

# THEMBISILE HANI LOCAL MUNICIPALITY

## T2.1 LIST OF RETURNABLE DOCUMENTS

1. Failure to fully complete the **compulsory** returnable documents shall render such a tender offer unresponsive.
2. Tenderers shall note that their signatures appended to each returnable form **represents a declaration that they vouch for the accuracy and correctness of the information provided**, including the information provided by candidates proposed for the specified key positions.
3. Notwithstanding any check or audit conducted by or on behalf of the Employer, the information provided in the returnable documents is accepted in good faith and as justification for entering into a contract with a tenderer. **If subsequently any information is found to be incorrect such discovery shall be taken as wilful misrepresentation by that tenderer to induce the contract.** In such event the Employer has the discretionary right under contract condition 8.4 to terminate the contract.

The Tenderer must complete the following returnable Schedules:

### Returnable Schedules required for Tender evaluation purposes

| COMPULSORY BID DOCUMENTS |                                                                     |
|--------------------------|---------------------------------------------------------------------|
| PART-A                   | INVITATION TO BID                                                   |
| PART-B                   | TERMS AND CONDITIONS FOR BIDDING                                    |
| FORM-A2                  | COMPULSORY ENTERPRISE QUESTIONNAIRE FOR CONSORTIA OR JOINT VENTURES |
| FORM B                   | DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES      |
| FORM C                   | DECLARATION OF INTEREST                                             |
| FORM D                   | AUTHORITY OF SIGNATORY                                              |
| FORM E                   | DECLARATION OF GOOD STANDING REGARDING TAX                          |
| FORM F                   | FINANCIAL REFERENCES /TENDERER'S CREDIT RATING AND BANK DETAILS     |
| FORM G                   | MUNICIPAL UTILITY ACCOUNT                                           |
| FORM H                   | PREFERENCE SCHEDULE                                                 |
| FORM I                   | DECLARATION FOR LOCAL PRODUCTION AND CONTENT FOR DESIGNATED SECTOR  |
| FORM J                   | CERTIFICATE OF INDEPENDENT BID DETERMINATION                        |
| FORM K                   | DECLARATION TENDERER'S LITIGATION HISTORY                           |
| FORM L                   | TENDERER'S PROJECT STRUCTURE                                        |
| FORM M                   | SCHEDULE OF PREVIOUS EXPERIENCE                                     |
| FORM N                   | SCHEDULE OF CURRENT PROJECTS                                        |
| FORM O                   | SCHEDULE OF INFRASTRUCTURE AND RESOURCES                            |
| FORM P                   | SCHEDULE OF PROPOSED SUB CONTRACTORS                                |
| FORM Q                   | RECORD OF ADDENDA TO TENDER DOCUMENTS                               |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

# COMPULSORY BID DOCUMENTS

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

**PART A**  
**INVITATION TO BID**

**YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF MUNICIPALITY/ MUNICIPAL ENTITY)**

|             |                            |               |             |               |       |
|-------------|----------------------------|---------------|-------------|---------------|-------|
| BID NUMBER: | THLM/SCM027/2023-2024/MM01 | CLOSING DATE: | 30 May 2024 | CLOSING TIME: | 12h00 |
|-------------|----------------------------|---------------|-------------|---------------|-------|

|             |                                                                          |
|-------------|--------------------------------------------------------------------------|
| DESCRIPTION | Provision of E-PMS and E-Risk Systems for THLM for a period of 36 months |
|-------------|--------------------------------------------------------------------------|

|                                                                                                   |  |
|---------------------------------------------------------------------------------------------------|--|
| <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

|                                      |
|--------------------------------------|
| Stand No. 24 Opposite Police Station |
| Kwaggafontein C                      |
| EMpumalanga                          |
| 0458                                 |
|                                      |

**SUPPLIER INFORMATION**

|                                                                          |                                                             |  |                                              |                                                             |
|--------------------------------------------------------------------------|-------------------------------------------------------------|--|----------------------------------------------|-------------------------------------------------------------|
| NAME OF BIDDER                                                           |                                                             |  |                                              |                                                             |
| POSTAL ADDRESS                                                           |                                                             |  |                                              |                                                             |
| STREET ADDRESS                                                           |                                                             |  |                                              |                                                             |
| TELEPHONE NUMBER                                                         | CODE                                                        |  | NUMBER                                       |                                                             |
| CELLPHONE NUMBER                                                         |                                                             |  |                                              |                                                             |
| FACSIMILE NUMBER                                                         | CODE                                                        |  | NUMBER                                       |                                                             |
| E-MAIL ADDRESS                                                           |                                                             |  |                                              |                                                             |
| VAT REGISTRATION NUMBER                                                  |                                                             |  |                                              |                                                             |
| TAX COMPLIANCE STATUS                                                    | TCS PIN:                                                    |  | OR                                           | CSD No:                                                     |
| B-BBEE STATUS LEVEL<br>VERIFICATION CERTIFICATE<br>[TICK APPLICABLE BOX] | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | B-BBEE<br>STATUS LEVEL<br>SWORN<br>AFFIDAVIT | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED  
IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]**

|                                                                                                        |                                                              |                                                                                            |                                                               |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| ARE YOU THE ACCREDITED<br>REPRESENTATIVE IN SOUTH<br>AFRICA FOR THE GOODS<br>/SERVICES /WORKS OFFERED? | <input type="checkbox"/> Yes<br><br>[IF YES ENCLOSURE PROOF] | ARE YOU A<br>FOREIGN BASED<br>SUPPLIER FOR<br>THE GOODS<br>/SERVICES<br>/WORKS<br>OFFERED? | <input type="checkbox"/> Yes<br><br>[IF YES, ANSWER PART B:3] |
| TOTAL NUMBER OF ITEMS<br>OFFERED                                                                       |                                                              | TOTAL BID PRICE                                                                            | R                                                             |
| SIGNATURE OF BIDDER                                                                                    | .....                                                        | DATE                                                                                       |                                                               |
| CAPACITY UNDER WHICH<br>THIS BID IS SIGNED                                                             |                                                              |                                                                                            |                                                               |

|                                                        |                                  |                                                  |                                 |
|--------------------------------------------------------|----------------------------------|--------------------------------------------------|---------------------------------|
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b> |                                  | <b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b> |                                 |
| DEPARTMENT                                             | FINANCE (SCM)                    | CONTACT PERSON                                   | MR. T BALOYI                    |
| CONTACT PERSON                                         | L.S. SEHLAKO                     | TELEPHONE NUMBER                                 | 013 986 9106                    |
| TELEPHONE NUMBER                                       | 013 986 9187                     | FACSIMILE NUMBER                                 | 013 986 9000                    |
| FACSIMILE NUMBER                                       | 013 986 9000                     | E-MAIL ADDRESS                                   | Baloyit@thembisilehanilm.gov.za |
| E-MAIL ADDRESS                                         | SehlakoL@thembisilehanilm.gov.za |                                                  |                                 |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

**PART B**  
**TERMS AND CONDITIONS FOR BIDDING**

**1. BID SUBMISSION:**

- 1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED—(NOT TO BE RE-TYPED) OR ONLINE**
- 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

**2. TAX COMPLIANCE REQUIREMENTS**

- 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
- 2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA.
- 2.4 FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.
- 2.5 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
- 2.6 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
- 2.7 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.

**3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS**

- 3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?  YES  NO
- 3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA?  YES  NO
- 3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  YES  NO
- 3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?  YES  NO
- 3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?  YES  NO

IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.  
NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....

DATE: .....

**FORM A2: COMPULSORY ENTERPRISE QUESTIONNAIRE FOR CONSORTIA OR  
JOINT VENTURES**

**In the case of a Joint Venture – Form “A2” needs to be completed**

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

## **SPECIAL RESOLUTION OF CONSORTIA OR JOINT VENTURES**

**RESOLUTION** of a meeting of the duly authorised representatives of the following legal entities who have entered into a consortium/joint venture to jointly bid for the project mentioned below: (*legally correct full names and registration numbers, if applicable, of the Enterprises forming a Consortium/Joint Venture*)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_

Held at \_\_\_\_\_ (*place*)

On \_\_\_\_\_ (*date*)

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

**RESOLVED that:**

The above-mentioned Enterprises submit a Bid in Consortium/Joint Venture to the THEMbisile Hani LOCAL MUNICIPALITY in respect of the following project:

---

Bid / Project Number: \_\_\_\_\_ {insert number}

A. Mr/Mrs/Ms: \_\_\_\_\_

in \*his/her Capacity as: \_\_\_\_\_ (Position in the Enterprise)

and who will sign as follows: \_\_\_\_\_

be, and is hereby, authorised to sign the Bid, and any and all other documents and/or correspondence in connection with and relating to the Bid, as well as to sign any Contract, and any and all documentation, resulting from the award of the Bid to the Enterprises in Consortium/Joint Venture mentioned above.

B. The Enterprises constituting the Consortium/Joint Venture, notwithstanding its composition, shall conduct all business under the name and style of: \_\_\_\_\_

C. The Enterprises to the Consortium/Joint Venture accept joint and several liability for the due fulfilment of the obligations of the Consortium/Joint Venture deriving from, and in any way connected with, the Contract entered into with the municipality in respect of the project described under item A above.

D. Any of the Enterprises to the Consortium/Joint Venture intending to terminate the consortium/joint venture agreement, for whatever reason, shall give the Department 30 days written notice of such intention. Notwithstanding such decision to terminate, the Enterprises shall remain jointly and severally liable to the municipality for the due fulfilment of the obligations of the Consortium/Joint Venture as mentioned under item C above.

E. No Enterprise to the Consortium/Joint Venture shall, without the prior written consent of the other Enterprises to the Consortium/Joint Venture and of the municipality, cede any of its rights or assign any of its obligations under the consortium/joint venture agreement in relation to the Contract with the municipality referred to herein.

F. The Enterprises choose as the *domicilium citandi et executandi* of the Consortium/Joint Venture for all purposes arising from the consortium/joint venture agreement and the Contract with the municipality in respect of the project under item A above:

Physical address: \_\_\_\_\_

\_\_\_\_\_ (code)

Postal Address: \_\_\_\_\_

\_\_\_\_\_ (code)

Telephone number: \_\_\_\_\_ (code)

Fax number: \_\_\_\_\_ (code)

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

| NO | NAME OF ENTITY | NAME OF REPRESENTATIVE | CAPACITY | SIGNATURE |
|----|----------------|------------------------|----------|-----------|
| 1  |                |                        |          |           |
| 2  |                |                        |          |           |
| 3  |                |                        |          |           |
| 4  |                |                        |          |           |
| 5  |                |                        |          |           |
| 6  |                |                        |          |           |
| 7  |                |                        |          |           |
| 8  |                |                        |          |           |
| 9  |                |                        |          |           |
| 10 |                |                        |          |           |

*Note:*

1. \* Delete which is not applicable
2. **NB.** This resolution must be signed by all the Duly Authorised Representatives of the Legal Entities to the Consortium/Joint Venture submitting this Bid
3. Should the number of Duly Authorised Representatives of the Legal Entities joining forces in this Bid exceed the space available above, additional names and signatures must be supplied on a separate page
4. Resolutions, duly completed and signed, from the separate Enterprises who participate in this Consortium/Joint Venture must be attached to the Special Resolution.

