



**SOL PLAATJE LOCAL MUNICIPALITY**

**INVITATION FOR QUOTATIONS**

**LATE SUBMISSION OF BIDS WILL NOT BE ACCEPTED.**

|                                                                                                         |                                                                                                                                       |                                                  |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>QUOTATION NUMBER:</b>                                                                                | <b>Q010/2025/2026</b>                                                                                                                 |                                                  |
| <b>DESCRIPTION:</b>                                                                                     | <b>SUPPLY AND DELIVERY OF MOTIF LIGHTS</b>                                                                                            |                                                  |
| <b>THE OFFER CONTAINS</b>                                                                               | MQD1, MQD 2, MQD 3.1, MQD 4, listing criteria, MQD6, MQD 6.1, MQD 6.2 (if applicable) MQD 8, MQD 9 and General Conditions of Contract |                                                  |
| NAME OF BIDDER                                                                                          |                                                                                                                                       |                                                  |
| Email address and telephone number                                                                      |                                                                                                                                       |                                                  |
| PHYSICAL TRADING OFFICE ADDRESS                                                                         |                                                                                                                                       |                                                  |
| <b>SCOA BUDGET VOTE NO</b>                                                                              |                                                                                                                                       | <b>27 22 23 23 63 5 RAT OU ZZ WM</b>             |
| PREPARED FOR: <b>S. Mathebula</b><br>SOL PLAATJE MUNICIPALITY<br>PRIVATE BAG X5030<br>KIMBERLEY<br>8300 |                                                                                                                                       | PREPARED BY: B. Nkoe<br><br>DATE: 20 August 2025 |
| CLOSING DATE: <b>28 August 2025</b>                                                                     |                                                                                                                                       | TIME: <b>10:00</b>                               |

**SOL PLAATJE LOCAL MUNICIPALITY**

**INVITATION OF QUOTATION FOR GOODS AND SERVICES  
ABOVE R30 000 BUT NOT EXCEEDING R300 000**

**Q010/2025/2026 – SUPPLY AND DELIVERY OF MOTIF LIGHTS**

|                |                  |
|----------------|------------------|
| Directorate    | SEDP             |
| Section        | LED              |
| Contact person | Sobuza Mathebula |
| Telephone      | 053 830 6474     |
| Date           | 07/08/2025       |
| Reference No   | Q010/2025/2026   |

*Documents are obtainable from:  
SCM Contract Department, Abattoir Road, Stores Complex (Opposite Security), Kimberley  
Telephone: 053 830 6180 or*

*One complete set of documents is available to download from <http://www.solplaatje.org.za> at no cost.*

**ANY QUOTE WILL NOT NECESSARILY BE ACCEPTED AND THE COUNCIL RESERVES  
THE RIGHT TO ACCEPT THE WHOLE OR ANY PART OF ANY QUOTE**

**QUOTATIONS SUBMITTED WILL ONLY BE CONSIDERED IF THE BIDDER HAS BEEN APPROVED ON  
THE CENTRAL SUPPLIER DATABASE (CSD) NATIONAL TREASURY'S WEBSITE ([www.csd.gov.za](http://www.csd.gov.za)).  
COMPLETE AND SUBMIT ALL DOCUMENTS AS PER THIS QUOTATION DOCUMENT INCLUDING  
LISTING CRITERIA, MQD DOCUMENT IN THE ATTACHED DOCUMENT AND THE BIDDER MUST  
COMPLY WITH THE REQUIREMENTS OF THE SPECIFICATIONS.**

**GENERAL CONDITIONS**

***Quotations must be submitted using this official quotation form.***

## SOL PLAATJE LOCAL MUNICIPALITY

**THE FOLLOWING PARTICULARS MUST BE FURNISHED**  
**YOU ARE HEREBY INVITED TO BID FOR THE REQUIREMENTS OF THE SOL PLAATJE MUNICIPALITY**

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                       |                  |              |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|------------------|--------------|
| BID NUMBER:                                                                                         | <b>Q010/2025/2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLOSING<br>DATE: | <b>28 August 2025</b> | CLOSING<br>TIME: | <b>10H00</b> |
| DESCRIPTION                                                                                         | <b>SUPPLY AND DELIVERY OF MOTIF LIGHTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                       |                  |              |
|                                                                                                     | <p>One complete set of document is available at <a href="http://www.etenders.gov.za">http://www.etenders.gov.za</a> or <a href="http://www.solplaatje.org.za">http://www.solplaatje.org.za</a> at no cost.</p> <p>The services shall commence on the date of signing the contract, and for once-off henceforth, with an option to extend as may be agreed upon by both parties upon expiry.</p> <p>Payment must be made at the cashiers on a "NO 10 deposit slip" using the following mSCOA vote no<br/> <div style="background-color: #92d050; padding: 2px; display: inline-block;">28562323643WWCMSZZWM</div></p> |                  |                       |                  |              |
| <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT - FORM (MBD7).</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                       |                  |              |

**BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT**  
**SOL PLAATJE MUNICIPALITY**

SCM UNIT – CONTRACTS DEPARTMENT, MUNICIPAL STORES COMPLEX

ABATTOIR ROAD, ASHBURNHAM

KIMBERLEY

8301

### SUPPLIER INFORMATION

|                          |      |  |        |  |  |
|--------------------------|------|--|--------|--|--|
| NAME OF BIDDER           |      |  |        |  |  |
| POSTAL ADDRESS           |      |  |        |  |  |
| PHYSICAL TRADING ADDRESS |      |  |        |  |  |
| TELEPHONE NUMBER         |      |  | NUMBER |  |  |
| CELLPHONE NUMBER         |      |  |        |  |  |
| FACSIMILE NUMBER         | CODE |  | NUMBER |  |  |
| E-MAIL ADDRESS           |      |  |        |  |  |
| VAT REGISTRATION NUMBER  |      |  |        |  |  |

|                                                                    |                                                             |  |                                              |                                                             |  |
|--------------------------------------------------------------------|-------------------------------------------------------------|--|----------------------------------------------|-------------------------------------------------------------|--|
| TAX COMPLIANCE STATUS                                              | TCS PIN:                                                    |  | <b>AND</b>                                   | CSD No:                                                     |  |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX] | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | B-BBEE STATUS LEVEL ORIGINAL SWORN AFFIDAVIT | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

**B-BBEE CERTIFICATE / SWORN AFFIDAVIT (FOR EMES & QSEs) / MEDICAL CERTIFICATE/ MUNICIPAL ACCOUNT OR LEASE AGREEMENT / CSD MUST BE SUBMITTED IN ORDER QUALIFY FOR SPECIFIC GOALS POINTS]**

In line with the Preferential Procurement Regulation of 2022 and SPM Preferential Procurement Policy, the following Specific Goals is applicable:

**Women – as a specific goal**

| 80/20 equal to or below R50 million<br>90/10 above R50 million |           |           |
|----------------------------------------------------------------|-----------|-----------|
| Women                                                          |           |           |
| % Women                                                        | 80/20     | 90/10     |
| <51%                                                           | 2         | 1         |
| >51% <100%                                                     | 4         | 3         |
| 100%                                                           | 20        | 10        |
| Total Points                                                   | <b>20</b> | <b>10</b> |

Objective Criteria (**Section 2(1)(f) of the PPPFA**) - In terms of **section 2(1)(f) of the Preferential Procurement Policy Framework Act**, the Municipality reserves the right not to award the bid to the highest scoring bidder if objective criteria justify such decision. These criteria may include, but are not limited to:

- Proven poor performance on previous municipal contracts
- Failure to deliver on similar projects
- Unresolved disputes or litigation with the Municipality
- Performance concerns confirmed by project managers or end-user departments

Companies or bidders bidding as **Joint venture must** include **the following**:

- Joint Venture Agreement** (must clearly stipulate the name of the lead partner)
- Tax compliance status pin for Joint Venture**
- VAT number for Joint Venture**
- CSD report for Joint Venture**
- Bank Account for Joint Venture**
- Separate Municipal accounts for both Companies/Valid lease agreement**
- MBD 4,8 & 9 must** be completed respectively by both parties and submitted as part of the bid document

|                                                                                               |                                                                                       |                                                                          |                                                                                           |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF] | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>[IF YES, ANSWER PART B:3 ] |
| TOTAL NUMBER OF ITEMS OFFERED                                                                 |                                                                                       | TOTAL BID PRICE                                                          | R                                                                                         |
| SIGNATURE OF BIDDER                                                                           |                                                                                       | DATE                                                                     |                                                                                           |
| CAPACITY UNDER WHICH THIS BID IS SIGNED                                                       |                                                                                       |                                                                          |                                                                                           |
| SIGNATURE OF WITNESS NO 1                                                                     | NAME PRINT                                                                            |                                                                          |                                                                                           |
| SIGNATURE OF WITNESS NO 2                                                                     | NAME PRINT                                                                            |                                                                          |                                                                                           |
| BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:                                               |                                                                                       | TECHNICAL INFORMATION MAY BE DIRECTED TO:                                |                                                                                           |
| DEPARTMENT                                                                                    | Supply Chain                                                                          | LED                                                                      |                                                                                           |
| CONTACT PERSON                                                                                | Mrs B Nkoe                                                                            | Mr. Sobuza Mathebula                                                     |                                                                                           |
| TELEPHONE NUMBER                                                                              | 6172/6180                                                                             | 053 830 6474                                                             |                                                                                           |
| E-MAIL ADDRESS                                                                                | bnkoe@solplaatje.org.za                                                               | smathebula@solplaatje.org.za                                             |                                                                                           |

# INVITATION TO QUOTATION BID

## PART A

### INVITATION TO QUOTATION BID

## PART B

### TERMS AND PRE-CONDITIONS FOR BIDDING

- (1) NO BIDS WILL BE CONSIDERED FROM BIDDERS WHO ARE NOT REGISTERED ON THE CENTRAL SUPPLIERS DATABASE (CSD) ON THE NATIONAL TREASURY WEBSITE [www.csd.gov.za](http://www.csd.gov.za)
- (2) THE LISTING CRITERIA MUST BE COMPLETED IN THE DOCUMENT
- (3) NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE

#### 1. BID SUBMISSION:

- 1.1. Bids must be delivered by the stipulated time to the correct address. **Late bids will not be accepted.**
- 1.2 All bids must be submitted on the official forms provided. Bidders who have purchased the bid documents from the Municipality MUST include the proof of such purchase by including a copy of the receipt with the original bid document.
- 1.3 This bid is subject to the Preferential Procurement Regulations 2022, SPM Preferential Procurement Policy, SCM Policy General Conditions of Contract (GCC) and, if applicable, any other special conditions of contract.
- 1.4 **No correction tape or fluid** may to be used on the tender document. Any errors made should be neatly crossed out and initialled by the bidder
- 1.5 All prices **must** include value added tax, bid prices excluding value added tax may not be considered. **Please attach all annexures on the pages as indicated in the bid document**

1.4

#### 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 Municipality to view the taxpayer's profile and tax status.
- 2.3 Application for the tax compliance status (TCS) pin may be made via e-filing through the SARS website [www.sars.gov.za](http://www.sars.gov.za).
- 2.4 Foreign suppliers must complete the pre-award questionnaire in Part B Paragraph 5.
- 2.5 In bids where consortia / joint ventures / sub-contractors are involved each party must submit a separate TCS certificate / pin / CSD number.
- 2.6 All Bidders must be **SARS COMPLIANT** on Central Suppliers Database (CSD) and **A CURRENT PROOF** of compliancy and a **TAX COMPLIANCE STATUS CERTIFICATE** must be submitted with the Tender document on closing date.  
  
Bidders are required to submit their detailed the current Central Suppliers Database (CSD) registration report (NOT the summary report) together with the bid document.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>3. MUNICIPAL ACCOUNTS/ PHYSICAL TRADING ADDRESS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <ul style="list-style-type: none"> <li>Copies of all municipal accounts, not older than 3 months or 90 days to be submitted with the bid.</li> <li>If the entity or any of its directors/shareholders /partners/members, etc. rents/leases premises a copy of the rental/lease agreement must be submitted with this bid.</li> <li>In cases where bidders use a lease premise for conducting their business, a valid lease agreement signed by both parties, which clearly stipulated who is responsible for municipal services, rates and taxes must be attached to the bid document.</li> <li>If the lessee (Bidder) is responsible for municipal services, municipal account or tax invoice of the leased premises that is not in arrears must be submitted.</li> </ul> <p><b>NB:</b> It is the responsibility of bidders to visit the municipal website in order to obtain details of successful/ unsuccessful information within 120 days after closure of bid. The municipal website is <a href="http://www.solplaatje.org.za">www.solplaatje.org.za</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| <b>4. COMPULSORY CLARIFICATION MEETINGS/ CIDB GRADINGS (IF APPLICABLE) N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| <b>4.1 LOCAL CONTENT: N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
| <b>4.2 A BRIEFING SESSION: N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| <b>4.3 CIDB: N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| <b>5. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| 5.1 IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5.2 DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5.3 DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5.4 DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5.5 IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p><b>IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |
| <p><b>In terms of section 13 of the Municipal Supply Chain Management Regulations No. 27636 of 30 May 2005, the Municipal Manager shall reject all bids that do not comply with the following preconditions:</b></p> <ol style="list-style-type: none"> <li>Bidders that have not furnished the Municipality with his/her full names, identification number or company or other registration number and tax reference number and vat registration number, if any.</li> <li>Bidders that have not submitted a valid tax clearance certificate from SARS or provided their tax compliance status pin number</li> <li>Bidders that have not indicated: - <ol style="list-style-type: none"> <li>Whether he/she is in the service of the state or has been in the service of the state in the previous twelve months;</li> <li>If the bidder is not a natural person, whether any of its directors, managers, principal shareholders, or stakeholder is in the service of the state or has been in the service of the state in the previous twelve months, or</li> <li>Whether a spouse, child, or parent of the bidder or of a director, manager, shareholders, or stakeholder in the previous twelve months.</li> </ol> </li> <li>Any special conditions as contained in the bid documents.</li> </ol> <p><b>Bidders scoring the highest points or any bid will not necessarily be accepted, and the Municipality reserves the right to Sub-divide the contract and accept any portion of any bid, or determine a multiple award.</b></p> |                                                          |

Bids will be evaluated in terms of the approved point system (80/20) 80 points for price and 20 for specific goals or (90/10) 90 points and 10 for specific goals. Tender validity period should be for 120 days.

**NO BIDS by FAX or by E-MAIL WILL BE ACCEPTED.**

Sealed bids must be clearly marked with the following bid number and description:

CONTRACT NUMBER: **Q010/2025/2026**

DESCRIPTION: **SUPPLY AND DELIVERY OF MOTIF LIGHTS**

DROP AT THE TENDER BOX (OPPOSITE SECURITY)

ADDRESSED TO: THE MUNICIPAL MANAGER

MUNICIPAL STORES COMPLEX

ABATTOIR ROAD

ASHBURNHAM

Kimberley

**Closing date 28 August 2025 Time 10H00**

**IT IS THE PROSPECTIVE BIDDERS RESPONSIBILITY TO OBTAIN BID DOCUMENTS IN TIME TO ENSURE THAT RESPONSES REACH SPM, TIMEOUSLY. THE MUNICIPALITY SHALL NOT BE HELD RESPONSIBLE FOR DELAYS IN THE POSTAL/ COURIER SERVICES.**

**Bids will be opened in public in the SCM OFFICES, STORES COMPLEX, ABATTOIR ROAD, Kimberley, immediately after closing time and date.**

INVITATION FROM: MUNICIPAL MANAGER  
CIVIC OFFICES, SOL PLAATJE DRIVE  
PRIVATE BAG X5030  
KIMBERLEY, 8300

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

SIGNATURE OF BIDDER: \_\_\_\_\_

CAPACITY UNDER WHICH THIS BID IS SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_



## Certificate of Attendance of Clarification Meeting on Site (if applicable)

NOTE: If the attendance register was signed at the clarification meeting held at the SCM Boardroom, the name of the signatory shall be inserted on this page and the authorized signatory shall sign this page.

***If attendance register has been signed at the clarification meeting:***

Name of person appearing on attendance register:

\_\_\_\_\_

Representative organization name on attendance register:

\_\_\_\_\_

***If the attendance register has not been signed at the clarification meeting.***

This is to certify that I, \_\_\_\_\_

representative of (Tenderer) \_\_\_\_\_

of (address) \_\_\_\_\_

\_\_\_\_\_

telephone number \_\_\_\_\_

e-mail \_\_\_\_\_

attended the bid clarification meeting (date) \_\_\_\_\_

in the company of (Employer's Line Manager / Engineer's representative) \_\_\_\_\_

EMPLOYER'S LINE MANAGER / ENGINEER'S REPRESENTATIVE: \_\_\_\_\_

THE FOLLOWING PARTICULARS MUST BE FURNISHED  
(FAILURE TO DO SO MAY RESULT IN YOUR BID BEING DISQUALIFIED)

NAME OF BIDDER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER CODE \_\_\_\_\_ NUMBER \_\_\_\_\_

CELLPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FACSIMILE NUMBER CODE \_\_\_\_\_ NUMBER \_\_\_\_\_

VAT REGISTRATION NUMBER \_\_\_\_\_

HAS A VALID TAX COMPLIANCE STATUS PIN CERTIFICATE BEEN ATTACHED OR PROVIDED THEIR TAX COMPLIANCE STATUS PIN NUMBER?

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (MBD 6.1)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

IF YES, WHO WAS THE CERTIFICATE ISSUED BY?

