



**PART A  
INVITATION TO BID**

|                                                                                                                                                                                                                            |                                                                                                                                                                |               |                                                                   |                                                          |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                           |                                                                                                                                                                |               |                                                                   |                                                          |                                                                                                      |
| BID NUMBER:                                                                                                                                                                                                                | SCMU3-P25/26-616-HO                                                                                                                                            | CLOSING DATE: | 09/12/2025                                                        | CLOSING TIME:                                            | 11:00                                                                                                |
| DESCRIPTION                                                                                                                                                                                                                | <b>PROVISIONING OF SERVICE: TRAINING OF STAFF OF THE EAST LONDON, PORT ELIZABETH AND MTHATHA ORTHOTIC AND PROSTHETIC CENTRES IN SPINAL CORRECTIVE BRACING.</b> |               |                                                                   |                                                          |                                                                                                      |
| <b>BID RESPONSE/RFQ DOCUMENTS MUST BE SUBMITTED IN E-TENDERS</b>                                                                                                                                                           |                                                                                                                                                                |               |                                                                   |                                                          |                                                                                                      |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                                      |                                                                                                                                                                |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                    |                                                          |                                                                                                      |
| CONTACT PERSON                                                                                                                                                                                                             | Noluthando Mjuluki                                                                                                                                             |               | CONTACT PERSON                                                    |                                                          |                                                                                                      |
| TELEPHONE NUMBER                                                                                                                                                                                                           | 0832797323                                                                                                                                                     |               | TELEPHONE NUMBER                                                  |                                                          |                                                                                                      |
| FACSIMILE NUMBER                                                                                                                                                                                                           |                                                                                                                                                                |               | FACSIMILE NUMBER                                                  |                                                          |                                                                                                      |
| E-MAIL ADDRESS                                                                                                                                                                                                             | Noluthando.mjuluki@echealth.gov.za                                                                                                                             |               | E-MAIL ADDRESS                                                    |                                                          |                                                                                                      |
| <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                                                                                                 |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES OFFERED?                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF]                                                                             |               | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES 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 |                                                                                                      |
| <b>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.</b> |                                                                                                                                                                |               |                                                                   |                                                          |                                                                                                      |

## PART B

### TERMS AND CONDITIONS FOR BIDDING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. BID SUBMISSION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.</p> <p>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></p> <p>1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.</p> <p>1.4. <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).</b></p>                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.</p> <p>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.</p> <p>2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE <a href="http://WWW.SARS.GOV.ZA">WWW.SARS.GOV.ZA</a>.</p> <p>2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.</p> <p>2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.</p> <p>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.</p> <p>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."</p> |

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

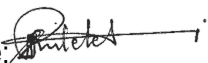
SIGNATURE OF BIDDER: .....

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

DATE: .....

APPROVED BID DOCUMENT WITH SPECIFICATION

**SCMU3-P25/26-616-HO: PROVISIONING OF SERVICE: SPECIFICATION FOR  
TRAINING OF STAFF OF THE EAST LONDON, PORT ELIZABETH AND MTHATHA ORTHOTIC  
AND PROSTHETIC CENTRES IN SPINAL CORRECTIVE BRACING**

|                                                     |                 |                     |                                                                                                |
|-----------------------------------------------------|-----------------|---------------------|------------------------------------------------------------------------------------------------|
| Revision                                            |                 |                     |                                                                                                |
| Drafted by                                          | Date:02/12/2025 | Name: Ms N Mjuluki  | Signature:                                                                                     |
|                                                     |                 |                     |                                                                                                |
| Approved by: Chairperson<br>Specification Committee | Date:02/12/2025 | Name: Mr P Mtheleli | Signature:  |

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### Conditions of Bid

### Specifications

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## BID CONDITIONS

- 1.1 Without limitation to any other rights of the Eastern Cape Department of Health (ECDoH) (whether otherwise reserved in this invitation to bid or under law), the ECDoH expressly reserves the right to:-
- 1.2 Request clarification on any aspect of a response to this invitation to bid received from the bidder, such requests and the responses to be in writing;
- 1.3 Amend the bidding process, including the timetables, closing date and any other date at its sole discretion;
- 1.4 Reject all responses submitted by bidders and to embark on a new bid process.

## 2. EVALUATION CRITERIA

The bid will be evaluated in terms of Regulation 4(1) of the Preferential Procurement Regulation 80/20. The Preference Point system will be applied where the lowest bidder will be allocated 80 Points for price. A maximum of 20 points will be awarded for specific goals.

The following formula will be used to calculate points out of 80 for price.

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

Where

$P_s$  = points scored for comparative price of bid or offer under consideration.

$P_t$  = Comparative price of bid or offer under consideration.

$P_{\min}$  = comparative price of lowest acceptable bid or offer.

