

HESSEQUA MUNICIPALITY

HES-TECH 22/2223

THE APPOINTMENT OF A PANEL OF CIVIL CONTRACTORS FOR A PERIOD OF 36 MONTHS (AS AND WHEN REQUIRED)

PART C3.1: CONTRACT DATA (SPECIAL CONDITIONS OF CONTRACT)

C3.1 Contract Data (Special Conditions of Contract)

1. Completion date is **36 months from date of appointment**.
2. Penalties for late completion will be R2 500.00 per day.
3. Price (s) quoted must be valid for least ninety (90) days from the date of your offer and be according to specification.
4. **PRICE(S) QUOTED MUST BE FIRM AND INCLUSIVE OF VAT (If VAT registered).**
5. Company registration certificate showing percentage of shareholders e.g. CK1, CK2 etc must be attached
6. Original or certified Tax Clearance Certificate that has not expired or pin must be attached.
7. Original or Certified copies and valid B-BBEE status level certificate substantiating the B-BBEE rating or original signed certified sworn affidavit must be attached.
8. The tender document must be signed in black ink and initialed on every page.
9. All MBD Forms must be completed and signed, and initialed on every page.
10. MBD 4, 8 and 9 forms be completed, signed and initialized.
11. Central Database Registration Confirmation must be attached
12. CSD Summary Report
13. In case of Joint Venture a formal J/V contract agreement must be attached
14. Proof of membership of Engineering Council of South Africa or Consulting Engineers South Africa (CESA) / South African Council of Project and Construction Management Professionals (SACPCMP) or SABTACO
15. Any alterations on the proposals or the tender document must be initialized.
16. Municipal Rates and Taxes not later than 3 months or lease agreement in cases of leased property where lessor is responsible for payment of rates and taxes to the municipality must be attached.
17. Receipt or proof of purchase for bid documents provided by Hessequa Municipality's cashiers should be attached and returned with tender document.
18. Bidders are requested to submit 2 documents, Original and Copy.

DECLARATION,

I, THE UNDERSIGNED (NAME)

CERTIFICATE THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY:

DATE: