

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

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

|                             |                                 |                         |                   |
|-----------------------------|---------------------------------|-------------------------|-------------------|
| <b>Project description:</b> | <b>CABINET LEKGOTLA : 2DAYS</b> |                         |                   |
| <b>Quote no:</b>            | RFQ244A0392                     | <b>Closing date:</b>    | <b>16/01/2023</b> |
| <b>Closing time:</b>        | <b>11H00</b>                    | <b>Validity period:</b> | <b>30 days</b>    |

**Bidders who do not comply to the below criteria may be disqualified**

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Bid offer must be properly received on the bid closing date and time specified on the invitation, fully completed and signed in ink.   |
| <input checked="" type="checkbox"/> | Submission of standard bidding documents (PA-11 and PA-32)   |
| <input checked="" type="checkbox"/> | PA-16 preference points claim form in terms of the preferential procurement regulations 2017   |
| <input checked="" type="checkbox"/> | Compliance with Pre-qualification criteria for Preferential Procurement (It is compulsory to submit the certified BBBEE Certificate or a sworn affidavit in order to be considered.) |

**Only bidders who complies with the following Pre-qualification criteria for Preferential Procurement will be considered:**

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A tenderer having stipulated minimum B-BBEE status level of contributor;<br><input checked="" type="checkbox"/> <b>Level 1</b><br><b>OR</b><br><input checked="" type="checkbox"/> <b>Level 2</b> |
|-------------------------------------|---|

**Points scoring system applicable for this bid:**

|   |
|---|
| <input checked="" type="checkbox"/> 80/20 points scoring system |
|---|

**Price weighting applicable to this bid:**

|               | <b>Weighting percentage<br/>(must add up to 100 %)</b> |
|---------------|--|
| <b>Price:</b> | <b>100% of 80 points</b>                               |
| <b>Total:</b> | <b>100%</b>  |

**TAX INFORMATION**

The taxes of the successful bidder must be in order at all times. Should the department find that the tax matters are not in order; 3 days may be given to the service provider to rectify the situation, or satisfactory arrangements must be made with the Receiver of Revenue to meet the bidder's tax obligations. Written confirmation is required. Bidders who fail to meet this requirement will lead to disqualification

**PART A**  
**PA-32: INVITATION TO BID**

|  |                                 |                              |  |   |                              |
|--|---------------------------------|------------------------------|--|---|------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>   |                                 |                              |  |   |                              |
| BID NUMBER:  | RFQ244A0392                     | CLOSING DATE:                | <b>2023/01/16</b>  | CLOSING TIME:   | <b>11:00AM</b>               |
| DESCRIPTION  | <b>CABINET LEKGOTLA: 2 DAYS</b> |                              |  |   |                              |
| <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (DPW04.1 GS or DPW04.2 GS).</b>  |                                 |                              |  |   |                              |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX<br>SITUATED AT (STREET ADDRESS)   |                                 |                              |  |   |                              |
| <b>CNR MADIBA AND BOSMAN STREETS</b>   |                                 |                              |  |   |                              |
| <b>256 CENTRAL GOVERNMENT OFFICES;</b>   |                                 |                              |  |   |                              |
| <b>OR EMAILED TO:</b>  |                                 |                              |  |   |                              |
| <a href="mailto:ndpwquotations@dpw.gov.za">ndpwquotations@dpw.gov.za</a>   |                                 |                              |  |   |                              |
| <b>SUPPLIER INFORMATION</b>  |                                 |                              |  |   |                              |
| NAME OF BIDDER   |                                 |                              |  |   |                              |
| POSTAL ADDRESS   |                                 |                              |  |   |                              |
| STREET ADDRESS   |                                 |                              |  |   |                              |
| TELEPHONE NUMBER   | CODE                            |                              | NUMBER   |   |                              |
| CELLPHONE NUMBER   |                                 |                              |  |   |                              |
| FACSIMILE NUMBER   | CODE                            |                              | NUMBER   |   |                              |
| E-MAIL ADDRESS   |                                 |                              |  |   |                              |
| VAT REGISTRATION NUMBER  |                                 |                              |  |   |                              |
|  |                                 | TCS PIN:                     |  | <b>OR</b>   | CSD No:                      |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE<br>[TICK APPLICABLE BOX]  |                                 | <input type="checkbox"/> Yes |  | B-BBEE STATUS LEVEL SWORN AFFIDAVIT   | <input type="checkbox"/> Yes |
| IF YES, WHO WAS THE CERTIFICATE ISSUED BY?   |                                 | <input type="checkbox"/> No  |  |   | <input type="checkbox"/> No  |
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX   |                                 | <input type="checkbox"/>     | AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)           |   |                              |
|  |                                 | <input type="checkbox"/>     | A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS) |   |                              |
|  |                                 | <input type="checkbox"/>     | A REGISTERED AUDITOR   |   |                              |
|  |                                 |                              | NAME:  |   |                              |
| <b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT(FOR EMEs&amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b> |                                 |                              |  |   |                              |
| <b>ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?</b>   |                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | <b>ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?</b> |                              |
|  |                                 | [IF YES ENCLOSE PROOF]       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                              |
|  |                                 |                              |  | [IF YES ANSWER PART B:3 BELOW ]   |                              |
| SIGNATURE OF BIDDER  |                                 | .....                        |  | DATE  |                              |
| CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)   |                                 |                              |  |   |                              |
| TOTAL NUMBER OF ITEMS OFFERED  |                                 |                              |  | TOTAL BID PRICE (ALL APPLICABLE TAXES)  |                              |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b>   |                                 |                              | <b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b>                                   |   |                              |
| DEPARTMENT/ PUBLIC ENTITY  |                                 | PUBLIC WORKS                 | CONTACT PERSON   |   |                              |

