



## KWAZULU-NATAL PROVINCE

ECONOMIC DEVELOPMENT, TOURISM  
AND ENVIRONMENTAL AFFAIRS  
REPUBLIC OF SOUTH AFRICA

**QUOTATION NUMBER: 2022012001**

**QUOTATION DESCRIPTION: SUPPLY AND DELIVERY OF HERBICIDES**

**DEPARTMENT OF ECONOMIC DEVELOPMENT, TOURISM AND ENVIRONMENTAL AFFAIRS**

Private Bag X9152

Pietermaritzburg

3200

**Contact:** *Nosipho Maphumulo*

**Telephone:** 033 264 2539

**Email:** [Nosipho.Maphumulo@kznedtea.gov.za](mailto:Nosipho.Maphumulo@kznedtea.gov.za)

***PLEASE NOTE THAT THIS QUOTATION IS SUBJECT TO SUPPLY CHAIN MANAGEMENT  
LEGISLATION AND THE GENERAL CONDITIONS OF CONTRACT AS PRESCRIBED BY NATIONAL  
TREASURY.***

Briefing session / meeting is not applicable for this Quotation. However, should bidders have questions on this quotation, kindly forward them to Nosipho Maphumulo on email address:

Nosipho.Maphumulo@kznedtea.gov.za & 033 264 2539, due date for submitting questions is the 29 June 2022.

**SECTION A**  
**PART A**  
**INVITATION TO QUOTE**

|                                                                                                                                                                                                                     |                                                                                          |               |                                                                          |                                                                                                      |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------|
| <b>YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                  |                                                                                          |               |                                                                          |                                                                                                      |       |
| QUOTATION NUMBER:                                                                                                                                                                                                   | 2022012001                                                                               | CLOSING DATE: | 01/07/2022                                                               | CLOSING TIME:                                                                                        | 15:00 |
| DESCRIPTION                                                                                                                                                                                                         | <b>SUPPLY AND DELIVERY OF HERBICIDES</b>                                                 |               |                                                                          |                                                                                                      |       |
| <b>QUOTATION RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>                                                                                                                    |                                                                                          |               |                                                                          |                                                                                                      |       |
| 270 Jabu Ndlovu Street, Pietermaritzburg, 3200 at the Quotation Box at Foyer or <a href="mailto:scmquotations15@kznedtea.gov.za">scmquotations15@kznedtea.gov.za</a>                                                |                                                                                          |               |                                                                          |                                                                                                      |       |
| <b>QUOTATION PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                             |                                                                                          |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |                                                                                                      |       |
| CONTACT PERSON                                                                                                                                                                                                      | Nosipho Maphumulo                                                                        |               | CONTACT PERSON                                                           | BZ Mathenjwa                                                                                         |       |
| TELEPHONE NUMBER                                                                                                                                                                                                    | 033 264 2539                                                                             |               | TELEPHONE NUMBER                                                         | 033 264 2632 /082 822 2496/076 943 6418                                                              |       |
| FACSIMILE NUMBER                                                                                                                                                                                                    | -                                                                                        |               | FACSIMILE NUMBER                                                         |                                                                                                      |       |
| E-MAIL ADDRESS                                                                                                                                                                                                      | <a href="mailto:Nosipho.Maphumulo@kznedtea.gov.za">Nosipho.Maphumulo@kznedtea.gov.za</a> |               | E-MAIL ADDRESS                                                           | <a href="mailto:ZamaB.Mathenjwa@kznedtea.gov.za">ZamaB.Mathenjwa@kznedtea.gov.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><input type="checkbox"/> Yes <input type="checkbox"/> No         |               | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      | [TICK APPLICABLE BOX]<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 QUOTING**

|                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. QUOTATION SUBMISSION:</b>                                                                                                                                                                                                                      |
| 1.1. QUOTATIONS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE QUOTATIONS WILL NOT BE ACCEPTED FOR CONSIDERATION.                                                                                                             |
| 1.2. <b>ALL QUOTATION MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE QUOTATIONS DOCUMENT.</b>                                                                                              |
| 1.3. THIS QUOTATION 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 <a href="http://WWW.SARS.GOV.ZA">WWW.SARS.GOV.ZA</a> .                                                                                         |
| 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE QUOTATION.                                                                                                                                                                   |
| 2.5 IN QUOTATIONS 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 QUOTATIONS 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 QUOTATION INVALID.**

SIGNATURE OF BIDDER: .....

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

DATE: .....