The following table must be used to calculate the score out of 20 points for Specific Goals

| Specific goals                         | Weighting (of 20 POINTS) | Number of points (80/20 system) |
|----------------------------------------|--------------------------|---------------------------------|
| Historically Disadvantage Individuals: |                          |                                 |
| ○ Race                                 | 20%                      | 4                               |
| ○ Women                                | 15%                      | 3                               |
| ○ Disability                           | 05%                      | 1                               |

|                                          |             |           |
|------------------------------------------|-------------|-----------|
| ○ Youth                                  | 15%         | 3         |
| ○ Military Veterans                      | 05%         | 1         |
| ○ Locally based supplier in Eastern Cape | 40%         | 8         |
| <b>TOTAL</b>                             | <b>100%</b> | <b>20</b> |

- a) A tenderer must complete SBD6.1 to claim points for specific goals as per Table provided and submit proof of its Specific Goals.
- b) A tenderer failing to claim the specific goals on SBD6.1 claim Form and submit proof of specific Goals may not be disqualified, but may only score points out of 80 price, and scores 0 points out of 20 for Specific Goals.
- c) **The Specific Goals supporting documents required to verify claimed points may in line with the specific requirements include:**
  - CIPC Certificate showing ownership / control interest of company members or CSD certificate reflecting ownership percentage verified from CIPC.
  - ID copies of owners or shareholders.
  - Medical Certificate / Doctor's medical report (Impairment should be substantially limiting long term or of recurring nature)
  - Proof of documentation reflecting the physical address of the business that is eg utility account. or proof of physical address by municipal councilor , lease agreement with 2 months proof of rental payments.
  - Letter from Department of Military Veterans confirming status.

The points scored for the specific goal shall be added to the points scored for price and the total shall be rounded off to the nearest two decimal places.

Evaluation will be conducted into the following stages:

#### **1<sup>st</sup> Stage: Administrative Compliance**

1. All documentation inclusive of supporting documentation requested in terms of the Bid Document requirements must be submitted and signed off where required
2. Bidders **must** complete and sign SBD1 (Invitation to Bid), SBD3.1 (Pricing Schedule), SBD4 (Declaration of Interest), and SBD6.1 (Preference Points Claim Form in terms of Preferential Procurement Regulations, 2022).
3. Bidders must be registered with the National Treasury Supplier Database (CSD) and submit proof.

#### **2<sup>nd</sup> Stage: MANDATORY REQUIREMENTS FOR INTERESTED BIDDERS (NON-NEGOTIABLE)**

- Training should be competency based, with certificate of competence at the end of the training. (**Bidder to attach undertaking to issue competency certificate**)
- The course should be CPD accredited and carry CPD points (Bidder must submit proof of accreditation).

**FAILURE TO COMPLY WITH THE ABOVE MANDATORY INFORMATION WILL INVALIDATE YOUR BID:**

**2nd Stage: Evaluation process – functionality Noted**

| <b>ITEM</b> | <b>CRITERIA</b>                                                                                                                                               | <b>COMPLY<br/>[YES/NO]</b> | <b>EVIDENCE</b>                                                                                                                                                                    | <b>POINTS</b> |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1.</b>   | Experience in providing corrective bracing training                                                                                                           |                            | Submit letter of reference <ul style="list-style-type: none"> <li>• 1 – 2 Training sessions = 10 points</li> <li>• Above 2 sessions = 15 points</li> <li>• No proof = 0</li> </ul> | 15            |
| <b>2.</b>   | Do you have qualified facilitators (Health science qualification: Medical orthotics and Prosthetics - different levels) and registered with regulatory body ? |                            | Attach proof of CV's <ul style="list-style-type: none"> <li>• Proof of qualification = 10 points</li> <li>• Proof of registration = 10 points</li> <li>• No proof = 0</li> </ul>   | 20            |
| <b>4.</b>   | Adequate number of facilitators in your employ?                                                                                                               |                            | Submit CV's: No of Facilitators: <ul style="list-style-type: none"> <li>• Less than 2 = 5</li> <li>• 2 and above = 20</li> </ul>                                                   | 20            |
| <b>5.</b>   | Do you have competent administration personnel with project management skills                                                                                 |                            | Submit CV's and a list of administration staff: <ul style="list-style-type: none"> <li>▪ Less than 2 administrators = 5</li> <li>▪ 2 and above= 10</li> </ul>                      | 10            |
| <b>6.</b>   | Submit copy of summarized training manual with course content relevant to the objectives of the course                                                        |                            | <ul style="list-style-type: none"> <li>• Summarized copy of Training manual submitted = 10 points</li> <li>▪ Relevant course content = 5 points</li> </ul>                         | 15            |
|             | <b>TOTAL POINTS</b>                                                                                                                                           |                            |                                                                                                                                                                                    | <b>80</b>     |

**A bidder that scores less than 56 weighted points out of 80 in respect of functionality will be regarded as non-responsive and will be disqualified. Only bidder that obtain a minimum of 70% (56) points will qualify for further evaluation in terms of price.**

**3<sup>rd</sup> Stage: Price and Specific Goals**

80/20 preference point system will apply. The bid will be awarded to the highest point scoring bidder in accordance with the award criteria.

