enter into term contracts with any supplier (whether registered or not) for any category of goods or services if the frequency of procurement in the particular category warrants a term contract.

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**SIGNATURE OF AUTHORISED PERSON**

**DATE:**

**Foretrust Building ,Martin Hammerschlag Way, Foreshore, Cape Town, 8001 or Private Bag X2, Vlaeberg, 8018.**

## MLRF ENTITY MAINTENANCE AND CREDIT ORDER INSTRUCTION

(Please complete or mark with a "X" in black ink where applicable. A bank stamp is required to verify your banking details or alternatively an account confirmation letter from the bank can be submitted.

| TAKE-ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NEW                       | UPDATE                     | ENTITY TYPE                | BUSINESS                                                                       | DEPARTMENT | EMPLOYEE | OTHER |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|----------------------------|--------------------------------------------------------------------------------|------------|----------|-------|
| <b>FROM:<br/>CREDITOR /<br/>ENTITY<br/>(DETAILS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TITLE                     |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SURNAME                   |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST NAME/S              |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUSINESS NAME             |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TRADING NAME              |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUSINESS REG No.          |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VAT REGISTERED            | <input type="checkbox"/> Y | <input type="checkbox"/> N |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VAT REGISTRATION NO.      |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID NO.                    |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEPARTMENT NAME           |                            |                            |                                                                                |            |          |       |
| PERSAL NO. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                            |                            |                                                                                |            |          |       |
| * For employees only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                            |                            |                                                                                |            |          |       |
| <b>CONTACT<br/>DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET / PHYSICAL ADDRESS |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                            |                            |                                                                                |            |          |       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POSTAL CODE               |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POSTAL ADDRESS            |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                            |                            |                                                                                |            |          |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POSTAL CODE               |                            |                            |                                                                                |            |          |       |
| BUSINESS TELEPHONE No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                            |                            | DIALLING CODE                                                                  |            |          |       |
| BUSINESS FACSIMILE No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                            |                            | DIALLING CODE                                                                  |            |          |       |
| NAME OF CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                            |                            |                                                                                |            |          |       |
| E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                            |                            |                                                                                |            |          |       |
| CELLULAR TELEPHONE No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                            |                            |                                                                                |            |          |       |
| <b>DETAILS OF FINANCIAL INSTITUTION FOR ELECTRONIC BANKING TRANSFERS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                            |                            | <b>BANK DATE STAMP (NOT REQUIRED IF ACCOUNT CONFIRMATION LETTER SUBMITTED)</b> |            |          |       |
| BANK NAME: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                            |                            |                                                                                |            |          |       |
| BRANCH NAME & CITY/TOWN: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                            |                            |                                                                                |            |          |       |
| BRANCH NUMBER/CODE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                            |                            |                                                                                |            |          |       |
| ACCOUNT NUMBER: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                            |                            |                                                                                |            |          |       |
| ACCOUNT TYPE: <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                            |                            |                                                                                |            |          |       |
| <p>I / We hereby request, instruct and authorise you to pay any amounts which may accrue to me / us to the credit of my / our account with the abovementioned bank.</p> <p>I / we understand that the credit transfers hereby authorised will be processed electronically through a system known as the "ACB ELECTRONIC FUNDS TRANSFER SERVICE", and I/we also understand that no additional advice of payment will be provided by my/our bank. Details of each payment will be printed on my/our bank statement or any accompanying voucher.</p> <p>I / We understand that a payment advice will be supplied by the Marine Living Resource Fund in the normal way, and that it will indicate the date on which funds will be available in my / our account.</p> <p>This authority may be cancelled / changed by giving prior written notice, by way of registered post or facsimile.</p> |                           |                            |                            |                                                                                |            |          |       |
| SIGNATURE OF AUTHORISED PERSON: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                            |                            | POSITION HELD: _____                                                           |            |          |       |
| PRINT NAME OF AUTHORISED PERSON: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                            |                            | DATE (DD/MM/YYYY): _____                                                       |            |          |       |

**6. DETAILS OF PERSON (S) AUTHORIZED TO ACT ON BEHALF OF THE SUPPLIER (Mandatory)**

**RESOLUTION OF OWNERS / DIRECTORS / MEMBERS / PARTNERS**

**RESOLUTION** of a meeting of the Board of \* Directors / Members / Partner / Owners of:

.....

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

Held at ..... (Place)

On..... (Date)

RESOLVED that:

1. The firm submits an application to the Marine Living Resource Fund for the registration on MLRF's Supplier Database Register.

2.\*Mr / Mrs / Ms.....

in \* his/her Capacity as :.....( Position in the Enterprise)

and who will sign as follows: .....

be, and is hereby, authorised to sign any documents and/or correspondence in connection with and relating to the Application Form as well as to sign any contract including all documentation on behalf of the supplier.

| No | Name | Capacity | Signature |
|----|------|----------|-----------|
|    |      |          |           |
|    |      |          |           |
|    |      |          |           |

Note:

1. Delete which is not applicable

2.NB.This resolution must be signed by all the Directors/Members/Partners and Owners of the Bidder Enterprise

3. Should the number of Director/Members/Partner and Owners exceed the space available above ,additional names and signatures must be supplied on a separate page

Enterprise Stamp

## DECLARATION

By completing this application form, the Supplier declares that:

1. All the information supplied in this application is true and correct.
2. The Supplier will, without protest submit itself to the procedures instituted by the Marine Living Resource Fund
3. The Supplier will, if requested to do so supply further information and documentary evidence for scrutiny.
4. The Supplier will update their registration particulars whenever a significant change in their details occurs.
5. The Supplier acknowledges that any false information provided can lead to disqualification from the Supplier Database Register and being listed on the Marine Living Resource Fund non-preferred supplier list.
6. The Supplier acknowledges that it can be penalised for poor performance as the Marine Living Resource Fund deems necessary.

|                                                                                                    |           |                  |    |
|----------------------------------------------------------------------------------------------------|-----------|------------------|----|
| Is there any relationship between your organisation and any Marine Living Resource Fund employees? |           | Yes              | No |
| If yes, please specify nature of relationship and of person                                        |           |                  |    |
| Family                                                                                             | Friend    | Business Partner |    |
| Full Name                                                                                          | Full Name | Full Name        |    |

Duly authorised to sign on behalf of :.....( Name of Supplier)

The undersigned who warrants that he/she is duly authorised to do so on behalf of the supplier, confirms that the contents of the application are within my personal knowledge and are to the best of my belief both true and correct

|           |           |          |      |
|-----------|-----------|----------|------|
|           |           |          |      |
| Signature | Full Name | Capacity | Date |

### COMMISSIONER OF OATHS:

Signed and sworn to before me at .....(Place) on this the .....day of .....by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his /her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths.....

Name:.....

Stamp

|  |
|--|
|  |
|--|

Signature:.....

**Note: All pages of this Affidavit must be initialled by both the Deponent and the Commissioner of Oaths.**

## 6. ENQUIRIES

**Completed documents may be scanned and emailed to:**

Database Admin  
Ms Praba Naidoo  
Tel (021) 402 3435/3911  
[prnaidoo@dfef.gov.za](mailto:prnaidoo@dfef.gov.za)

Senior Supply Chain Management Practitioner  
Ms Talitha Bikani  
Tel (021) 402 3708  
[tbikani@dfef.gov.za](mailto:tbikani@dfef.gov.za)

ASD: Bids, Contracts and Database Management  
Mr Lwandisa Hoza  
Tel (021) 402 3260  
[lhoza@dfef.gov.za](mailto:lhoza@dfef.gov.za)

Department Forestry, Fisheries and the Environment  
Branch: Fisheries Management  
The Marine Living Resources Fund  
Directorate: Supply Chain and Facilities Management  
Private Bag X2  
Vlaeberg,  
8018.

Physical Address:  
Foretrust Building,  
Martin Hammerschlag way  
Foreshore.  
Cape Town, 8001