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

## **ATTACH THE FOLLOWING DOCUMENTS HERETO**

### **1. For Closed Corporations**

- CK1 or CK2 as applicable (Founding Statement)
- Copies of the ID's of the Directors

### **2. For Companies**

- A copy of the Certificate of Incorporation
- Copies of the ID's of the Directors, and
- the shareholders register

### **3. For Joint Venture Agreements**

- Copy of the Joint Venture Agreement between all the parties,
- as well as the documents in (1) or (2) of each Joint Venture member.

### **4. For Partnership**

- Copies of the ID's of the partners

### **5. One person Business / Sole trader**

- Copy of ID

### **6. Details Of Tax Compliance Status from South African Revenue Service and SARS PIN document**

### **7. Duly Signed and dated original or copy of Authority of Signatory on company letterhead 8. Central Supplier Database [CSD] Summary Report**

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

**FORM B: DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES (MBD8)**

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by municipalities and municipal entities 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 rejected if that bidder, or any of its directors have:
  - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
  - b. been convicted for fraud or corruption during the past five years;
  - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
  - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 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   | <p>Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) and can be accessed by clicking on its link at the bottom of the home page.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |
| 4.2   | <p>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)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury's website (<a href="http://www.treasury.gov.za">www.treasury.gov.za</a>) by clicking on its link at the bottom of the home page.</p>                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <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 of law outside the Republic of South Africa) for fraud or corruption during the past five years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

|       |                                                                                                                                                                                                                                        |                                 |                                |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 4.3.1 | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| 4.4   | Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4.4.1 | If so, furnish particulars:                                                                                                                                                                                                            |                                 |                                |
| 4.5   | Was any contract between the bidder and the municipality / municipal entity or any other 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"/> |
| 4.7.1 | 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.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder







Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

## FORM C: DECLARATION OF INTEREST (MBD4)

- 1. No bid will be accepted from persons in the service of the state<sup>1</sup>.**
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, 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? **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.

\_\_\_\_\_

---

**Tenderer**

\_\_\_\_\_

---

**Witness 1**

\_\_\_\_\_

---

***Witness 2***

\_\_\_\_\_

---

***Employer***

\_\_\_\_\_

---

**Witness 1**

\_\_\_\_\_

---

***Witness 2***

3.9 Have you been in the service 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 and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.10.1 If yes, furnish particulars: .....

.....

3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of 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 service of the state? **YES / NO**

3.12.1 If yes, furnish particulars: .....

.....

3.13 Are any spouse, child or parent of the company's director's trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.13.1 If yes, furnish particulars: .....

.....

3.14 Do you or any of the directors, trustees, managers, principle 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, furnish particulars: .....

.....

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

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

| FULL NAME | IDENTITY NUMBER | STATE EMPLOYEE NUMBER |
|-----------|-----------------|-----------------------|
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |
|           |                 |                       |

## DECLARATION

I, the undersigned (name): ..... certify that the information furnished is correct. I accept that the state may act against me in terms of paragraph 23 of the General Conditions of Contract should this declaration prove to be false.

.....  
Signature

.....  
Date

.....  
Capacity

.....  
Name of Bidder

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

## FORM D: AUTHORITY OF SIGNATORY

Details of person responsible for tender process:

Name : \_\_\_\_\_

Contact number : \_\_\_\_\_

Office address : \_\_\_\_\_

Signatories for close corporations and companies shall confirm their authority by filling in this form and attaching to this form a **duly signed and dated original or copy on the Company Letterhead** of the relevant resolution of their members or their board of directors, as the case may be.

### PRO-FORMA FOR COMPANIES AND CLOSE CORPORATIONS:

"By resolution of the board of directors passed on (date) .....

Mr ..... has been duly authorized to sign all documents in connection with the Tender for Contract Number

..... and any Contract which may arise there from on  
behalf of .....  
(BLOCK CAPITALS)

SIGNED ON BEHALF OF THE COMPANY .....

IN HIS CAPACITY AS .....

DATE .....

FULL NAMES OF SIGNATORY .....

AS WITNESSES: 1. .....

2. .....

### PRO-FORMA FOR JOINT VENTURES:

Tenderer

Witness 1

Witness 2

Employer

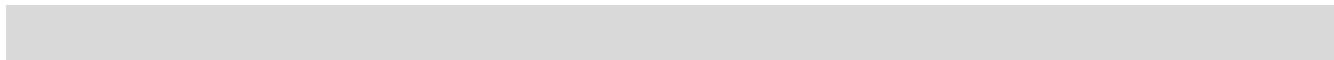
Witness 1

Witness 2

## Certificate of Authority for Joint Ventures

We, the undersigned, are submitting this tender offer in Joint Venture and hereby authorise Mr/Ms ..... , authorised signatory of the company ....., acting in the capacity of lead partner, to sign all documents in connection with the tender offer and any contract resulting from it on our behalf.

| NAME OF FIRM | ADDRESS | DULY AUTHORISED SIGNATORY |
|--------------|---------|---------------------------|
|              |         | Signature: .....          |
|              |         | Name: .....               |
|              |         | Designation: .....        |
|              |         | Signature: .....          |
|              |         | Name: .....               |
|              |         | Designation: .....        |
|              |         | Signature: .....          |
|              |         | Name: .....               |
|              |         | Designation: .....        |
|              |         | Signature: .....          |
|              |         | Name: .....               |
|              |         | Designation: .....        |



Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

**ATTACH HERETO THE DULY SIGNED AND DATED ORIGINAL OR A COPY  
OF AN AUTHORITY OF SIGNATORY ON COMPANY LETTERHEAD**

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

**FORM E: DECLARATION OF GOOD STANDING REGARDING TAX (MBD 2)****DETAILS OF TAX COMPLIANCE STATUS:**

|                          |  |
|--------------------------|--|
| TAXPAYER NAME            |  |
| TRADING NAME             |  |
| TAX REFERENCE NUMBER (S) |  |
| VAT                      |  |
| PIN                      |  |
| EXPIRY DATE              |  |

**TAX VERIFICATION PIN CERTIFICATE REQUIREMENTS**

It is a condition of bid that the taxes of the successful bidder must be in order, or that satisfactory arrangements have been made with South African Revenue Service (SARS) to meet the bidder's tax obligations.

1. In order to meet this requirement bidders are required to complete in full the attached form TCC 001 "Application for a Tax verification pin Certificate" and submit it to any SARS branch office nationally. The Tax Clearance Certificate Requirements are also applicable to foreign bidders / individuals who wish to submit bids.
2. SARS will then furnish the bidder with a Tax verification pin Certificate that will be valid for a period of 1 (one) year from the date of approval.
3. The original Tax verification pin Certificate must be submitted together with the bid. Failure to submit the original and valid Tax verification pin Certificate will result in the invalidation of the bid. Certified copies of the Tax verification pin Certificate will not be acceptable.
4. In bids where Consortia / Joint Ventures / Sub-contractors are involved, each party must submit a separate Tax verification pin Certificate.
5. Copies of the TCC 001 "Application for a Tax Clearance Certificate" form are available from any SARS branch office nationally or on the website [www.sars.gov.za](http://www.sars.gov.za).
6. Applications for the Tax verification pin Certificate may also be made via eFiling. In order to use this provision, taxpayers will need to register with SARS as eFilers through the website [www.sars.gov.za](http://www.sars.gov.za) .

**NB: FOR PURPOSES OF THIS PROJECT, TAX VERIFICATION PINS SHALL APPLY.**

*Tenderer**Witness 1**Witness 2**Employer**Witness 1**Witness 2*



*Tenderer*



*Witness 1*



*Witness 2*



*Employer*



*Witness 1*



*Witness 2*

## FORM F: FINANCIAL REFERENCES

### DETAILS OF TENDERERS BANKING INFORMATION

**Notes to tenderer:**

1. The tenderer shall attach to this form a copy of bank letter from the bank not older than three (3) months confirming the bank account and details. Failure to provide the required letter with the tender submission shall render the tenderer's offer unresponsive.
2. The tenderer's banking details as they appear below shall be completed.
3. In the event that the tenderer is a joint venture enterprise, details of all the members of the joint venture shall be similarly provided and attached to this form.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|---------------------|--------------------------|
| <b>BANK NAME:</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>ACCOUNT NAME:</b> (e.g. ABC Civil Construction cc) |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>ACCOUNT TYPE:</b> (e.g. Savings, Cheque etc)       |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>ACCOUNT NO:</b>                                    |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>ADDRESS OF BANK:</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>CONTACT PERSON:</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| <b>TEL. NO. OF BANK / CONTACT:</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                       |  |            |                          |             |                          |              |                          |                     |                          |
| How long has this account been in existence:          | <table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"><tr><td>0-6 months</td><td><input type="checkbox"/></td></tr><tr><td>7-12 months</td><td><input type="checkbox"/></td></tr><tr><td>13-24 months</td><td><input type="checkbox"/></td></tr><tr><td>More than 24 months</td><td><input type="checkbox"/></td></tr></table> <p style="text-align: right;">(Tick which is appropriate)</p> |  | 0-6 months | <input type="checkbox"/> | 7-12 months | <input type="checkbox"/> | 13-24 months | <input type="checkbox"/> | More than 24 months | <input type="checkbox"/> |
| 0-6 months                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              |  |            |                          |             |                          |              |                          |                     |                          |
| 7-12 months                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              |  |            |                          |             |                          |              |                          |                     |                          |
| 13-24 months                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              |  |            |                          |             |                          |              |                          |                     |                          |
| More than 24 months                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              |  |            |                          |             |                          |              |                          |                     |                          |

Name of Tenderer: .....

Date: .....

Signature: .....

Full name of signatory: .....

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

**ATTACH HERETO AN ORIGINAL OR A COPY OF A LETTER FROM THE  
BANK TO THIS PAGE NOT OLDER THAN THREE (3) MONTHS**

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

## FORM G: MUNICIPAL UTILITY ACCOUNT

### DECLARATION BY THE TENDERER

I the undersigned \_\_\_\_\_, has been duly

authorized to sign all documents with the Tender for Contract Number \_\_\_\_\_ on behalf of

\_\_\_\_\_ hereby make a declaration as follows:  
(referred to herein as "the Bidder")

1. I declare that the bidder and /or any of its director(s) / member(s) does not owe the municipality, or any other municipality and/or municipal entity any amount which is in arrears in respect of any municipal rates and taxes or municipal service charges.
2. I understand and accept that in the event that this declaration is proved to be false, the bid shall be rejected forthwith. All other rights of the municipality (including but not limited to the right to claim damages where applicable) shall remain reserved in full.

SIGNED ON BEHALF OF THE COMPANY \_\_\_\_\_

IN HIS CAPACITY AS \_\_\_\_\_

DATE \_\_\_\_\_

FULL NAMES OF SIGNATORY \_\_\_\_\_

| UTILITY ACCOUNT NUMBER | NAME OF MUNICIPALITY | NAME OF OWNER |
|------------------------|----------------------|---------------|
|                        |                      |               |
|                        |                      |               |
|                        |                      |               |
|                        |                      |               |
|                        |                      |               |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

**ATTACH AN ORIGINAL OR A COPY OF A MUNICIPAL UTILITY ACCOUNT (NOT  
OLDER THAN THREE (3) MONTHS)**

**Important: Note the following**

- List and attach account(s) registered all in the name(s) of the Director(s) or the Company on the declaration form attached hereto; or
- Attach a copy lease agreement along with the utility account of the Landlord, whereby the company is leasing the property its operating from.

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

**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 90/10 preference point system.
- b) The applicable preference point system for this tender is the 80/20 preference point system.
- c) Either the 90/10 or 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:

|                                                  | <b>POINTS</b> |
|--------------------------------------------------|---------------|
| <b>PRICE</b>                                     | <b>80</b>     |
| <b>SPECIFIC GOALS</b>                            | <b>20</b>     |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b>    |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

- 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:

80/20

or

90/10

$$P_S = 80 \left(1 - \frac{Pt - P_{min}}{P_{min}}\right) \text{ or } P_S = 90 \left(1 - \frac{Pt - P_{min}}{P_{min}}\right)$$

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

1.

---

**Tenderer**

\_\_\_\_\_

---

***Witness 1***

\_\_\_\_\_

---

***Witness 2***

\_\_\_\_\_

---

**Employer**

\_\_\_\_\_

---

**Witness 1**

1

---

***Witness 2***

## GENERATING PROCUREMENT

### 3.2.1. POINTS AWARDED FOR PRICE

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

80/20

or

90/10

$$Ps = 80 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right) \text{ or } Ps = 90 \left( 1 + \frac{Pt - P_{max}}{P_{max}} \right)$$

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)<br>(To be completed by the organ of state) | Number of points claimed (80/20 system)<br>(To be completed by the tenderer) |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Women                                                       | 5                                                                                    |                                                                              |
| Tenderer                                                    |                                                                                      |                                                                              |
| Witness 1                                                   |                                                                                      |                                                                              |
| Witness 2                                                   |                                                                                      |                                                                              |
| Employer                                                    |                                                                                      |                                                                              |
| Witness 1                                                   |                                                                                      |                                                                              |
| Witness 2                                                   |                                                                                      |                                                                              |

|                                     |   |  |
|-------------------------------------|---|--|
| Youth                               | 5 |  |
| Disability                          | 5 |  |
| Locality:                           |   |  |
| Service Providers within Mpumalanga | 5 |  |
| Any other Province                  | 2 |  |

## 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 proprietor
- 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

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

(e) forward the matter for criminal prosecution, if deemed necessary.

|                                    |                         |
|------------------------------------|-------------------------|
| <b>SIGNATURE(S) OF TENDERER(S)</b> |                         |
| <b>SURNAME AND NAME:</b>           | .....                   |
| <b>DATE:</b>                       | .....                   |
| <b>ADDRESS:</b>                    | .....<br>.....<br>..... |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

## FORM I: CERTIFICATE OF INDEPENDENT BID DETERMINATION (MBD 9)

1. This Municipal Bidding Document (MBD) must form part of all bids<sup>1</sup> invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *per se* prohibition meaning that it cannot be justified under any grounds.
3. Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
  - a. take all reasonable steps to prevent such abuse;
  - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
  - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the 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:

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

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

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

## CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

---

(Bid Number and Description)

in response to the invitation for the bid made by:

---

(Name of Municipality / Municipal Entity)

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<sup>3</sup> 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;

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

(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.

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.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

## FORM J: DECLARATION OF TENDERER'S LITIGATION HISTORY

Does the tenderer have any litigation with which tenderer (including its directors, shareholders or other senior members in previous companies) have been involved with any organ of state or state department within the last ten years?

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

If yes, furnish your details in table below.

**NB: It is compulsory for all bidders to sign this form**

The tenderer shall list below details of any litigation with which the tenderer (including its directors, shareholders or other senior members in previous companies) has been involved with any organ of state or state department within the last ten years. The details must include the year, the litigating parties, the subject matter of the dispute, the value of any award or estimated award if the litigation is current and in whose favour the award, if any, was made.

| CLIENT | OTHER LITIGATING PARTY | DISPUTE | AWARD VALUE | DATE RESOLVED |
|--------|------------------------|---------|-------------|---------------|
|        |                        |         |             |               |

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Bidder

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

# RETURNABLES FOR EVALUATION PURPOSES

*Tenderer*

*Witness 1*

*Witness 2*

*Employer*

*Witness 1*

*Witness 2*

## EVALUATION SCHEDULE- FUNCTIONALITY

The company's tender responsiveness in relation to points is therefore summarized as follows:

| <b>SUMMARY OF FUNCTIONALITY</b>                  |            |
|--------------------------------------------------|------------|
| Organising and Staffing                          | 30         |
| Infrastructure and resources (Electronic System) | 40         |
| Experience of Firm                               | 30         |
| <b>TOTAL</b>                                     | <b>100</b> |

