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### **SPECIAL CONDITIONS / MANDATORY BID CONDITIONS**

- The forms in the Table of Contents and on the PA-03(GS): Notice and Invitation for Quotation should be properly completed and signed and returned on or before the due date and time.
- 2. **NB**: PA11: Bidder's Disclosure should be properly/duly completed, dated and signed. Bidders or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise must disclose any interest in any other related enterprise whether or not they are bidding for this contract.
- The total offer on the pricing schedule must be carried over to the PA32 (Invitation to Bid) or the quote will be deemed as non-responsive and will not be evaluated further.
- 4. In the event an offer in words differs from the offer in figures, the offer in words supercedes the offer in figures.
- 5. No late, incomplete or quotations with correctional fluid will be accepted.
- 6. Delivery address is the Tender box on the Ground Floor, Customs House, Lower Heerengracht, and Cape Town.
- 7. Alternatively quotations may be emailed to CPT.Quotations@dpw.gov.za
- 8. The quotation is valid for 30 days from the closing date.
- 9. The bidder must make provision for exchanges and or changes in sizes where applicable at no additional cost to the Department.
- 10. Failure to comply with product specifications & inability to meet delivery times will render the quote non-compliant and will not be evaluated further.
- 11. If the bidder is a VAT vendor /registered the bidder is required to explicitly state the VAT amount.
- 12. VAT vendor must include VAT at 15% in their bid offers.

- 13. Resolution to sign/resolution of signatures is mandatory in the event where a delegation to sign the bid document to someone other than a director or member or shareholder (where applicable).
- 14. The evaluation criteria will be based on price, BBBEE and mandatory bid conditions.
- 15. In the event that one or more bidders are equal in all respects the award will be decided by drawing of lots.

### OTHER BID CONDITIONS

- 1. The Department reserves the right to negotiate the offer where it is found not to be market related.
- 2. All goods supplied must be approved by the South African Bureau of Standards (SABS) if applicable.
- The Department reserves the right to request any additional information and / or samples of items quoted before mass production is undertaken at no cost to the Department if applicable.
- 4. Bidders are required to have an office/branch in the Western Cape
- 5. Bidders must be registered on the CSD and tax matters should remain compliant throughout the procurement process.
- 6. Due to a high volume of quotations received it is advisable to hand deliver your quotation to ensure receipt thereof.
- 7. Specification / technical enquiries must be directed to the Project Leader as indicated on the PA-03 (GS) and PA-32.
- 8. The Department will contract with the successful bidder with an official order.
- 9. No work may commence without an official Departmental order.
- The successful bidder will be required to post security guards as per the terms
  of reference (applicable to security quotations only)

Notice and Invitation for Quotation: PA-03 (GS)

### PA-03 (GS): NOTICE AND INVITATION FOR QUOTATION (EXEMPTION)

### THE DEPARTMENT OF PUBLIC WORKS INVITES BIDDERS FOR THE PROVISION OF

| Project description: | REQUEST FOR PLOT MAINTANANCES IN GEORGE AREAS |                  |            |  |  |  |
|----------------------|-----------------------------------------------|------------------|------------|--|--|--|
| Quote no:            | RFQ12152                                      | Closing date:    | 29/08/2022 |  |  |  |
| Closing time:        | 11H00                                         | Validity period: | 30 days    |  |  |  |

Indicate responsiveness criteria applicable for this bid. Failure to comply with the criteria stated hereunder shall result in the tender offer being disqualified from further consideration:

| r   |             |                                                                                                                                                                                                                                                                                                      |
|-----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  |             | Bid offer must be properly received on the bid closing date and time specified on the invitation, fully completed and signed in ink.                                                                                                                                                                 |
| 2.  |             | Submission of other compulsory returnable schedules / documents as per (PA-09 (GS)): List of returnable documents.                                                                                                                                                                                   |
| 3.  |             | Compliance to Local Production and Content requirements as per PA36 and Annexure C                                                                                                                                                                                                                   |
| 4.  |             | Submission of record of attending compulsory virtual bid clarification / site inspection meeting (where attendance of the site inspection is necessary)                                                                                                                                              |
| 5.  |             | Registration on National Treasury's Central Supplier Database (CSD)                                                                                                                                                                                                                                  |
| 6.  | $\boxtimes$ | Use of correction fluid is prohibited                                                                                                                                                                                                                                                                |
| 7.  |             | Compliance with Pre Qualification criteria BBBEE Level 1 or 2 by means of a valid original or valid copy of the bidder's BBBEE certificate or a valid original or valid certified copy of the bidder's "Sworn Affidavit" by Commissioner of Oaths as prescribed by the B-BBEE Codes of Good Practice |
| 8.  | $\boxtimes$ | Offer to be carried over to the PA32 or the offer will be non responsive and not evaluated further                                                                                                                                                                                                   |
| 9.  |             |                                                                                                                                                                                                                                                                                                      |
| 10. |             |                                                                                                                                                                                                                                                                                                      |

Indicate administrative requirements applicable for this tender. Tenderers may be required to submit the below documents where applicable.

| 1  |             | Any correction to be initialled by the person authorised to sign the tender documentation as per PA 15.1 or PA 15.2 resolution of board/s of directors / or PA15.3 Special Resolution of Consortia or JV's .                 |
|----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2  |             | Submission of applicable (PA-15.1, PA-15.2, PA-15.3): Resolution by the legal entity, or consortium / joint venture, authorising a dedicated person(s) to sign documents on behalf of the firm / consortium / joint venture. |
| 3  | $\boxtimes$ | Submission of (Revised PA-11): Declaration of Interest and Tenderer's Past Supply Chain Management Practices.                                                                                                                |
| 4  |             | Submission of record of attending compulsory virtual bid clarification / site inspection meeting (where attendance of the site inspection is not necessary)                                                                  |
| 5  |             | Submission of proof of Registration on National Treasury's Central Supplier Database (CSD).                                                                                                                                  |
| 6  | $\boxtimes$ | PA40                                                                                                                                                                                                                         |
| 7  | $\boxtimes$ | PA16                                                                                                                                                                                                                         |
| 8  | $\boxtimes$ | Proof that the bidder has a local office / address in the Western Cape in the form of a utility bill or a sworn affidavit                                                                                                    |
| 9  | $\boxtimes$ | PRICE SCHEDULE MUST BE FULL COMPLETED                                                                                                                                                                                        |
| 10 |             |                                                                                                                                                                                                                              |



### COLLECTION OF BID DOCUMENTS:

All quotations must be completed on the official forms provided with this invitation and completed in ink, preferably black. Completed forms must be delivered to the Department of Public Works at the following address or faxed to the fax number below.

This quotation is subject to the General Conditions of Contract (GCC) and, if applicable, any other special conditions of contract. Attached Terms and Conditions should be signed and submitted with the official documents.

The taxes of the successful bidder must be in order, or satisfactory arrangements must be made with the Receiver of Revenue to meet the bidder's tax obligations. The attached (PA-07) form "Application for Tax Clearance Certificate", must be completed in all respects and submitted to the Receiver of Revenue where the bidder is registered for tax purposes.

| Bid documents may be collected during working hours on <i>insert date</i> at the following address <i>insert physical address insert postal code</i> .  Bid documents are available for free download on e-Tender portal www.etenders.gov.za  A non-refundable bid deposit of R is payable, (Cash only) is required on collection of the bid documents.  A <i>select</i> pre-bid meeting with representatives of the Department of Public Works will take place at <i>insert address</i> on <i>dd/mm/yyyy</i> starting at <i>insert time</i> .  ENQUIRIES RELATED TO BID DOCUMENTS MAY BE ADDRESSED TO: |                                                |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--|--|--|--|--|--|
| DPW Project Leader:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DPW Project Leader: MEA JANTJIES Telephone no: |  |  |  |  |  |  |  |
| Cell no:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cell no:         0798728631         Fax no:    |  |  |  |  |  |  |  |
| E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mea.jantjies@dpw.gov.za                        |  |  |  |  |  |  |  |

### **DEPOSIT / RETURN OF BID DOCUMENTS:**

The closing time for receipt of bids is 11h00 on 29/08/2022.

Telegraphic, telephonic, telex, facsimile, electronic and / or late bids will not be accepted.

Requirements for sealing, addressing, delivery, opening and assessment of bids are stated in the bid advertisement.

All bids must be submitted on the official forms - (not to be re-typed)

| BID DOCUMENTS MAY BE POSTED TO:  THE DIRECTOR -GENERAL  NATIONAL DEPARTMENT OF PUBLIC WORKS PRIVATE BAG X 9027  Cape Town 8000 | OR | DEPOSITED IN THE TENDER BOX AT:  Ground Floor  Customs House  Lower Heerengracht  Cape Town |
|--------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------|
| ATTENTION: PROCUREMENT SECTION: ROOM 942                                                                                       |    |                                                                                             |

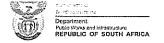
### **COMPILED BY:**

| S DYANI                | PR . 199  | PL       | 23/08/2022 |
|------------------------|-----------|----------|------------|
| Name of Project Leader | Signature | Capacity | Date       |



# PA 32: INVITATION TO BID PART A

| YOU ARE HERE               | BY INVITED TO BID FOR I                                                                                        | REQUIRE                                 | MENTS OF TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E (NAME (                               | OF DEP                                  | ARTMENT/PU                              | BLIC ENTITY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
|----------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| BID NUMBER:                | RFQ 12152                                                                                                      | CLOSING DATE: 29/08                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 2022                                    | CLC                                     | SING TIME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11H00                                   |
| DESCRIPTION                | REQUEST FOR PI                                                                                                 | LOT MAINTANANCES I                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | I GEC                                   | RGE ARE                                 | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                            | THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (DPW04.1 GS or DPW04.2 GS). |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| BOX SITUATED A             | BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID<br>BOX SITUATED AT <i>(STREET ADDRESS)</i>                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| GROUND FI                  | GROUND FLOOR: PUBLIC CUSTOMES HOUSE PUBLIC WORKS                                                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| OR POSTED TO:              |                                                                                                                |                                         | and was made and an analysis of the side of the transfer of the side of the si |                                         | entezeselet zusaggenstabilität          | nacina nagyytana dzigonia nagyjakowa    | A Administration of the Control of t | *************************************** |
| CP1.Quotatio               | CPT.Quotations@dpw.gov.za DO NOT RETURN TO THE SENDER PLEASE                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| STREET ADDRES              | SS                                                                                                             |                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| TELEPHONE NUI              | MBER                                                                                                           | CODE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | NUMBER                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| FACSIMILE NUM              | BER                                                                                                            | CODE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | NUMBER                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| E-MAIL ADDRES              | 5                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - * * * * * * * * * * * * * * * * * * * |
| VAT REGISTRAT              | ION NUMBER                                                                                                     |                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                         | •                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                            |                                                                                                                | TCS PIN                                 | l:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | OR                                      | CSD No:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| B-BBEE STATUS              | LEVEL VERIFICATION                                                                                             | Yes                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | B-BBEE STATUS                           |                                         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| CERTIFICATE                |                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | LEVEL                                   | . SWORN                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| TICK APPLICABL             | LE BOX]<br>S THE CERTIFICATE                                                                                   | No                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | AFFID                                   | AVIT                                    | │                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| ISSUED BY?                 |                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| AN ACCOUNTING CONTEMPLATED |                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| CORPORATION                | ACT (CCA) AND NAME<br>E IN THE TICK BOX                                                                        |                                         | AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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|                            |                                                                                                                | *************************************** | ACCREDITATION SYSTEM (SANAS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |
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|                            |                                                                                                                |                                         | E-MAIL ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ESS:                                    |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , , |



PA-32: Invitation to Bid

| [A B-BBEE STATUS LEVEL VERIFICA<br>ORDER TO QUALIFY FOR PREFEREN | TION CERTIFI<br>CE POINTS F | ICATE/SWOI<br>OR B-BBEE | RN AFF           | FIDAVIT(FOR EMEs& Q                    | SEs) MUST BE SU | IBMITTED IN |
|------------------------------------------------------------------|-----------------------------|-------------------------|------------------|----------------------------------------|-----------------|-------------|
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA            | ☐Yes                        |                         | 0                | ARE YOU A FOREIGN                      | Yes             | □No         |
| FOR THE GOODS /SERVICES /WORKS                                   |                             |                         |                  | BASED SUPPLIER FOR THE GOODS /SERVICES | JIF YES ANSWER  | R PART B:3  |
| OFFERED?                                                         | [IF YES ENCL                | OSE PROOF               | ]                | /WORKS OFFERED?                        | BELOW]          |             |
| SIGNATURE OF BIDDER                                              |                             |                         |                  | DATE                                   |                 |             |
| CAPACITY UNDER WHICH THIS BID IS                                 |                             |                         |                  | DATE                                   |                 | ······      |
| SIGNED (Attach proof of authority to                             |                             |                         |                  |                                        |                 |             |
| sign this bid; e.g. resolution of                                |                             |                         |                  |                                        |                 |             |
| directors, etc.)                                                 |                             |                         |                  |                                        | ·····           |             |
| ***************************************                          |                             |                         |                  | TOTAL BID PRICE (¹ALL                  |                 |             |
| TOTAL NUMBER OF ITEMS OFFERED                                    |                             |                         |                  | APPLICABLE TAXES)                      |                 |             |
| BIDDING PROCEDURE ENQUIRIES MAY E                                | E DIRECTED T                | ro: T                   | TECHNIC          | CAL INFORMATION MAY                    | BE DIRECTED TO: |             |
| DEPARTMENT/ PUBLIC ENTITY                                        |                             | 0                       | CONTAC           | T PERSON                               |                 |             |
| CONTACT PERSON                                                   |                             | Τ                       | TELEPH           | ONE NUMBER                             |                 |             |
| TELEPHONE NUMBER                                                 | FACSIN                      |                         | FACSIMILE NUMBER |                                        |                 |             |
| FACSIMILE NUMBER                                                 | E-MAIL AI                   |                         | ADDRESS          |                                        |                 |             |
| E-MAIL ADDRESS                                                   |                             |                         |                  |                                        |                 |             |

## PART B TERMS AND CONDITIONS FOR BIDDING

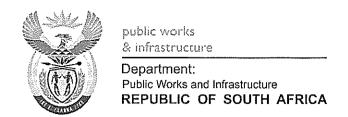
- 1. BID SUBMISSION:
- 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED-(NOT TO BE RE-TYPED) OR ONLINE
- 1.3. BIDDERS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (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.



PA-32: Invitation to Bid

| 3.          | QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       | :           |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 3.1.        | IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YES NO                                                                                                                                |             |
| 3.2.        | DOES THE BIDDER HAVE A BRANCH IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ YES ☐ NO                                                                                                                            |             |
| 3.3.        | DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ YES ☐ NO                                                                                                                            |             |
|             | DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA? HE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN, IT IS NOT A REQUIREMENT TO OB' COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARSOVE.                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       |             |
| NB:<br>Note | FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVCOPY OF THE B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE MUST BE SUBMIPREFERENCE POINTS FOR B-BBEE.  Well:                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |             |
| r           | <ul> <li>In respect of non VAT vendors the bidders may not increase the bid price under Section 67(1) of the relevant transaction would become subject to VAT by reason of the turnover threshold being for VAT.</li> <li>All delivery costs must be included in the bid price, for delivery at the prescribed destinated the price that appears on this form is the one that will be considered for acceptance as <u>a firm a</u>.</li> <li>The grand total in the pricing schedule(s), inclusive of VAT, attached to the bid offer must correlated.</li> </ul> | exceeded and the bidder becomes<br>tion.<br>and final offer.<br>The and be transferred to this for<br>the PA32 price offer, the price | omes liable |

<sup>&</sup>lt;sup>1</sup> All applicable taxes" includes value- added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies



### **PRICING SCHEDULE**



The total offer on this pricing schedule must be carried over to the PA32 (Invitation to Bid) or the quote will be deemed as non-responsive and will not be evaluated further

| DESCRIPTION - PLOT MAINTENANCES IN GEORGE AREA (STATE PROPERTIES - 12 x SERVICES TO BE RENDERED ON REQUESTED BY THE DEPARTMENT (************************************ | QUANTITY    | UNIT PRICE (per one item / each) EXCLUDING VAT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|
| EXAMPLE: Black pens                                                                                                                                                  | 6           | R2.00 EACH<br>EXCLUDING VAT                    |
| ERF 5 POPULAR STREET                                                                                                                                                 | 12 Services | R                                              |
| ERF 140 PLANTATION ROAD( GLEN BERRIE)                                                                                                                                | 12 Services |                                                |
| ERF 141 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 142 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 143 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 152 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 153 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 154 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 155 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 156 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 157 PLANTATION ROAD                                                                                                                                              | 12 Services |                                                |
| ERF 241 FACTORY &GEORGE STREET(BLANCO                                                                                                                                | 12 Services |                                                |
| ERF 658, NO.107 DAVIDSON ROAD                                                                                                                                        | 12 Services |                                                |
| ERF 8945 SANDY MCGREGOR STREET                                                                                                                                       | 12 Services |                                                |
| ERF 8946 SANDY MCGREGOR STREET                                                                                                                                       | 12 Services |                                                |
|                                                                                                                                                                      |             |                                                |
|                                                                                                                                                                      |             |                                                |
|                                                                                                                                                                      |             |                                                |
| VAT 15% (If VAT Vendor)                                                                                                                                              | <u> </u>    | R                                              |
| TOTAL OFFER (To be carried over to the PA32)                                                                                                                         |             | R                                              |
| TOTAL OFFER AMOUNT IN WORDS (Including VAT):                                                                                                                         |             |                                                |



# SPECIFICATIONS FOR PLOT MAINTENANCE OF STATE PROPERTIES

### 1. DESCRIPTION OF SERVICES

1.1 <u>Areas</u> : George Erven

| ERF NO'S & STREET NAMES               | EXTENT M² |
|---------------------------------------|-----------|
| ERF 5 POPULAR STREET                  | 1.7131ha  |
| ERF 140 PLANTATION ROAD( GLEN BERRIE) | 4474      |
| ERF 141 PLANTATION ROAD               | 4653      |
| ERF 142 PLANTATION ROAD               | 4785      |
| ERF 143 PLANTATION ROAD               | 4281      |
| ERF 152 PLANTATION ROAD               | 5917      |
| ERF 153 PLANTATION ROAD               | 5268      |
| ERF 154 PLANTATION ROAD               | 5161      |
| ERF 155 PLANTATION ROAD               | 5008      |
| ERF 156 PLANTATION ROAD               | 4685      |
| ERF 157 PLANTATION ROAD               | 4889      |
| ERF 241 FACTORY &GEORGE STREET(BLANCO | 1543      |
| ERF 658, NO.107 DAVIDSON ROAD         | 2.250ha   |
| ERF 8945 SANDY MCGREGOR STREET        | 3029      |
| ERF 8946 SANDY MCGREGOR STREET        | 2345      |

1.2 **Services** : 12 x Services on each location / Erf.

1.3 Month to Month : On request from the department but when new Term

**Contract** starts the current contract comes to an end with one month notification to the service provider.

### 2. SCOPE OF SERVICE

- 2.1 Cutting of grasses and clearing of site on open state properties.
- 2.2 Cutting down bushes and alien trees to ground level and apply stump treatment.
- 2.3 All boundaries / edges must be neatly trimmed.

- 2.4 Apply herbicide spraying on hard surfaces (if necessary).
- 2.5 All vegetative cuttings, garden waste materials must be removed from site immediately.

### 3. GENERAL CONDITIONS

- 3.1 The Contractor shall provide all materials, labour and equipment deemed necessary
- 3.2 Staff must be overseen at all times by a supervisor with suitable Horticultural knowledge. Staff may not enter any area which is not clearly work-related.
- 3.3 Service providers should note that service offered must be in strict conformity with the relevant specifications.
- 3.4 Any quotation submitted shall remain valid, irrevocable and open for acceptance by the Department for a period of 30 days from the closing date.

### 4. OBSERVANCE OF LAWS AND REGULATIONS

- 4.1 The service provider shall secure all permits and licenses imposed by law and ordinance, pay all charges and fees, and give all notices necessary and incidental to the due and lawful prosecution of the work regarding the obstruction of streets and driveways, maintaining signals and open passageways, and protecting the same where exposed.
- 4.2 **Hours of Work:** The service provider shall perform the work during weekdays and within operating hours 08:00 till 16:00 unless requested by a Departmental official to deviate.
- 4.3 **Equipment:** The service provider is responsible for providing, maintaining & transporting all necessary equipment in connection with the program of plot clearing described in this Agreement. All other tools and supplies necessary for performing the work required by this Agreement will be provided by the service provider.
- 4.4 **Obstruction of Streets and Right-of-Ways:** The service provider will arrange to keep sidewalks open for traffic whenever possible and will block portions of streets only when deemed necessary to protect private property. Warning signs and barricades shall be furnished and erected by the service provider when warranted. It is the service provider's responsibility to remove all surplus material and debris from streets as work progresses in order that the public will have adequate use of the affected streets.
- 4.5 The service provider shall have in its employ, or under its control, sufficient qualified and competent personnel to perform work promptly and in accordance with a schedule or work program, as approved by the Departmental official.