|                  |                            |                  |                     |
|------------------|----------------------------|------------------|---------------------|
| CONTACT PERSON   | <b>Granny Ramoroka</b>     | TELEPHONE NUMBER | <b>012 406 1813</b> |
| TELEPHONE NUMBER | 012 406 1813               | FACSIMILE NUMBER |                     |
| FACSIMILE NUMBER | 086 272 8850               | E-MAIL ADDRESS   |                     |
| E-MAIL ADDRESS   | Granny.ramoroka@dpw.gov.za |                  |                     |

## PART B TERMS AND CONDITIONS FOR BIDDING

|   |   |
|---|---|
| <b>1. BID SUBMISSION:</b>   |   |
| 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.   |
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>   |   |
| 2.1   | BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.  |
| 2.2   | BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO 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.   |
| <b>3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>  |   |
| 3.1.  | IS THE BIDDER A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| 3.2.  | DOES THE BIDDER HAVE A BRANCH IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| 3.3.  | DOES THE BIDDER HAVE A PERMANENT ESTABLISHMENT IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| 3.4.  | DOES THE BIDDER HAVE ANY SOURCE OF INCOME IN THE RSA? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN, IT IS NOT A REQUIREMENT TO OBTAIN A TAX COMPLIANCE STATUS / TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE. |   |

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID. AN ORIGINAL OR CERTIFIED COPY OF THE B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE.**

**Note Well:**

- a) In respect of non VAT vendors the bidders may not increase the bid price under Section 67(1) of the Value Added Tax Act of 1991 where the relevant transaction would become subject to VAT by reason of the turnover threshold being exceeded and the bidder becomes liable for VAT.
- b) **All delivery costs must be included in the bid price, for delivery at the prescribed destination.**
- c) The price that appears on this form is the one that will be considered for acceptance as **a firm and final offer**.
- d) The grand total in the pricing schedule(s), inclusive of VAT, attached to the bid offer must correlate and be transferred to this form (PA32).
- e) Where there are inconsistencies between the grand total price offer in the pricing schedule(s) and the PA32 price offer, the price offer on the PA32 shall prevail and deemed to be firm and final. No further correspondence shall be entered into in this regard.

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

**Request for Quotation (Head Office only)**

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

Name of Tenderer .....

EME<sup>1</sup>  QSE<sup>2</sup>  Non EME/QSE (tick applicable box)

**1. LIST ALL PROPRIETORS, MEMBERS OR SHAREHOLDERS BY NAME, IDENTITY NUMBER, CITIZENSHIP AND DESIGNATED GROUPS.**

| Name and Surname # | Identity/<br>Passport<br>number<br>and<br>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                       |
|--------------------|---|---------------------|--|--|--|--|--|--|
| 1.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.                 |   | %                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> R <input type="checkbox"/> UD <input type="checkbox"/> T <input type="checkbox"/> U | <input type="checkbox"/> Yes <input type="checkbox"/> 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 born in South Africa )

<sup>1</sup> EME: Exempted Micro Enterprise

<sup>2</sup> QSE: Qualifying Small Business Enterprise

## Request for Quotation (Head Office only)

### 2. DECLARATION:

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

- 1 The information and particulars contained in this Affidavit are true and correct in all respects;
- 2 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;
- 3 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 herein;
- 4 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;
- 5 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;

### Signed by the Tenderer

|                               |                  |             |
|-------------------------------|------------------|-------------|
|                               |                  |             |
| <b>Name of representative</b> | <b>Signature</b> | <b>Date</b> |

---

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