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)

☐

A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN NATIONAL ACCREDITATION SYSTEM (SANAS)

☐

A REGISTERED AUDITOR

(Tick applicable box)

**(A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE) ARE YOU THE ACCREDITED REPRESENTATIVE?**

IN SOUTH AFRICA FOR THE GOODS/SERVICES/WORKS OFFERED?  
(IF YES ENCLOSE PROOF)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

SIGNATURE OF BIDDER \_\_\_\_\_

DATE \_\_\_\_\_

CAPACITY UNDER WHICH THIS BID IS SIGNED \_\_\_\_\_

TOTAL NUMBER OF ITEMS OFFERED \_\_\_\_\_

ATTACH VALID JOINT VENTURE AGREEMENT HERE (if applicable)

**MQD 2**

ATTACH TAX COMPLIANCE STATUS PIN CERTIFICATE

ATTACH MUNICIPALITY ACCOUNT 90 DAYS AND OR VALID LEASE  
AGREEMENT HERE

|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                |                                           |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>Sol Plaatje Municipality</b><br> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SOL PLAATJE MUNICIPALITY, KIMBERLEY</b><br><b>**MANDATORY** LISTING CRITERIA</b> |                                                |                                           |
| CENTRAL SUPPLIER DATABASE REGISTRATION NUMBER (CSD): _____                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                |                                           |
| 1                                                                                                                    | Company name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                |                                           |
| 2                                                                                                                    | Contact details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone Number: _____                                                             | Fax Number: _____                              | Cell phone number: _____                  |
|                                                                                                                      | Email address _____<br>Contact person: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                               |                                                |                                           |
| 3                                                                                                                    | Postal Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                |                                           |
| 4                                                                                                                    | VAT registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes <input type="checkbox"/>                                                        | No <input type="checkbox"/>                    | If registered, VAT Registration No: _____ |
| 5                                                                                                                    | Settlement discount allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____ %                                                                             | For payment within                             | _____ days                                |
| 6                                                                                                                    | Bank account details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Account No.: _____                                                                  |                                                | Branch No.: _____                         |
|                                                                                                                      | Bank Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                               |                                                |                                           |
|                                                                                                                      | Branch Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                               |                                                |                                           |
|                                                                                                                      | Bank account type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                               |                                                |                                           |
| 7                                                                                                                    | Business Municipal Rates and Service Account Number: _____<br>** A current (30 days) account, or Lease Agreement in the case of a Landlord responsible for account, <b>must be</b> attached to this document **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | _____                                          |                                           |
| 8                                                                                                                    | Located in Sol Plaatje Municipal Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Yes <input type="checkbox"/>                   | No <input type="checkbox"/>               |
| 9                                                                                                                    | % owned by black male: _____ %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | % owned by black female: _____ %               |                                           |
|                                                                                                                      | % owned by black youth: _____ %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | % owned by white female: _____ %               |                                           |
|                                                                                                                      | % owned by disabled persons: _____ %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                           |
| 10                                                                                                                   | B-BBEE status level of contribution: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                |                                           |
| 11                                                                                                                   | Indicate main sector. Please select one (1) only:<br>Catering and Accommodation <input type="checkbox"/> Cleaning material <input type="checkbox"/> Commercial agents (Doctors, Lawyers, Audit firm, booking keeping, Pharmacy, Post,) <input type="checkbox"/> Communication and media, Construction- Building material and road works <input type="checkbox"/> Electrical services- gas/ Aircon, transformers, cables, poles <input type="checkbox"/> Funeral Parlour <input type="checkbox"/> Gardening services- Lawnmower <input type="checkbox"/> Florist <input type="checkbox"/> Information technology (IT services, system, telecommunication <input type="checkbox"/> Office equipment <input type="checkbox"/> Plant hire <input type="checkbox"/> PPE- mask, sanitizer, safety equipment <input type="checkbox"/> Repairs, motor parts and retail (accredited agency) <input type="checkbox"/> Stationery <input type="checkbox"/> Supplier of pumps, pipes, steel and maintenance or installation, and irrigation system <input type="checkbox"/> Training services e.g. workshops <input type="checkbox"/> Transportation (car rental, flight, and buses and driving school <input type="checkbox"/> Uniform <input type="checkbox"/> Security services <input type="checkbox"/> |                                                                                     |                                                |                                           |
| 12                                                                                                                   | Amount full time employed staff: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Annual Turnover: R _____                                                            | Asset Value (Excluding fixed property) R _____ |                                           |
| 13                                                                                                                   | It is the responsibility of the Supplier/Bidder to inform Sol Plaatje Municipality of any changes during the contract period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                |                                           |
|                                                                                                                      | NAME (PRINT) _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                |                                           |
|                                                                                                                      | CAPACITY: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                |                                           |
|                                                                                                                      | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                |                                           |
|                                                                                                                      | WITNESS (NAME): _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                |                                           |
|                                                                                                                      | DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                |                                           |

ATTACH **CSD** REPORT REGISTRATION HERE

**SOL PLAATJE LOCAL MUNICIPALITY****Q010/2025/2026 – SUPPLY AND DELIVERY OF MOTIF LIGHTS**

NB. PRICES MUST HOLD GOOD FOR AT LEAST 1 MONTH (30 days) as from CLOSING DATE.

