

## PART A INVITATION TO BID

**YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)**

|             |           |               |                  |               |         |
|-------------|-----------|---------------|------------------|---------------|---------|
| BID NUMBER: | RT50-2023 | CLOSING DATE: | 15 DECEMBER 2022 | CLOSING TIME: | 11:00AM |
|-------------|-----------|---------------|------------------|---------------|---------|

DESCRIPTION **SUPPLY AND DELIVERY OF MEDICAL AND INDUSTRIAL GASES TO THE STATE FOR THE PERIOD OF 60 MONTHS**

**THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT

**TENDER INFORMATION CENTRE (TIC), NATIONAL TREASURY, 240 CORNER OF THABO SEHUME AND MADIBA STREET, PRETORIA**

### BIDDER INFORMATION

|                                                                                                                  |                          |                                                                                    |  |                                                             |         |
|------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|--|-------------------------------------------------------------|---------|
| NAME OF BIDDER                                                                                                   |                          |                                                                                    |  |                                                             |         |
| POSTAL ADDRESS                                                                                                   |                          |                                                                                    |  |                                                             |         |
| STREET ADDRESS                                                                                                   |                          |                                                                                    |  |                                                             |         |
| TELEPHONE NUMBER                                                                                                 |                          | CODE                                                                               |  | NUMBER                                                      |         |
| CELLPHONE NUMBER                                                                                                 |                          |                                                                                    |  |                                                             |         |
| FACSIMILE NUMBER                                                                                                 |                          | CODE                                                                               |  | NUMBER                                                      |         |
| E-MAIL ADDRESS                                                                                                   |                          |                                                                                    |  |                                                             |         |
| CONTACT PERSON                                                                                                   |                          |                                                                                    |  |                                                             |         |
| VAT REGISTRATION NUMBER                                                                                          |                          |                                                                                    |  |                                                             |         |
|                                                                                                                  |                          | TCS PIN:                                                                           |  | OR                                                          | CSD No: |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE<br>[TICK APPLICABLE BOX]                                            |                          | <input type="checkbox"/> Yes                                                       |  | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                         |         |
|                                                                                                                  |                          | <input type="checkbox"/> No                                                        |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |         |
| IF YES, WHO WAS THE CERTIFICATE ISSUED BY?                                                                       |                          |                                                                                    |  |                                                             |         |
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX | <input type="checkbox"/> | AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)           |  |                                                             |         |
|                                                                                                                  | <input type="checkbox"/> | A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS) |  |                                                             |         |
|                                                                                                                  | <input type="checkbox"/> | A REGISTERED AUDITOR                                                               |  |                                                             |         |
|                                                                                                                  | <input type="checkbox"/> | NAME:                                                                              |  |                                                             |         |

**[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]**

|                                                                                               |                                                                                    |                                                                          |                                                                                            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 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 PART B:3 BELOW] |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                     |      |
|---------------------|------|
| SIGNATURE OF BIDDER | DATE |
|---------------------|------|

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.) |  |
|--------------------------------------------------------------------------------------------------------------------------|--|

|                               |                                 |
|-------------------------------|---------------------------------|
| TOTAL NUMBER OF ITEMS OFFERED | TOTAL BID PRICE (ALL INCLUSIVE) |
|-------------------------------|---------------------------------|

**BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:** **TECHNICAL INFORMATION MAY BE DIRECTED TO:**

|                           |                                                                              |                  |                                                                              |
|---------------------------|------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------|
| DEPARTMENT/ PUBLIC ENTITY | NATIONAL TREASURY                                                            | CONTACT PERSON   | JOHNNY RAMOROKA                                                              |
| CONTACT PERSON            | JOHNNY RAMOROKA                                                              | TELEPHONE NUMBER | 012-395 6524                                                                 |
| TELEPHONE NUMBER          | 012-395 6524                                                                 | FACSIMILE NUMBER | NOT APPLICABLE                                                               |
| FACSIMILE NUMBER          | NOT APPLICABLE                                                               | E-MAIL ADDRESS   | <a href="mailto:TCcontract1@treasury.gov.za">TCcontract1@treasury.gov.za</a> |
| E-MAIL ADDRESS            | <a href="mailto:TCcontract1@treasury.gov.za">TCcontract1@treasury.gov.za</a> |                  |                                                                              |

## PART B TERMS AND CONDITIONS FOR BIDDING

### 1. BID SUBMISSION:

- 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE
- 1.3. BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: ( BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES). B-BBEE CERTIFICATE OR SWORN AFFIDAVIT FOR B-BBEE MUST BE SUBMITTED TO BIDDING INSTITUTION.
- 1.4. WHERE A BIDDER IS NOT REGISTERED ON THE CSD, MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS MAY NOT BE SUBMITTED WITH THE BID DOCUMENTATION. B-BBEE CERTIFICATE OR SWORN AFFIDAVIT FOR B-BBEE MUST BE SUBMITTED TO BIDDING INSTITUTION.
- 1.5. 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 LEGISLATION OR SPECIAL CONDITIONS OF CONTRACT.

### 2. TAX COMPLIANCE REQUIREMENTS

- 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 VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA.
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.

### 3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

- |                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| 3.1. IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3.2. DOES THE BIDDER HAVE A BRANCH IN THE RSA?                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3.3. DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA?      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3.4. DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA?           | <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 OBTAIN A TAX COMPLIANCE STATUS / TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.

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