The bid will be evaluated based on the following criteria for functionality and the bidder must obtain a minimum score of 75 points of the points allocated for functionality to qualify for further pricing evaluation:

**Project Manager / Team Leader** **(Maximum points 10)**

**Name and Surname:**.....

| <b>Evaluation Criteria</b>                                       | <b>Minimum Required</b>                                                    | <b>Elimination Factor</b> | <b>Maximum Points obtainable</b> | <b>Points Claimed</b> |
|------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|----------------------------------|-----------------------|
| Academic Qualifications                                          | Post Graduate Qualification in Business Management (NQF Level 8 and above) | No                        | 5                                |                       |
|                                                                  | Bachelor's Degree in Business Management (NQF level 7)                     | No                        | 3                                |                       |
|                                                                  | National Diploma in Business Management (NQF level 6)                      | No                        | 2                                |                       |
| <b>Sub-total</b>                                                 |                                                                            |                           |                                  | <b>5</b>              |
| <b>Experience of Team Leader in similar projects</b>             |                                                                            | <b>Elimination Factor</b> | <b>Maximum Points obtainable</b> | <b>Points Claimed</b> |
| Involvement of project leader in similar and comparable projects | 1 - 4                                                                      | No                        | 1                                |                       |
|                                                                  | 5 – 9                                                                      | No                        | 3                                |                       |
|                                                                  | 10 and above                                                               | No                        | 5                                |                       |
| <b>Sub-total</b>                                                 |                                                                            |                           |                                  | <b>5</b>              |
| <b>Total</b>                                                     |                                                                            |                           |                                  | <b>10</b>             |

**Performance Management Consultant:** **(Maximum points 10)**

**Name and Surname:**.....

| <b>Evaluation</b>    | <b>Minimum Required</b> | <b>Elimination</b>   | <b>Maximum</b>       | <b>Points</b>        |
|----------------------|-------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Tenderer</i>      | <i>Witness 1</i>        | <i>Witness 2</i>     | <i>Employer</i>      | <i>Witness 1</i>     |
| <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Witness 2</i>     |                         |                      |                      |                      |

| Criteria                                                                                                                                         |                                                                                               | Factor | Points obtainable | Claimed |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------|-------------------|---------|
| Academic Qualifications                                                                                                                          | Post Graduate Qualification in Accounting, Finance or Performance Management (NQF Level 8)    | No     | 5                 |         |
|                                                                                                                                                  | B-tech/ B-Degree Qualification in Accounting, Finance or Performance Management (NQF Level 7) | No     | 3                 |         |
|                                                                                                                                                  | National Diploma Qualification in Accounting, Finance or Performance Management (NQF Level 6) | No     | 2                 |         |
| <b>Sub-total</b>                                                                                                                                 |                                                                                               |        | <b>5</b>          |         |
| Involvement of performance management projects/system of the municipality. (Organisational and Individual Performance Assessment and Agreements) | 1 – 3 years                                                                                   | No     | 1                 |         |
|                                                                                                                                                  | 4 – 7 years                                                                                   | No     | 3                 |         |
|                                                                                                                                                  | 8 years and above                                                                             | No     | 5                 |         |
| <b>Sub-total</b>                                                                                                                                 |                                                                                               |        | <b>5</b>          |         |
| <b>Total</b>                                                                                                                                     |                                                                                               |        | <b>10</b>         |         |

### Risk Management Consultant:

**(Maximum points 10)**

Name and Surname:.....

| Evaluation Criteria     | Minimum Required                                                                       | Elimination Factor | Maximum Points obtainable | Points Claimed |
|-------------------------|----------------------------------------------------------------------------------------|--------------------|---------------------------|----------------|
| Academic Qualifications | Post Graduate Qualification in Accounting, Finance or Risk Management (NQF Level 8)    | No                 | 5                         |                |
|                         | B-tech/ B-Degree Qualification in Accounting, Finance or Risk Management (NQF Level 7) | No                 | 3                         |                |
|                         | National Diploma Qualification in Accounting, Finance or Risk Management (NQF Level 6) | No                 | 2                         |                |
| <b>Sub-total</b>        |                                                                                        |                    | <b>5</b>                  |                |
| Involvement in          | 1 – 3 years                                                                            | No                 | 1                         |                |







Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

|                                                       |                   |    |           |  |
|-------------------------------------------------------|-------------------|----|-----------|--|
| conducting the risk assessments of the municipalities | 4 – 7 years       | No | 3         |  |
|                                                       | 8 years and above | No | 5         |  |
| <b>Sub-total</b>                                      |                   |    | <b>5</b>  |  |
| <b>Total</b>                                          |                   |    | <b>10</b> |  |

Note: Team/Project Leader and PMS/Risk Consultants must be a different person, the bidder must not use one person as Team/Leader and also as PMS/Risk Consultant.