- THIS BID WILL NOT BE CONSIDERED IF THIS PAGE IS NOT FULLY COMPLETED.
- PRICES ALTERED BY MEANS OF CORRECTION FLUID WILL NOT BE CONSIDERED
- THE QUOTE WILL BE EVALUATED ON THE TOTAL PRICE AND NOT PER LINE ITEM
- ANY QUOTE WILL NOT NECESSARILY BE ACCEPTED AND THE COUNCIL RESERVES THE RIGHT TO ACCEPT THE WHOLE OR ANY PART OF THE QUOTE.

**Pricing Schedule**

| No#                        | Item                                                    | Quantity | Total Amount |
|----------------------------|---------------------------------------------------------|----------|--------------|
| 1.                         | Santa Face 1230mm x 1110mm                              | 5        | R            |
| 2.                         | Firework Stars 2000mm x 1000mm                          | 5        | R            |
| 3.                         | Happy Santa 1200 2000mm x 1000mm                        | 5        | R            |
| 4.                         | Bell Sled 1100mm x 1500mm                               | 5        | R            |
| 5.                         | Reindeer 1200mm x 1500mm                                | 5        | R            |
| 6.                         | Décor Star 2000mm x 1000mm                              | 5        | R            |
| 7.                         | Father Christmas MG 2000mm x 1000mm                     | 5        | R            |
| 8.                         | Lantern 150w x 150h 2000mm x 1000mm                     | 5        | R            |
| 9.                         | Father Christmas & Sleigh 190w x 170h – 2000mm x 1000mm | 5        | R            |
| 10.                        | Balloons 100w x 150h – 2000mm x 1000mm                  | 3        | R            |
| 11.                        | Candle 100w x 140h – 2000mm x 1000mm                    | 2        | R            |
| Total Amount Including VAT |                                                         |          | R            |

**NB: THE SUCCESSFUL BIDDER MUST DELIVER THE MOTIF LIGHTS TO THE MUNICIPALITY WITHIN 2 WEEKS AFTER RECEIVING AN OFFICIAL ORDER.**

**THE SUCCESSFUL BIDDER IS REQUIRED TO DELIVER A TOTAL OF 50 MOTIF LIGHTS.**



N.B: This form must be signed by the bidder and witnessed. Removal of any of the details from the tender documents may disqualify the tender.

Bids MUST comply with the following Special conditions of Contract where applicable:

○ **Period required for delivery** \_\_\_\_\_ **days**

○ **Completion of Project** \_\_\_\_\_ **weeks**

○ Does the offer comply with the specification(s)?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

○ Delivery basis

|     |    |
|-----|----|
| YES | NO |
|-----|----|

○ Settlement Discount Allowed

○ \_\_\_\_\_ % 30 days

○ \_\_\_\_\_ % 15 days

○ Value added Tax as well as Delivery Costs to the Municipal Stores must be included in ALL PRICES

\_\_\_\_\_  
**BIDDER SIGNATURE**

\_\_\_\_\_  
**DATE:**

## DECLARATION OF INTEREST

**BIDDERS WHO FAIL TO DECLARE ACCURATELY AND HONESTLY SHALL BE DISQUALIFIED. SHOULD YOUR INTEREST BE DISCOVERED AFTER THE AWARD OF THE CONTRACT THE MUNICIPALITY SHALL TERMINATE YOUR CONTRACT ON THE BASIS OF THE ABOVE.**

1. No bid will be accepted from persons in the service of the State<sup>1</sup>. (Employed by the State)
2. Any person, having a kinship with persons in the service of the State (Employed by the State), including a blood relative, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating / adjudicating authority.
3. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name of bidder or his or her representative: \_\_\_\_\_

3.2 Identity Number: \_\_\_\_\_

3.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>) \_\_\_\_\_

3.4 Company Registration Number: \_\_\_\_\_

3.5 Tax Reference Number: \_\_\_\_\_

3.6 VAT Registration Number: \_\_\_\_\_

3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the State? (**Employee of the State**)?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

3.8.1 If yes, furnish particulars \_\_\_\_\_

<sup>1</sup>MSCM Regulations: "in the service of the State" means to be –

- (a) a member of –
  - (i) any municipal council;
  - (ii) any provincial legislature; or
  - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

<sup>2</sup> Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9 Have you been in the service of the State (employee of the State) for the past twelve months?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

3.9.1 If yes, furnish particulars

---



---

3.10 Do you have any relationship (family, friend, other) with persons in the service of the State (employed by the State) and who may be involved with the evaluation and or adjudication of this bid?

