SBD1

KWAZULU-NATAL PROVINCE

ECONOMIC DEVELOPMENT, TOURISM AND ENVIRONMENTAL AFFAIRS

REPUBLIC OF SOUTH AFRICA

22/08/2023

REQUEST FOR QUOTATION

MAINTENANCE AND LOCKSMITH SERVICES FOR A PERIOD OF 36 MONTHS

REQUISITION NUMBER: **2023032710**

Quotation must be emailed to scmquotations11@kznedtea.gov.za or deposited into the quotations box situated at main foyer at 270 Jabu Ndlovu Street, Pietermaritzburg on or before closing date and time.

CLOSING DATE : 28/08/2023

CLOSING TIME : 11:00 AM

SBD1

PART A
INVITATION TO QUOTE

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (*EDTEA*)					
REQUISITION NUMBER:	**2023032710**	**CLOSING DATE:**	**28/08/2023**	**CLOSING TIME:**	**11:00 AM**
DESCRIPTION	**MAINTENANCE AND LOCKSMITH SERVICES FOR A PERIOD OF 36 MONTHS**				

QUOTATION RESPONSE DOCUMENTS MAY BE SUBMITTED AS INDICATED BELOW:

EMAIL ADDRESS: scmquotations11@kznedtea.gov.za **or be deposited into the quotation box situated at main foyer at 270 Jabu Ndlovu Street, Pietermaritzburg 3200**

QUOTATION PROCEDURE ENQUIRIES MAY BE DIRECTED TO		**TECHNICAL ENQUIRIES MAY BE DIRECTED TO:**	
CONTACT PERSON	**Zweli G. Ntshaba**	CONTACT PERSON	**Samukelisiwe Zuma**
TELEPHONE NUMBER	**033 264 2539**	TELEPHONE NUMBER	**033 264 2657/ 072 915 4929**
E-MAIL ADDRESS	**Zweli.Ntshaba@kznedtea.gov.za**	E-MAIL ADDRESS	**Samukelisiwe.Zuma@kznedtea.gov.za**

SUPPLIER INFORMATION					
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] ☐ Yes ☐ No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX] ☐ Yes ☐ No	

A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED TOGETHER WITH THIS QUOTATION.

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 IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**
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.
1.4. **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**
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 VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.
2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

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

SIGNATURE OF BIDDER:

.....

CAPACITY UNDER WHICH THIS BID IS SIGNED:

.....

(Proof of authority must be submitted e.g. company resolution)

DATE: .....

Board Resolution

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS

OF (Company Name)_____HELD ON (Date)___/___/_____

AT (Address) _____

RESOLVED THAT the company has authorized, Mr/Ms._____in his/her capacity

_____and is hereby authorized to sign all documents in connection with this quotation and any contract resulting therefrom on behalf of the enterprise. The acts done and documents shall be binding on the company, until the same is withdrawn by giving written notice thereof.

Specimen Signature of Authorised Signatory:

_____

(Signature)

I/We, the undersigned, being the Member(s) of the enterprise RESOLVED FURTHER THAT, a copy of the above resolution duly certified as true by designated director / authorised signatory of the company be furnished with responses to RFQ (Request for Quotations).

NO	DIRECTORS NAME AND SURNAME	SIGNATURE	DATE
1.			
2.			
3.			
4.			
5.			
6.			

COMPANY STAMP

REQUISITION NUMBER: 2023032710

Item No.	DESCRIPTION: MAINTENANCE AND LOCKSMITH SERVICES	Quantity	Unit Price	Total Price
	A service provider is required to provide locksmith services as in when required by the offices for a period of 36 months			
1.	Opening of padlocks			
2.	Cutting of padlocks			
3.	Cutting of keys single sided			
4.	Fit new a cylinder			
5.	Remove old cylinder and install a new cylinder			
6.	Opening of doors/locks for lost keys			
7.	Repair Normal Lever locks and keys			
Call out fee and (all labour costs)				
Sub-Total				
VAT (only include if VAT registered)				
Grand Total				
For enquires please contact Samukelisiwe Zuma on 033 264 2657/072 915 4929				

To be delivered at the following addresses:

- 39A Margaret Street, Ixopo Oasis Building
- 46 Bisset Street, Port Shepstone, 4240 ugu

Name of Company's

Representative.....Designation.....

Authorized Signature.....

Date.....

Validity period:60 days after the closing date

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

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

COMPANY STAMP

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)	Documents to be submitted to claim points
Preference Goal 2- RDP			
Geographical Location (uGu Municipalities)	20		Utility bill letter/letter from the ward councillor/ lease agreement and completed SBD 6.1
Total	**20**		