**Infrastructure and Resources (Electronic System): (Maximum points 40)**

| Evaluation Criteria                                                                                                                                                                            | Minimum Required                                                                                                                                                                                                                                                                                                                                                                                                               | Elimination Factor | Maximum Points obtainable | Points Claimed |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|----------------|
| The electronic system must be able to perform these functions. (Submission of Technical Report which covers all this evaluation criteria together with a system link or demo must be attached) | The performance management module must accommodate for POE uploading, previewing and the approval/rejection thereon.                                                                                                                                                                                                                                                                                                           | Yes                | 5                         |                |
|                                                                                                                                                                                                | The performance management module must accommodate for Audit Trails including reports that can be exported per user access                                                                                                                                                                                                                                                                                                     | Yes                | 5                         |                |
|                                                                                                                                                                                                | The performance management module must accommodate for Performance assessment calculator together with reports that can be exported                                                                                                                                                                                                                                                                                            | Yes                | 5                         |                |
|                                                                                                                                                                                                | The system must accommodate for Ability to upload performance agreements                                                                                                                                                                                                                                                                                                                                                       | Yes                | 5                         |                |
|                                                                                                                                                                                                | eRisk module integration- Ability for the following<br>a) An electronic risk register that can be exported;<br>b) Action plans assigned to employees for reporting.<br>c) The uploading of POE per action plan<br>d) The approval/rejection of action plans reported<br>e) The extraction of risk monitoring reports<br>f) Risk assessment facilitation support<br>(Reports generated from the system should also be attached) | Yes                | 20                        |                |
|                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                           |                |
| <b>Sub-total</b>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | <b>40</b>                 |                |
| <b>Total</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | <b>40</b>                 |                |

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**Tenderer**

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**Witness 1**

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***Witness 2***

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***Employer***

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**Witness 1**

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**Witness 2**

**Note 3: Company experience in similar projects**

It must be noted that the experience of the company carries a maximum of **30 points** as indicated in the table below. Proof in the form of appointment letters **OR** purchase orders with verifiable references with contact details must be attached. Failure to provide this shall warrant for scoring zero (0) in this category.

| Evaluation criteria                                                                                        | Minimum required                                                                                                                           | Elimination factor | Points obtainable | Points claimed |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|----------------|
| Implementation of an Automated Web Based PMS and Risk Management System in at District Municipality Level. | <b>Successful Implementation of WEB Based e-PMS and e-Risk Systems at District Municipality Level</b>                                      |                    |                   |                |
|                                                                                                            | 0 – 1 District Municipality                                                                                                                | Yes                | 0                 |                |
|                                                                                                            | 2 – 6 District Municipalities                                                                                                              | No                 | 7                 |                |
|                                                                                                            | 7 and above District Municipalities<br>NB: (Appointment letters including contract value to be attached, together with a reference letter) | No                 | 15                |                |
| <b>Sub Total</b>                                                                                           |                                                                                                                                            |                    | <b>15</b>         |                |
| Implementation of an Automated Web Based PMS and Risk Management System in at a Local Municipality Level.  | <b>Successful Implementation of WEB Based e-PMS and e-Risk Systems at Local Municipality Level</b>                                         |                    |                   |                |
|                                                                                                            | 0 – 1 Local Municipality                                                                                                                   | Yes                | 0                 |                |
|                                                                                                            | 2 – 6 Local Municipalities                                                                                                                 | No                 | 5                 |                |
|                                                                                                            | 7 – 13 Local Municipalities                                                                                                                | No                 | 10                |                |
|                                                                                                            | 14 and above Local Municipalities<br>(Appointment letters including contract value to be attached, together with a reference letter)       | No                 | 15                |                |
| <b>Sub Total</b>                                                                                           |                                                                                                                                            |                    | <b>15</b>         |                |
| <b>Grand Total of Company Experience</b>                                                                   |                                                                                                                                            |                    | <b>30</b>         |                |

**TOTAL SCORE:** \_\_\_\_\_ /100

Tenderers should very briefly describe his or her experience in this regard and attach this to this schedule. The description should be put in tabular form with the following headings:

Notes to tenderer:

1. The intention of this form is to demonstrate the tenderer's project structure, as well as the lines of responsibility between members of the project team and between the project team and the overall company structure. The tenderer must attach his own organogram to this form.
2. Tenderers which are large companies may simplify the organogram by 'rolling up' portfolios e.g. combining directors/associates into one box of the organogram. However, the individual positions of the key personnel within the structure must still be shown.

Tenderer

Witness 1

Witness 2

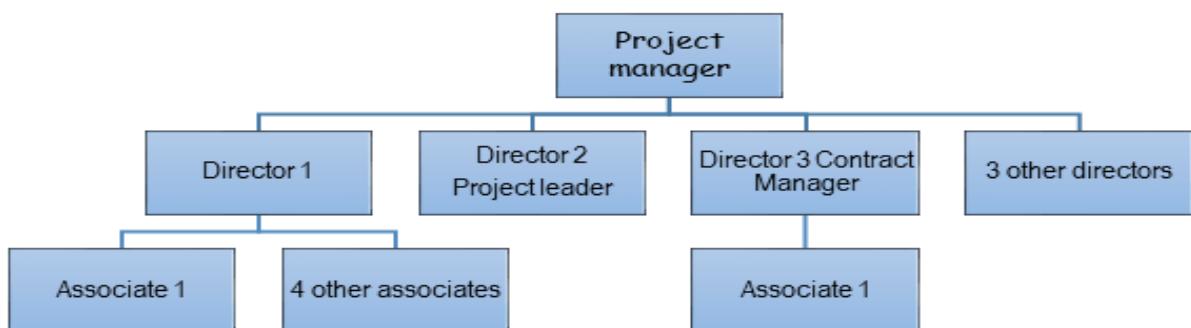
Employer

Witness 1

Witness 2

3. Joint Venture tenders will require each element of the venture to submit separate organograms that show the individual structure of each member company and the lines of responsibility of the proposed personnel involved in the project. In addition there must also be a combined organogram that indicates how the joint venture itself will function and the proposed share of the work. Joint Venture tenderers shall note that the share of work indicated will be used in the analysis of such a tenderers preference proposed on returnable form, and that if awarded the share of work shall become a contractual obligation between the members of the joint venture.
4. State the city or town where the company's head office is located. The locality of regional or satellite office, regardless of degree of autonomy or size is not required. Only submit the number of offices other than the head office. Do not count offices outside RSA
5. Registered professional engineers, technicians or technologists' means those who are involved in the built industry as well as allied fields such as environmental professionals. Registered professionals of other disciplines (e.g. mechanical) are considered as employees only.