**YES / NO**

3.10.1 If yes, furnish particulars.

---



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3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the State (employed by the State) who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.11.1 If yes, furnish particulars

---



---

3.12 Are any of the company's directors, trustees, managers, principle shareholders or stakeholders in the service of the State (employed by the State)?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

3.12.1 If yes, furnish particulars.

---



---

3.13 ARE ANY **SPOUSE, CHILD OR PARENT** OF THE COMPANY'S DIRECTORS, TRUSTEES, MANAGERS, PRINCIPLE SHAREHOLDERS OR STAKEHOLDERS IN THE SERVICE OF THE STATE (EMPLOYED BY THE STATE)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

3.13.1 If yes, furnish particulars

---



---

- 3.14 DO YOU OR ANY OF THE **DIRECTORS, TRUSTEES, MANAGERS, PRINCIPAL SHAREHOLDERS, OR STAKEHOLDERS** OF THIS COMPANY HAVE ANY INTEREST IN ANY OTHER RELATED COMPANIES OR BUSINESS WHETHER OR NOT THEY ARE BIDDING FOR THIS CONTRACT.

YES NO

3.14.1 If yes, provide information of other companies as reflected on CSD report:

DISCLOSE THE INFORMATION OF THE OTHER COMPANIES IN THE BELOW TABLE.

| No# | Name of Director | Company name | CSD Number |
|-----|------------------|--------------|------------|
| 1.  |                  |              |            |
| 2.  |                  |              |            |
| 3.  |                  |              |            |
| 4.  |                  |              |            |
| 5.  |                  |              |            |
| 6.  |                  |              |            |

4. Full details of directors / trustees / members / shareholders.

| Full Name | Identity Number | State Employee Number |
|-----------|-----------------|-----------------------|
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |

#### DECLARATION

I, THE UNDERSIGNED (NAME) \_\_\_\_\_

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

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF THE CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
(Print) Name of bidder

**THE MBD4 IS MANDATORY MUST BE COMPLETED AND SIGNED BY THE BIDDER**

**BIDDER MUST UPDATE MBD 4 DOCUMENT ANNUALLY IN LINE WITH SCM POLICY**

## MQD 6.1

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

#### 1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- 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 To be completed by the organ of state

*(delete whichever is not applicable for this tender).*

- a) The applicable preference point system for this tender is the **80/20** preference point system.
- b) The **80/20 preference point system** will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

#### 1.4 To be completed by the organ of state:

The maximum points for this tender are allocated as follows:

|                                           | POINTS |
|-------------------------------------------|--------|
| PRICE                                     | 80     |
| SPECIFIC GOALS                            | 20     |
| Total points for Price and SPECIFIC GOALS | 100    |

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is

adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\ \\ \mathbf{Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)} & \mathbf{or} & \mathbf{Ps = 90 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)} \end{array}$$

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmin = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\ \\ \mathbf{Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)} & \mathbf{or} & \mathbf{Ps = 90 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)} \end{array}$$

Where

- Ps = Points scored for price of tender under consideration  
 Pt = Price of tender under consideration  
 Pmax = Price of highest acceptable tender

#### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

**(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.**

**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)**

| The specific goals allocated points in terms of this tender | Number of points allocated (80/20 system) (To be completed by the organ of state) | Number of points claimed (80/20 system) (To be completed by the tenderer) |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| % Women                                                     | 80/20                                                                             |                                                                           |
| <51%                                                        | 2                                                                                 |                                                                           |
| >51% <100%                                                  | 4                                                                                 |                                                                           |
| 100%                                                        | 20                                                                                |                                                                           |
| Total Points                                                | 20                                                                                |                                                                           |
|                                                             |                                                                                   |                                                                           |

## DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number: .....

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution, if deemed necessary.



.....  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

.....

.....

.....

ATTACHED CERTIFIED COPY OF THE B-BBEE / SWORN AFFIDAVIT CERTIFICATE, CSD.