**Specification:****Specification for training of Medical Orthotists and Prosthetists in spinal corrective bracing.**

The department is facing the highest influx of patients with different types of spinal deformities such as scoliosis and kyphosis. Currently there is a growing demand for management of idiopathic congenital and cerebral palsy related spinal diagnosis which requires specialized custom, corrective bracing. One of the priority programmes for medico legal is Management of cerebral Palsy patients in the established centers of excellence (CP Clinics), which requires competency and efficiency in rehabilitation services rendered for CP Patients.

**The training content should cover the following but not limited learning outcomes:**

- Focused on the identification for the requirement of specified corrective spinal orthosis.
- Competency in assessment, measuring and manufacture of custom-made corrective spinal orthoses.
- The training should be facilitated for 15 Medical Orthotists Prosthetists (MOP)
- Course needs to be facilitated over a week (5 working days) minimum to secure complete competency for staff.

**Training should be:**

- Competency based training for 15 Officials.
- Venue – Training should be centralized and facilitated at the East London/ Frere Tertiary Hospital Orthotic and Prosthetic center.
- The course should offer CPD points.
- The service provider must have qualified facilitators.
- Facilitators must be registered with relevant professional body (HPCSA). Proof of registration to be submitted with the bid documents.
- The facilitator must at least have 2 years' experience in facilitation. Profile of the facilitator must be submitted with the bid documents.
- The training manuals must be submitted for evaluation with the bid on the closing date.
- Certificate of competency must be issued at the end of training.

**SBD 3.1****PRICING SCHEDULE –FIRM PRICES****(PURCHASE)**

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT OFFER TO BE VALID FOR 60 DAYS FROM THE CLOSING DATE OF BID.**

**BID PRICE IN RSA CURRENCY \*\*(ALL APPLICABLE TAXES INCLUDED)**

|                          |                                          |
|--------------------------|------------------------------------------|
| Name of Bidder.....      | Bid number: <b>SCMU3-P25/26-0616-HO.</b> |
| Closing Time 11:00 ..... | Closing date: 09/12/2025                 |

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

| Course                                                                                  | Estimated number of learners | No. of days | Cost Delegate | Per | Price Exclusive of Vat | Price Including VAT @15% |
|-----------------------------------------------------------------------------------------|------------------------------|-------------|---------------|-----|------------------------|--------------------------|
| Spinal corrective bracing.                                                              | 15                           | 5           |               |     |                        |                          |
| Training material/manuals                                                               | 15                           |             |               |     |                        |                          |
| Meal: Lunch only (1 starch,2 vegetables and one meat. 1 soft drink and bottle of water) | 15                           | 5           |               |     |                        |                          |
| <b>Total cost (VAT Incl)</b>                                                            |                              |             |               |     |                        |                          |

**TOTAL PRICE OFFERED, INCLUSIVE OF VALUE ADDED TAX, FOR TENDER NO. SCMU3-P25/26-616-HO**

**R**\_\_\_\_\_

**AMOUNT IN WORDS**\_\_\_\_\_

**Signed by authorized representative of the Tenderer:**

\_\_\_\_\_



- Does the offer comply with the specification(s)? \*YES/NO
- If not to specification, indicate deviation(s) .....
- .....
- .....
- Period required for delivery after Purchase Order 30 DAYS After receipt of order
- Delivery: \*Firm/not firm

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

**\*Delete if not applicable**

## SBD 4

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

2.2.1 If so, furnish particulars:

.....

<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.

- .....
- 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 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

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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.

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

## SBD 6.1

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

#### 1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

#### 1.2 To be completed by the organ of state

*(delete whichever is not applicable for this tender).*

- a) The applicable preference point system for this tender is the 80/20 preference point system.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and  
(b) Specific Goals.

#### 1.4 To be completed by the organ of state:

The maximum points for this tender are allocated as follows:

|                                                  | POINTS     |
|--------------------------------------------------|------------|
| PRICE                                            | 80         |
| SPECIFIC GOALS                                   | 20         |
| <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:

**80/20**

**or**

**90/10**

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right) \text{ or } Ps = 90 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

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:

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

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 (90/10 system)<br>(To be completed by the organ of state) | Number of points allocated (80/20 system)<br>(To be completed by the organ of state) | Number of points claimed (90/10 system)<br>(To be completed by the tenderer) | Number of points claimed (80/20 system)<br>(To be completed by the tenderer) |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| HDI - RACE                                                  |                                                                                      | 4                                                                                    |                                                                              |                                                                              |
| HDI - WOMEN                                                 |                                                                                      | 3                                                                                    |                                                                              |                                                                              |
| HDI - DISABILITY                                            |                                                                                      | 1                                                                                    |                                                                              |                                                                              |
| YOUTH                                                       |                                                                                      | 3                                                                                    |                                                                              |                                                                              |
| MILITARY VETERAN                                            |                                                                                      | 1                                                                                    |                                                                              |                                                                              |
| LOCALITY – ENTITY BASED IN EASTERN CAPE                     |                                                                                      | 8                                                                                    |                                                                              |                                                                              |
|                                                             |                                                                                      | 20                                                                                   |                                                                              |                                                                              |

#### 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.

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**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

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