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

**SECTION B**  
**NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS**

PLEASE NOTE THAT THIS QUOTATIONS IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and visa versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances whatsoever may the quotation forms be retyped or redrafted. Photocopies of the original quotation documentation may be used, but an original signature must appear on such photocopies.
3. The Bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Quotations submitted must be complete in all respects.
5. Quotations shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
6. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the Bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations may be rejected as being invalid.
7. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotations. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
8. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
9. No quotation sent through the post will be considered if it is received after the closing date and time stipulated in the documentation, and proof of posting will not be accepted as proof of delivery.
10. No quotation submitted by telefax, telegraphic or other electronic means will be considered.
11. Quotations documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
12. Any alteration made by the Bidder must be initialled.
13. Use of correcting fluid is prohibited.
14. Use of erasable pen is prohibited.
15. Quotations will be opened in public as soon as practicable after the closing time of quotation.
16. Where practical, prices are made public at the time of opening quotation.
17. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
18. The bidder must initial each and every page of the quotation document

## SECTION C

### REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE

1. In terms of the KwaZulu-Natal Supply Chain Management Policy Framework, all suppliers of goods and services are required to register on the Central Suppliers Database.
2. If you wish to apply for Central Supplier Database (CSD) registration, suppliers may go to [www.csd.gov.za](http://www.csd.gov.za) to register or call 033 897 4223/4676/4509 for assistance.
3. If a business is registered on the Database and it is found subsequently that false or incorrect information has been supplied, then the Department may, without prejudice to any other legal rights or remedies it may;
  - 3.1 de-register the supplier from the Database,
  - 3.2 cancel a quotation or a contract awarded to such supplier, and the supplier would become liable for any damages if a less favourable quotation is accepted or less favourable arrangements are made.
4. **The same principles as set out in paragraph 3 above are applicable should the supplier fail to updates its information on the Central Suppliers Database, relating to changed particulars or circumstances.**

### DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE (CSD) IS CORRECT AND UP TO DATE

(To be completed by bidder)

THIS IS TO CERTIFY THAT I (name of bidder/authorised representative)

.....

WHO REPRESENTS (state name of bidder)

.....

I AM AWARE OF THE CONTENTS OF THE CENTRAL SUPPLIER DATABASE WITH RESPECT TO THE BIDDER'S DETAILS AND REGISTRATION INFORMATION, AND THAT THE SAID INFORMATION IS CORRECT AND UP TO DATE AS ON THE DATE OF SUBMITTING THIS QUOTATION.

AND I AM AWARE THAT INCORRECT OR OUTDATED INFORMATION MAY BE A CAUSE FOR DISQUALIFICATION OF THIS QUOTATION FROM THE BIDDING PROCESS, AND/OR POSSIBLE CANCELLATION OF THE CONTRACT THAT MAY BE AWARDED ON THE BASIS OF THIS QUOTATION.

.....

**SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE**

**DATE:**.....

**SECTION D****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:

.....  
.....

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**

i. 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.
- 3.6.1 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

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

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

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

---

## INVITATION TO QUOTE

### Ownership Demographic Schedule

- ✓ Kindly provide the percentage ownership for each owner according to the following demographic categories: African Male, African Female, Coloured Male, Coloured Female, Indian Male, Indian Female, White Male, White Female, Youth, Disabled, Co-operative and Other.
- ✓ Please ensure you provide a total per category by adding up each owner's percentage for each applicable category.

| No.   | ID NUMBER | %AFRICAN |        | %COLOURED |        | %INDIAN |        | %WHITE |        | % YOUTH | %DISABLES | %CO-<br>OPERATIVE | %OTHER<br>(Specify) |
|-------|-----------|----------|--------|-----------|--------|---------|--------|--------|--------|---------|-----------|-------------------|---------------------|
|       |           | MALE     | FEMALE | MALE      | FEMALE | MALE    | FEMALE | MALE   | FEMALE |         |           |                   |                     |
| 1     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 2     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 3     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 4     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 5     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 6     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 7     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 8     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 9     |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| 10    |           |          |        |           |        |         |        |        |        |         |           |                   |                     |
| TOTAL |           |          |        |           |        |         |        |        |        |         |           |                   |                     |

**SECTION E**  
**QUOTATION OFFER**  
(To be completed by Bidder)

**QUOTATION NUMBER: 2022012001**

1. QUOTATION PRICE INCLUDING VAT: R.....
2. AMOUNT IN WORDS:  
.....  
.....  
.
3. TIME FOR COMPLETION/ DELIVERY: .....calendar months

|                                     |                               |                           |
|-------------------------------------|-------------------------------|---------------------------|
| <b>NAME OF BIDDER:</b><br><br>..... | <b>SIGNATURE</b><br><br>..... | <b>DATE:</b><br><br>..... |
|-------------------------------------|-------------------------------|---------------------------|

**FOR OFFICE PURPOSES ONLY**

|                                 |
|---------------------------------|
| <b>IMPORTANT</b>                |
| Mark appropriate block with "X" |

- |                                                                                                           |     |    |  |
|-----------------------------------------------------------------------------------------------------------|-----|----|--|
| 1. HAVE ANY ALTERATIONS BEEN MADE?                                                                        | YES | NO |  |
| 1. HAS AN ALTERNATIVE QUOTATION BEEN SUBMITTED?                                                           | YES | NO |  |
| 3. <b>IF APPLICABLE:</b> DID THE BIDDER ATTEND THE OFFICIAL BRIEFING SESSION/ COMPULSORY SITE INSPECTION? | YES | NO |  |