4.6 The service provider shall employ only such workers as are skilled in the tasks to which they are assigned. Workers shall act appropriately and professionally at all times. Offensive language, gestures or actions while in this facility are not acceptable. The Department may require the service provider not to assign any employee the Department deems incompetent, careless, insubordinate, or otherwise objectionable to work on these premises.

### 5. SAFETY STANDARDS

- 5.1 The service provider's employees shall follow all applicable safety standards including operating all equipment in conformance with the manufacturer's operating instructions for each, and in compliance with OHSA standards and requirements.
  - 5.2 Precaution shall be exercised at all times for the protection of persons, (including employees) and property. The safety provisions of applicable laws, building and construction codes shall be observed. Machinery, equipment and all hazards shall be guarded or eliminated in accordance with applicable safety provisions.

### 6. SITE INSPECTION

### **IMPORTANT:**

- 6.1 Viewing of the site prior to submitting a bid is the responsibility of the Bidder to ensure an accurate bid offer based on the scope of work and size of the Erf.
  - 6.2 The Department official will, at he's discretion, conduct site inspections before, during, and after each service to evaluate the quality, and completion of the work performed.

# 7. FAILURE TO COMPLY WITH CONDITIONS & DELAYED EXECUTION

- 7.1 The department without prejudice to its other rights shall be entitled to cancel an offer:
  - (a) If the service provider fails to deliver any or all of the services within the period(s) specified in the specifications, or within any extension thereof granted by the department;

- (b) If the service provider fails to perform any other obligation(s) under the contract; or
- (c) If the supplier, in the judgment of the department, has engaged in corrupt or fraudulent practices in competing for or in executing the service.

### 8. OTHER

Inquiries can be directed as follows:

Bid Enquiries : MS K Blaine

Tel: (021) 402 2182

Specification Enquiries : Mr. MAE Jantjies - Cell: 079 874 7770

Mrs. E. Bessick - Cell: 082 852 5263



### PA-11: 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 (1) 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                  |
|-----------|-----------------|--------------------------------------------|
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 |                                            |
|           |                 | 17-19-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2- |

<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.



| 2.2   | 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 |
| 2.3.1 | If so, furnish particulars:                                                                                                                                                  |
|       |                                                                                                                                                                              |
| 3 D   | ECLARATION                                                                                                                                                                   |
|       | I, the undersigned, (name)                                                                                                                                                   |

3.1 I have read and I understand the contents of this disclosure:

certify to be true and complete in every respect:

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;

in submitting the accompanying bid, do hereby make the following statements that I

- 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 consortium2 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.
- 3.5 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.
- 3.6 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.

Any reference to words "Bid" or Bidder" herein and/or in any other documentation shall be construed to have the same meaning as the words "Tender" or "Tenderer".

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For External Use

Effective date 5 July 2022

Version: 2022/03

<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.



3.7 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 |



## PA16: PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017 AND THE AMENDED B-BBEE CODES.

### 1. GENERAL CONDITIONS

- 1.1. The following preference point systems are applicable to all bids:
  - 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. The value of this bid is estimated to **Select** R50 000 000 (all applicable taxes included) and therefore the...**Select Points**.....system shall be applicable.
- 1.3. Preference points for this bid shall be awarded for:
  - (a) Price: and
  - (b) B-BBEE Status Level of Contribution.

| 1.3.1   | The maximum points for this bid are allocated as follows: | POINTS    |
|---------|-----------------------------------------------------------|-----------|
| 1.3.1.1 | PRICE                                                     | <b>80</b> |
| 1.3.1.2 | B-BBEE STATUS LEVEL OF CONTRIBUTION                       | 20        |
|         | Total points for Price and B-BBEE must not exceed         | 100       |

- 1.4. Failure on the part of a bidder to fill in and/or to sign this form and submit a B-BBEE Verification Certificate from a Verification Agency accredited by the South African Accreditation System (SANAS) or an Accounting Officer as contemplated in the Close Corporation Act (CCA) together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.5. An Exempted Micro Enterprise (EME) is only required to obtain a sworn affidavit or a certificate issued by Companies and intellectual property Commission (CIPC) confirming their annual turnover of R10 Million or less and level of black ownership to claim points.
- 1.6. Qualifying Small Enterprise (QSE) is only required to obtain a sworn affidavit or a certificate issued by Companies and intellectual property Commission (CIPC) confirming their annual turnover of R10 Million or less and level of black ownership to claim points.

Any reference to words "Bid" or Bidder" herein and/or in any other documentation shall be construed to have the same meaning as the words "Tenderr" or "Tenderer".