## MQD 6.1.1

What are the other firms' principal business activities? \_\_\_\_\_

Describe all property agreements relating to facilities shared:

\_\_\_\_\_

| FACILITY | MONTHLY | RENTAL | AMOUNT | OWNER | AGREEMENT<br>VERBAL/WRITTEN |
|----------|---------|--------|--------|-------|-----------------------------|
|          |         |        |        |       |                             |
|          |         |        |        |       |                             |
|          |         |        |        |       |                             |
|          |         |        |        |       |                             |

(F) Did the firm exist under a previous name? (✓ tick one box)

Yes

☐

No

☐

If yes, what was its previous name and who were the owners/ partners/directors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(G) Identify any owner or shareholder who has membership interest, or is an employee of, or has duties in another business enterprise, which has also tendered for this contract.

| OWNER/<br>SHAREHOLDER | NAME & ADDRESS<br>OF OTHER FIRM | TITLE IN OTHER<br>FIRM | %<br>OWNERSHIP | TYPE OF BUSINESS<br>OF OTHER FIRM |
|-----------------------|---------------------------------|------------------------|----------------|-----------------------------------|
|                       |                                 |                        |                |                                   |
|                       |                                 |                        |                |                                   |
|                       |                                 |                        |                |                                   |
|                       |                                 |                        |                |                                   |

(H) Is this a joint venture contract? (✓ tick one box)

Yes

☐

No

☐

If yes, describe the joint venture (with what firm and value of work)

\_\_\_\_\_  
\_\_\_\_\_

## MQD 6.1.1

The undersigned, who warrants that he/she is duly authorised to do so on behalf of the firm, affirms that:

- (i) the information furnished is true and correct;
- (ii) no part of this contract, other than stated at the time of bid or application, will be subcontracted to other parties.
- (iii) the signatory to the bid document is duly authorised thereto;
- (iv) documentary proof regarding any bidding issues will, when required, be submitted to the satisfaction of the Municipality.
- (v) Upon detecting any false claim or statement will result in the de-registration and the bidder will be prevented from participating in future contracts for a period of three (3) years.

**N.B: THE MBD 6.1.1 IS MANDATORY MUST BE COMPLETED AND SIGNED BY THE BIDDER AND WITNESSES**

SIGNATURE: \_\_\_\_\_

NAME: (PRINT) \_\_\_\_\_

DULY AUTHORISED TO SIGN ON BEHALF OF \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS (1) \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

WITNESS (2) \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

## DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

### Penalty: -

**Upon detecting any false claim or statement hereunder will result in the bidder's de-registration and the bidder will be prevented from participation in future contracts for a period of three (3) years.**

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system; or
  - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

| Item  | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                             | No                             |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 4.1   | Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector?<br><br><b>(Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).</b>                                                                                                                | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.1.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |
| 4.2   | Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?<br><b>To access this Register enter the National Treasury's website, <a href="http://www.treasury.gov.za">www.treasury.gov.za</a>, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.</b> | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.2.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |
| 4.3   | Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?                                                                                                                                                                                                                                                                                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.3.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |
| 4.4   | Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?                                                                                                                                                                                                                                                                                                                | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.4.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                |

## CERTIFICATION

I, THE UNDERSIGNED (FULL NAME) \_\_\_\_\_

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

**N.B: THE MBD 8 IS MANDATORY MUST BE COMPLETED AND SIGNED BY THE BIDDER AND WITNESSES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Bidder

I confirm that I am duly authorized to sign this contract.

NAME (PRINT) \_\_\_\_\_

CAPACITY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME OF FIRM \_\_\_\_\_

DATE \_\_\_\_\_

**WITNESSES**

1 \_\_\_\_\_

Name Print \_\_\_\_\_

2 \_\_\_\_\_

Name Print \_\_\_\_\_

# CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Municipal Bidding Document (MBD) must form part of all bids 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). 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 MBD 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 (MBD 9) must be completed and submitted with the bid:

**Includes price quotations, advertised competitive bids, limited bids and proposals.**

**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

I, the undersigned, in submitting the accompanying bid:

---

(Bid Ref Number and Description)

in response to the invitation for the bid made by:

---

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, 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 consortium 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.

**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.**

10. 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.

11. **N.B: THE MBD 9 IS MANDATORY MUST BE COMPLETED AND SIGNED BY THE BIDDER AND WITNESSES.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Bidder (print)

WITNESS (1) \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

WITNESS (2) \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

ATTACH ALL ADDITIONAL ANNEXURES HERE AS PER **SPECIFIC GOALS**