**INSTRUCTIONS TO POTENTIAL SERVICE PROVIDERS**

1. The bidder must be registered with National Treasury's Central Suppliers Database. (Proof to be furnished herewith)
2. The bidder's quotation should clearly indicate the validity period.
3. Quotations must be fully completed in all respects.
4. If you are a VAT vendor, please indicate your VAT number.
5. Please confirm that your banking details are still the same. If these have changed, please contact the Department for a new Bas Entity Registration form.
6. The attached disclosure form must be fully completed and returned. Failure to submit fully completed disclosure form will result in disqualification.
7. **The attached ownership demographic schedule MUST be completed.**
8. Quotations received after the closing date and time will not be accepted.
9. Use of correction fluid is prohibited. Any alteration made by the bidder must be initialled.

QUOTATION NUMBER: 2022012001

| DESCRIPTION: SUPPLY AND DELIVERY OF HERBICIDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | QUANTITY | UNIT PRICE | TOTAL PRICE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|
| Eco Imazapry 5Liter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 80       |            |             |
| <b>Active Ingredients</b><br>IMAZAPRY 100 G/L SL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |
| ViroAxe 10Litre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 40       |            |             |
| <b>Active Ingredients</b><br>TRICLOPYR<br>Description VIRO-AXE is a selective systemic emulsifiable concentrate herbicide for the control of woody plants and weeds as indicated for forestry, grass pastures and industrial areas.<br><br>Active Ingredient Triclopyr (Pyridyloxy Compound as butoxyl ethyl ester).....480 g/l<br><br>Protect yourself against the problems caused by alien invader plants.<br>•Fire hazard.<br>•Suffocation of crops & Indigenous vegetation.<br>•Structural damage.<br>•Illegal activities.<br>•Water consumption.<br>•Restriction of access<br>Application rate (Foliar spray) 50 -75ml Garlon/ 50ml mineral oil/ 10 liter water |          |            |             |
| Blue Dye (1Litre)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 400      |            |             |
| Bp Crop Oil (20 Litre)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20       |            |             |
| Plenum (10 Litre)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 40       |            |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Buckwheat Cereal Herbicide (Picloram &amp; MCPA)</b><br><br><b>Active Ingredients:</b> Picloram @ 26g/L & MCPA @ 420g/L<br><br><b>Similar or Comparable to:</b> Tordon 242 Herbicide (Dow) & Trooper 242 Herbicide (Nufarm)<br><br><b>Buckwheat Cereal Herbicide</b> containing 420 g/L MCPA and 26 g/L picloram is for the control of climbing buckwheat, common sowthistle, skeleton weed, capeweed, doublegee and other broadleaf weeds in winter cereals and linseed crops.<br><br>Buckwheat Herbicide is a Group I herbicide which affects cell wall plasticity and nucleic acid metabolism, leading to uncontrolled cell division and growth, which causes vascular tissue destruction. After application, symptoms include stem twisting and/or leaf malformations which can be seen within days of treatment followed by chlorosis of the growing point. Weed death is slow |  |  |  |
| <b>For enquiries please contact BZ Mathenjwa/GP Ndlovu on 033 264 2632 /082 822 2496/076 943 6418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>To be delivered at 08 Warwick Road, Cascades, EDTEA Enviro Offices</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>SUB-TOTAL PRICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>VAT (only include if VAT registered)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>GRAND-TOTAL PRICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

Name of Company.....

Name of  
Representative.....Designation.....

Authorized Signature.....

Date.....

Validity period: .....

VAT Vendor Number.....(if applicable)

Banking details same? Yes..... No.....( please indicate with a tick)

COMPANY STAMP

**ANNEXURE A: EVALUATION GRID**

To be completed for tender by each evaluator.

| Name of project                                                                                                                                                                                                                                                                                                                                                                                  | Maximum | Initial assessment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|
| <b>Name of the project:</b><br><b>SUPPLY AND DELIVERY OF HERBICIDES</b>                                                                                                                                                                                                                                                                                                                          |         |                    |
| <b>COMPANY EXPERIENCE</b><br><br><b>References provided from Clients:</b><br><br>Provide 3 signed reference letters, purchased orders, award letters from clients detailing the actual work completed. The letter must include the company name, and contact numbers, duration of the contract and value of the contract. Failure to submit the above mentioned will result in disqualification. | (15)    |                    |
| More than 3 project = 15 Points                                                                                                                                                                                                                                                                                                                                                                  |         |                    |
| 3 Projects = 10 Points                                                                                                                                                                                                                                                                                                                                                                           |         |                    |
| Less than 3 Projects = 0                                                                                                                                                                                                                                                                                                                                                                         |         |                    |
| Total Evaluation Score                                                                                                                                                                                                                                                                                                                                                                           | 15      |                    |
| Minimum passing score                                                                                                                                                                                                                                                                                                                                                                            | 60%     |                    |

The minimum pass mark for this project is 60%

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Date      |  |