|                                  |  |
|----------------------------------|--|
| <b>Head Office:</b>              |  |
| <b>Other Offices:</b>            |  |
| <b>Registered Professionals:</b> |  |
| <b>Total Employees :</b>         |  |
| <b>%share in JV agreement</b>    |  |



SIGNED ON BEHALF OF THE TENDERER:.....

## FORM K: SCHEDULE OF PREVIOUS EXPERIENCE

The procedure for the evaluation of responsive Bids will be on the average of the **previous projects** where the firm was involved. Reference of clients **MUST** be provided.

**Evaluation of the Tenderer's position in terms of his previous experience. Emphasis will be placed on the following:**

- **Experience in the relevant technical field**
- **Experience of contracts of similar size**
- **At least three of the references will be contacted to obtain their input.**

Provide the following information on relevant previous experience (indicate specifically projects of similar or larger size and/or which is similar with regard to type of work. **This information is material to the award of the Contract.**

| Description | Value (R)<br>VAT excluded | Period work executed |                 | Reference |              |        |
|-------------|---------------------------|----------------------|-----------------|-----------|--------------|--------|
|             |                           | Appointment Date     | Completion Date | Name      | Organisation | Tel no |
|             |                           |                      |                 |           |              |        |
|             |                           |                      |                 |           |              |        |
|             |                           |                      |                 |           |              |        |
|             |                           |                      |                 |           |              |        |
|             |                           |                      |                 |           |              |        |
|             |                           |                      |                 |           |              |        |

Tenderer

Witness 1

Witness 2

Employer

Witness 1

Witness 2

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## FORM L: SCHEDULE OF CURRENT PROJECTS

Provide the following information on current projects

**This information is material to the award of the Contract.**

| Description | Value (R)<br>VAT excluded | Appointment<br>Date | Expected<br>Completion Date | Reference |              |        |
|-------------|---------------------------|---------------------|-----------------------------|-----------|--------------|--------|
|             |                           |                     |                             | Name      | Organisation | Tel no |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |
|             |                           |                     |                             |           |              |        |

Tenderer

Witness 1

Witness 2

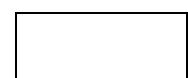
Employer

Witness 1

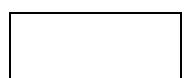
Witness 2

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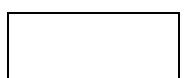
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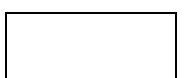
*Tenderer*



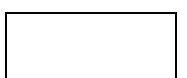
*Witness 1*



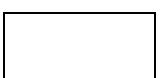
*Witness 2*



*Employer*



*Witness 1*



*Witness 2*

## **FORM M: SCHEDULE OF INFRASTRUCTURE AND RESOURCES**

Provide information on the following:

### **Infrastructure and resources available for this project:**

## **1. Physical facilities and Buildings.**

| Description | Address | Owned / leased |
|-------------|---------|----------------|
|             |         |                |
|             |         |                |

## 2. Equipment

Provide information on equipment and resources that you have available for this project.

(Include list of equipment relevant to the project and that will align to the evaluation criteria)

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**Tenderer**

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***Witness 1***

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**Witness 2**

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***Employer***

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***Witness 1***

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**Witness 2**

**3. Vehicles**

Provide information on vehicles that you have available for this project.

| <b>Description:</b> | <b>Number<br/>of units</b> | <b>Registration Number</b> |
|---------------------|----------------------------|----------------------------|
|                     |                            |                            |
|                     |                            |                            |
|                     |                            |                            |
|                     |                            |                            |
|                     |                            |                            |
|                     |                            |                            |

**4. Size of enterprise and current workload**

What was your turnover in the previous financial year? -----

What is the estimated turnover for your current financial year? -----

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*Tenderer*

*Witness 1*

*Witness 2*

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*Employer*

*Witness 1*

*Witness 2*

## FORM N: SCHEDULE OF PROPOSED SUB-CONTRACTORS

Are / Do you have sub-contractors?

**YES**

NO

If yes, complete the below

| NAME OF SUB-CONTRACTOR | FULL DESCRIPTION OF WORK TO BE<br>PERFORMED BY SUB-CONTRACTOR |
|------------------------|---------------------------------------------------------------|
|                        |                                                               |
|                        |                                                               |
|                        |                                                               |
|                        |                                                               |
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**Tenderer**

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**Witness 2**

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***Employer***

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***Witness 1***

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***Witness 2***

## **FORM O: RECORD OF ADDENDA TO TENDER DOCUMENTS**

Was there an addendum issued?

**YES** | **NO**

If yes, fill or attached the communication that you received.

We confirm that the following communication received from the Employer before the submission of this tender offer, amending the tender documents, have been taken into account in this tender offer:

**\*An addendum is any communication issued by Thembisile Hani Local Municipality and forms part of the bid document”**

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**Tenderer**

ANSWER

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***Witness 1***

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***Witness 2***

MON

10 of 10

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***Employer***

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**Witness 1**

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***Witness 2***