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Version: 2021/01



- 1.7 The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.
- 1.8 CERTIFICATES ISSUED BY IRBA AND ACCOUNTING OFFICER HAVE BEEN DISCONTINUED; HOWEVER VALID CERTIFICATES ALREADY ISSUED BEFORE 01 JANUARY 2017 MAY BE USED UNTIL THEY PHASE OUT COMPLETELY BY DECEMBER 2017

### 2. DEFINITIONS

- (a) "all applicable taxes" includes value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies;
- (b) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (c) "B-BBEE status level of contributor" means the B-BBEE status received by a measured entity based on its overall performance using the relevant scorecard contained in the Codes of Good Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (d) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of services, works or goods, through price quotations, advertised competitive bidding processes or proposals;
- (e) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (f) "comparative price" means the price after the factors of a non-firm price and all unconditional discounts that can be utilized have been taken into consideration;
- (g) "consortium or joint venture" 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;
- (h) "contract" means the agreement that results from the acceptance of a bid by an organ of state:
- (i) "EME" means an Exempted Micro Enterprise as defines by Codes of Good Practice under section 9 (1) of the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (j) "Firm price" means the price that is only subject to adjustments in accordance with the actual increase or decrease resulting from the change, imposition, or abolition of customs or excise duty and any other duty, levy, or tax, which, in terms of the law or regulation, is binding on the contractor and demonstrably has an influence on the price of any supplies, or the rendering costs of any service, for the execution of the contract;
- (k) "functionality" means the measurement according to predetermined norms, as set out in the bid documents, of a service or commodity that is designed to be practical and useful, working or operating, taking into account, among other factors, the quality, reliability, viability and durability of a service and the technical capacity and ability of a bidder;
- (I) "non-firm prices" means all prices other than "firm" prices:
- (m)"person" includes a juristic person;
- (n) "QSE" means a Qualifying Small Enterprise as defines by Codes of Good Practice under



section 9 (1) of the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

- (o) "rand value" means the total estimated value of a contract in South African currency, calculated at the time of bid invitations, and includes all applicable taxes and excise duties;
- (p) "sub-contract" means the primary contractor's assigning, leasing, making out work to, or employing, another person to support such primary contractor in the execution of part of a project in terms of the contract;
- (q) "total revenue" bears the same meaning assigned to this expression in the Codes of Good Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act and promulgated in the Government Gazette on 9 February 2007;
- (r) "trust" means the arrangement through which the property of one person is made over or bequeathed to a trustee to administer such property for the benefit of another person; and
- (s) "trustee" means any person, including the founder of a trust, to whom property is bequeathed in order for such property to be administered for the benefit of another person.

### 3. ADJUDICATION USING A POINT SYSTEM

- 3.1 The bidder obtaining the highest number of total points will be awarded the contract.
- 3.2 Preference points shall be calculated after prices have been brought to a comparative basis taking into account all factors of non-firm prices and all unconditional discounts;.
- 3.3 Points scored must be rounded off to the nearest 2 decimal places.
- In the event that two or more bids have scored equal total points, the successful bid must be the one scoring the highest number of preference points for B-BBEE.
- 3.5 However, when functionality is part of the evaluation process and two or more bids have scored equal points including equal preference points for B-BBEE, the successful bid must be the one scoring the highest score for functionality.
- 3.6 Should two or more bids be equal in all respects, the award shall be decided by the drawing of lots.

### 4. POINTS AWARDED FOR PRICE

### 4.1 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

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

Where

Ps = Points scored for comparative price of bid under consideration

Pt = Comparative price of bid under consideration



Pmin = Comparative price of lowest acceptable bid

### 5. Points awarded for B-BBEE Status Level of Contribution

5.1 In terms of Regulation 6(2) and /or 7(2), of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of<br>Contributor | Number of points<br>(90/10 system) | Number of points<br>(80/20 system) |
|---------------------------------------|------------------------------------|------------------------------------|
| 1                                     | 10                                 | 20                                 |
| 2                                     | 9                                  | 18                                 |
| 3                                     | 6                                  | 14                                 |
| 4                                     | 5                                  | 12                                 |
| 5                                     | 4                                  | 8                                  |
| 6                                     | 3                                  | 6                                  |
| . 7                                   | 2                                  | 4                                  |
| 8                                     | 1                                  | 2                                  |
| Non-compliant<br>contributor          | 0                                  | 0                                  |

- A trust, consortium or joint venture, will qualify for points for their B-BBEE status level as a legal entity, provided that the entity submits their B-BBEE-status level certificate.
- 5.3 A trust, consortium or joint venture will qualify for points for their B-BBEE status level as an unincorporated entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group structure and that such a consolidated B-BBEE scorecard is prepared for every separate bid.
- 5.4 Tertiary institutions and public entities will be required to submit their B-BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.
- A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.

### 6. BID DECLARATION

6.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:



| 7.              |                          | -BBEE STATUS LEVEL OF CONTRIBUTION CLAIMED IN 1.2 AND 5.1                                                                                                                               | TERMS OF       | PARAGRAP        | HS   |
|-----------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|------|
| 7.1             | В-В                      | BEE Status Level of Contribution: = =                                                                                                                                                   | (maximum o     | of 10 or 20 poi | nts) |
|                 | para                     | nts claimed in respect of paragraph 7.1 must be in accordant<br>graph 5.1 and must be substantiated by means of a B-Bl<br>fication Agency accredited by SANAS or Sworn Affidavit for EN | BEE certifica  | ite issued by   |      |
| 8               | su                       | B-CONTRACTING (relates to 5.5)                                                                                                                                                          |                |                 |      |
| 8.1             | Wi                       | any portion of the contract be sub-contracted? YES / NO (de                                                                                                                             | elete which is | s not applicat  | ole) |
| 8.1.1           | If ye<br>(i)             | s, indicate: what percentage of the contract will be subcontracted?                                                                                                                     |                |                 | .%   |
|                 | (ii)                     | the name of the sub-contractor?                                                                                                                                                         |                |                 |      |
|                 | (iii)                    | the B-BBEE status level of the sub-contractor?                                                                                                                                          | •••••          |                 |      |
|                 | (iv)                     | whether the sub-contractor is an EME/ a QSE YES / NO (de                                                                                                                                | elete which is | not applicab    | ole) |
|                 |                          | ated Group: An EME or QSE which is at last 51% owned by:                                                                                                                                | EME<br>√       | QSE<br>√        |      |
|                 | k pe                     |                                                                                                                                                                                         |                |                 |      |
|                 |                          | ople who are youth                                                                                                                                                                      |                |                 |      |
|                 |                          | ople who are women                                                                                                                                                                      |                |                 |      |
|                 |                          | ople with disabilities ople living in rural or underdeveloped areas or townships                                                                                                        | <u> </u>       |                 |      |
|                 |                          | ive owned by black people                                                                                                                                                               |                |                 |      |
|                 |                          | ople who are military veterans                                                                                                                                                          |                |                 |      |
|                 |                          | OR                                                                                                                                                                                      | 1 1            | ******          |      |
| Any             | EME                      |                                                                                                                                                                                         |                |                 |      |
| _               | QSE                      |                                                                                                                                                                                         |                |                 |      |
| <b>9</b><br>9.1 |                          | CLARATION WITH REGARD TO COMPANY/FIRM  me of company/firm                                                                                                                               |                |                 | •••  |
| 9.2             | VA <sup>*</sup>          | T registration number                                                                                                                                                                   |                |                 | •••  |
| 9.3             | Cor                      | mpany registration number                                                                                                                                                               | •••••          |                 |      |
| 9.4             | Par<br>One<br>Clo<br>Cor | PE OF COMPANY/ FIRM  tnership/Joint Venture / Consortium  person business/sole propriety  se corporation  mpany  /) Limited                                                             |                |                 |      |
|                 |                          | I I (ID) IP DI II II I I I I I I I I I I I I I I                                                                                                                                        |                | _               |      |



| [TICK<br>9.5 | APPLICAE<br>DESCE                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ()<br>RINCIPAL BUSINESS ACTI                                                                                                                                                                                                                                                                                                                                                                                                             | VITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9.6          | Manufa<br>Supplie<br>Profess<br>Other s | acturer<br>er<br>sional s<br>service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LASSIFICATION<br>ervice provider<br>providers, e.g. transporter, e<br>BLE BOX]                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9.7          | Total n                                 | umber (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of years the company/firm ha                                                                                                                                                                                                                                                                                                                                                                                                             | as been in business?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 9.8          | certify paragra                         | that the<br>aph 7 o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e points claimed, based on ti                                                                                                                                                                                                                                                                                                                                                                                                            | uthorised to do so on behalf of the company/firm<br>ne B-BBE status level of contribution indicated in<br>worn Affidavit, qualifies the company/ firm for the<br>ge that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              | (i)<br>(ii)<br>(iii)<br>(iv)            | The indicate in the parage satisfied in the fraudon | ated in paragraph 1 of this for event of a contract being a graph 7, the contractor may faction of the purchaser that e B-BBEE status level of clulent basis or any of the conaser may, in addition to any Disqualify the person from Recover costs, losses or a that person's conduct; Cancel the contract and cludent of having to make less favorestrict the bidder or contract shareholders and directors business from any organ of | re in accordance with the General Conditions as firm.  warded as a result of points claimed as shown in be required to furnish documentary proof to the the claims are correct; ontribution has been claimed or obtained on a conditions of contract have not been fulfilled, the other remedy it may have —  In the bidding process; damages it has incurred or suffered as a result of courable arrangements due to such cancellation; ottor, its shareholders and directors, or only the who acted on a fraudulent basis, from obtaining of state for a period not exceeding 10 years, after ear the other side) rule has been applied; and |
|              | WITN                                    | IESSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1.           | •••••                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2.           | •••••                                   | •••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIGNATURE(S) OF BIDDER(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DATE         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                 | •••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • •          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



### PA- 29: CERTIFICATION OF INDEPENDENT BID DETERMINATION

| Project title: | REQUEST FOR PLOT M<br>140, 141, 142, 143, 152, 1<br>SERVICES TO BE REND<br>(MONTH TO MONTH) | 53, 154, 155, 156, 157, 2 <sub>4</sub> | 41, 658, 8945, 8946: 12 x |
|----------------|---------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|
| Bid no:        |                                                                                             | Reference no:                          |                           |

### INTRODUCTION

- This PA-29 [Certificate of Independent Bid Determination] must form part of all bids<sup>1</sup> invited.
- 2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
  - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
  - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4. This form (PA-29) serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
- 5. In order to give effect to the above, the attached Certificate of Bid Determination (PA-29) must be completed and submitted with the bid:

Any reference to words "Bid" or Bidder" herein and/or in any other documentation shall be construed to have the same meaning as the words "Tender" or "Tenderer".

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For External Use

Effective date August 2010

Version: 1.0

<sup>1</sup> Includes price quotations, advertised competitive bids, limited bids and proposals.



