

## PART A INVITATION TO BID

|                                                                                                                                                                                                                     |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                    |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| BID NUMBER:                                                                                                                                                                                                         | NCR930.09.2024                                                                                                                       | CLOSING DATE: | 10 OCTOBER 2024                                                          | CLOSING TIME:                                                | 11:00 AM                                                                                              |
| DESCRIPTION                                                                                                                                                                                                         | APPOINTMENT OF A SERVICE PROVIDER FOR A PERIODIC REVIEW OF LIMITATIONS ON FEES, INTEREST RATES AND CREDIT LIFE INSURANCE REGULATIONS |               |                                                                          |                                                              |                                                                                                       |
|                                                                                                                                                                                                                     | Compulsory Briefing Microsoft Teams (Online) 02.10.2024 at 10:00 AM                                                                  |               |                                                                          |                                                              |                                                                                                       |
| <b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>                                                                                                                          |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| <a href="mailto:rmaleka@ncr.org.za">rmaleka@ncr.org.za</a>                                                                                                                                                          |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                               |                                                                                                                                      |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |                                                              |                                                                                                       |
| CONTACT PERSON                                                                                                                                                                                                      | Ramakgahlele Maleka                                                                                                                  |               | CONTACT PERSON                                                           | Matimu Masingi                                               |                                                                                                       |
| TELEPHONE NUMBER                                                                                                                                                                                                    | 011 554 2805                                                                                                                         |               | TELEPHONE NUMBER                                                         | 011 554 2613                                                 |                                                                                                       |
| FACSIMILE NUMBER                                                                                                                                                                                                    |                                                                                                                                      |               | FACSIMILE NUMBER                                                         |                                                              |                                                                                                       |
| E-MAIL ADDRESS                                                                                                                                                                                                      | <a href="mailto:rmaleka@ncr.org.za">rmaleka@ncr.org.za</a>                                                                           |               | E-MAIL ADDRESS                                                           | <a href="mailto:MMasingi@ncr.org.za">MMasingi@ncr.org.za</a> |                                                                                                       |
| <b>SUPPLIER INFORMATION</b>                                                                                                                                                                                         |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| NAME OF BIDDER                                                                                                                                                                                                      |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| POSTAL ADDRESS                                                                                                                                                                                                      |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| STREET ADDRESS                                                                                                                                                                                                      |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| TELEPHONE NUMBER                                                                                                                                                                                                    | CODE                                                                                                                                 |               | NUMBER                                                                   |                                                              |                                                                                                       |
| CELLPHONE NUMBER                                                                                                                                                                                                    |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| FACSIMILE NUMBER                                                                                                                                                                                                    | CODE                                                                                                                                 |               | NUMBER                                                                   |                                                              |                                                                                                       |
| E-MAIL ADDRESS                                                                                                                                                                                                      |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| VAT REGISTRATION NUMBER                                                                                                                                                                                             |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| SUPPLIER COMPLIANCE STATUS                                                                                                                                                                                          | TAX COMPLIANCE SYSTEM PIN:                                                                                                           |               | OR                                                                       | CENTRAL SUPPLIER DATABASE No:                                | MAAA                                                                                                  |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE                                                                                                                                                                        | TICK APPLICABLE BOX]<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |               | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      |                                                              | [TICK APPLICABLE BOX]<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| <b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>                                               |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF]                                                   |               | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? |                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER THE QUESTIONNAIRE BELOW ] |
| <b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                   |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                     |                                                                                                                                      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                                                              |                                                                                                       |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                           |                                                                                                                                      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                                                              |                                                                                                       |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                          |                                                                                                                                      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                                                              |                                                                                                       |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                               |                                                                                                                                      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                                                              |                                                                                                       |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?                                                                                                                                                           |                                                                                                                                      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                                                              |                                                                                                       |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW. |                                                                                                                                      |               |                                                                          |                                                              |                                                                                                       |

## PART B TERMS AND CONDITIONS FOR BIDDING

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| <b>1. BID SUBMISSION:</b>                                                                                                                                                                                                                      |
| 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.                                                                                                                   |
| 1.2. <b>ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.</b>                                                                                                    |
| 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |
| 1.4. <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).</b>                                                                                                                                         |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>                                                                                                                                                                                                          |
| 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.                                                                                                                                                                                 |
| 2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.                                                              |
| 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.                                                                                                                         |
| 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.                                                                                                                                                                   |
| 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.                                                                                             |
| 2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.                                                                                                          |
| 2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."                        |

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

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....  
(Proof of authority must be submitted e.g. company resolution)

DATE: .....