<sup>2</sup> Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

### CERTIFICATE OF INDEPENDENT BID DETERMINATION

| <b>I</b> , 1 | the undersigned, in submitting the accompanying bid:                                                                                                                                                                       |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | (Bid Number and Description)                                                                                                                                                                                               |
| in           | response to the invitation for the bid made by:                                                                                                                                                                            |
|              | (Name of Institution)                                                                                                                                                                                                      |
|              | hereby make the following statements that I certify to be true and complete in every spect:                                                                                                                                |
| lo           | ertify, on behalf of: that:  (Name of Bidder)                                                                                                                                                                              |
| 1.           | I have read and I understand the contents of this Certificate.                                                                                                                                                             |
| 2.           | I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect.                                                                                     |
| 3.           | I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder.                                                                                                       |
| 4.           | Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder.                                                     |
| 5.           | For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder whether or not affiliated with the bidder, who: |



- (a) has been requested to submit a bid in response to this bid invitation:
- (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
- (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder.
- 6. 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 consortium³ will not be construed as collusive bidding.
- 7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - (a) prices;
  - (b) geographical area where product or service will be rendered (market allocation)
  - (c) methods, factors or formulas used to calculate prices;
  - (d) the intention or decision to submit or not to submit, a bid;
  - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
  - (f) bidding with the intention not to win the bid.
- 8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 9. 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.

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

<sup>3</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.

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.

| Name of Bidder | Signature | Date | Position |
|----------------|-----------|------|----------|



# PA- 40: DECLARATION OF DESIGNATED GROUPS FOR PREFERENTIAL PROCUREMENT

| 1. LIST ALL PROF   | LIST ALL PROPRIETORS, MEMBERS OR SHAREHOLDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SHAREHOLDE          |            | BY NAME, IDENTITY NUMBER, CITIZENSHIP AND DESIGNATED GROUPS. | ., CITIZENSHIP A     | ND DESIGNATE                             | AND DESIGNATED GROUPS.                                                                              |                                    |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------|--------------------------------------------------------------|----------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Name and Surname # | Identity/<br>Passport number<br>and Citizenship##                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Percentage<br>owned | Black      | Indicate if<br>youth                                         | Indicate if<br>woman | Indicate if<br>person with<br>disability | Indicate if living in<br>Rural (R) / Under<br>Developed Area (UD) /<br>Township (T) / Urban<br>(U). | Indicate if<br>military<br>veteran |
|                    | and the second s | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | OR UD TOU                                                                                           | □ Yes □ No                         |
| 2.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                   | ☐ Yes ☐ No | □ Yes □ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □ R □ UD □ T □ U                                                                                    | □ Yes □ No                         |
| 3.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               |                                                                                                     | □ Yes □ No                         |
| 4.                 | Arten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | %                   | □ Yes □ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               |                                                                                                     | ☐ Yes ☐ No                         |
| 5.                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               |                                                                                                     | □ Yes □ No                         |
| 6.                 | V Apple to the state of the sta | %                   | ☐ Yes ☐ No | □ Yes □ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □R□UD⊠T□U                                                                                           | □ Yes □ No                         |
| 7.                 | WANTED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □R □ UD □T □ U                                                                                      | □ Yes □ No                         |
| ά,                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □R □ UD □T □ U                                                                                      | ☐ Yes ☐ No                         |
| 6                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               |                                                                                                     | ☐ Yes ☐ No                         |
| 10.                | - Company (Company Company Com | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □R □ UD □T □ U                                                                                      | □ Yes □ No                         |
| -                  | - Company of the Control of the Cont | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               | □R □ UD □T □ U                                                                                      | □ Yes □ No                         |
| 12.                | - constant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | %                   | ☐ Yes ☐ No | ☐ Yes ☐ No                                                   | ☐ Yes ☐ No           | ☐ Yes ☐ No                               |                                                                                                     | ☐ Yes ☐ No                         |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |            |                                                              |                      |                                          | *                                                                                                   |                                    |

Where Owners are themselves a Company, Close Corporation, Partnership etc, identify the ownership of the Holding Company, together with Registration number State date of South African citizenship obtained (not applicable to persons bom in South Africa)

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<sup>&</sup>lt;sup>1</sup> EME: Exempted Micro Enterprise <sup>2</sup> QSE: Qualifying Small Business Enterprise



# PA- 40: DECLARATION OF DESIGNATED GROUPS FOR PREFERENTIAL PROCUREMENT

# 2. DECLARATION:

The undersigned, who warrants that he/she is duly authorized to do so on behalf of the Tenderer, hereby confirms that:

- The information and particulars contained in this Affidavit are true and correct in all respects;
- The Broad-based Black Economic Empowerment Act, 2003 (Act 53 of 2003), Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000), the Preferential Procurement Regulations, 2017, National Small Business Act 102 of 1996 as amended and all documents pertaining to this Tender were studied and understood and that the above form was completed according to the definitions and information contained in said documents;  $\alpha$ 
  - The Tenderer understands that any intentional misrepresentation or fraudulent information provided herein shall disqualify the Tenderer's offer herein, as well as any other tender offer(s) of the Tenderer simultaneously being evaluated, or will entitle the Employer to cancel any Contract resulting from the Tenderer's offer က
- The Tenderer accepts that the Employer may exercise any other remedy it may have in law and in the Contract, including a claim for damages for having to accept a less favourable tender as a result of any such disqualification due to misrepresentation or fraudulent information provided herein;
  - Any further documentary proof required by the Employer regarding the information provided herein, will be submitted to the Employer within the time period as may be set by the latter;

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| Date                   |
|------------------------|
| Signature              |
| Name of representative |