



agriculture & rural development

Department:
agriculture
& rural development
PROVINCE OF KWAZULU-NATAL

INVITATION OF QUOTATION ABOVE R30,000.00

THIS FORM SHOULD BE COMPLETED IN DETAIL AND SHOULD BE ACCOMPANIED BY A **VALID TAX COMPLIANCE STATUS PIN AND VALID BBBEE VERIFICATION CERTIFICATE/AFFIDAVIT**

| | |
|---|---|
| QUOTATION NUMBER: R/S/1920/1410 | VALIDITY PERIOD OF QUOTATION..... Days (To be completed by the Supplier) |
| CLOSING DATE: 20/11/2019 | CLOSING TIME: 11H00 |
| DESCRIPTION(SPECIFICATION/S) OF ITEMS/ SERVICE REQUIRED: SERVICES , REPAIR / REPLACE THE BROKEN BATTERY FOR THE UPS (PABX) JUNIPER SWITCH AT OSCA SERVE ROOM- KING CETSHWAYO DISTRICT SEE ATTACHED SPEC | COMPANY NAME: TEL NO: FAX NO: CONTACT PERSON: CSD REG NUMBER MAAA..... |
| DOES OFFER COMPLY WITH SPECIFICATION? | YES/NO (DELETE WHICH EVER IS NOT APPLICABLE) |
| DOES ARTICLE COMPLY WITH SABS SPECIFICATION? HAS IT BEEN INSPECTED BY SABS? | YES/NO YES/NO (DELETE WHICH EVER IS NOT APPLICABLE) |
| DELIVERY PERIOD AFTER INITIAL ORDER? | |
| IS THE PRICE FIRM | |
| WHERE ARE THE STOCK HELD? (PHYSICAL ADDRESS , PLEASE) | |
| QUOTATION PRICE INCLUDING VAT (VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY) | TOTAL: R |
| COMPANY OFFICIAL STAMP (COMPULSORY) | SIGNATURE OF BIDDER DATE |
| NUMBER OF PAGES FAXED BACK TO THE DEPARTMENT BY THE SUPPLIER |(Supplier to complete) |

NB DOCUMENT TO BE DEPOSITED AT THE BID BOX SCM –HILTON 4 PIN OAK AVENUE NO EMAILED QUOTATIONS WILL BE ACCEPTED

FOR ATTENTION: **MS BONNIE NZIMANDE**
CONTACT NUMBER : **033 343 8311**

THE RECOMMENDED SERVICE PROVIDER WILL BE REQUIRED TO SUBMIT AN ORIGINAL TAX CLEARANCE CETIFICATE, FAILURE TO SUBMIT AN ORIGINAL TAX CLEARANCE CERTIFICATE WHEN REQUIRED TO DO SO WILL RENDER THE QUOTATION INVALID.THE ATTACHED SBD4 & SBD9 FORMS MUST BE COMPLETED IN FULL. THIS QUOTATION COVER PAGE MUST BE COMPLETED AND RETURN WITH YOUR QUOTATION THIS QUOTATION COVER PAGE MUST BE COMPLETED AND RETURNED WITH ALL YOUR QUOTATION DOCUMENTS.

COMPANY NAME :
 ADDRESS :
 CONTACT PERSON :
 CONTACT NUMBER :
 FAX NUMBER :

| LINE NO. | DESCRIPTION OR SPECIFICATION OF ITEM (Please be very specific and clear) | REQUIRED QUANTITY | UNIT PRICE EXCL. VAT | | TOTAL PRICE | |
|---|---|-------------------|----------------------|---|-------------|---|
| | | | R | C | R | C |
| 1. | Supply and replace the pack up batteries for the UPS (PABX) IT regulator switch at the Oasca server room (U Block) | 6 | | | | |
| 2. | Disconnect the power supply feeding the IT juniper switch and connect it back to the charger and ensure the normal operation to the switch the switch | 1 | | | | |
| 3. | Provide major service to the mid wall split aircon server room. | 2 | | | | |
| 4. | To supply and replace the broken 3 and 2 built in cupboard and the solid door, top board drilled the hole for the drop to the kitchen cupboards | | | | | |
| | NB: COMPULSORY SITE BRIEFING at Oasca | | | | | |
| * LABOUR (IF APPLICABLE) | | | | | | |
| *DELIVERY (IF APPLICABLE) | | | | | | |
| TOTAL | | | | | | |
| *ONLY APPLICABLE TO VAT REGISTERED SUPPLIERS 15% VAT | | | | | | |
| TOTAL PRICE | | | | | | |

*VAT Registration No. (Supplier) -----

When Required (Requester) : 13 September 2019
 Where Required (Requester): Oasca (Empangeni)
 Contact details of requester: Weza Zondi/
 TEL : 033 3559 558/ 082 443 5707

COMPANY STAMP

Mark one Box (X)

| | | |
|------|----|----|
| 30 x | 60 | 90 |
|------|----|----|



PRICES ARE VALID FOR DAYS

SIGNATURE

DATE

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative:

.....

2.2 Identity Number:

.....

2.3 Position occupied in the Company (director, trustee, shareholder², member):

.....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:

.....

2.5 Tax Reference Number:

.....

2.6 VAT Registration Number:

.....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

1"State" means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

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

Please clearly indicate, with an 'X' only one box that is applicable to your business or firm

2.7 Are you or any person connected with the bidder presently employed by the state?

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

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/member:

.....

Name of state institution at which you or the person connected to the bidder is employed

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

2.7.2 If you are presently employed by the state, did you obtain

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

the appropriate authority to undertake remunerative work outside employment in the public sector?

If yes, did you attach proof of such authority to the bid document?

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

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)

2.7.2.1 If no, furnish reasons for non-submission of such proof:

.....

.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

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

2.8.1 If so, furnish particulars:

.....

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

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

2.9.1 If so, furnish particulars.

.....

.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

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

2.10.1 If so, furnish particulars.

.....

.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

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

2.11.1 If so, furnish particulars:

.....

.....

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

| Full Name | Identity Number | Personal Income Tax Reference Number | State Employee Number / Pearsal Number |
|------------------|------------------------|---|---|
| | | | |
| | | | |
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4 DECLARATION

I, THE UNDERSIGNED (NAME).....

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

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Name of bidder

.....
Position

.....
Signature

.....
Date

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids¹ 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).² Collusive bidding is a *per se* prohibition meaning that it cannot be justified under any grounds.
- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
- 4 This SBD 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 (SBD 9) must be completed and submitted with the bid:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.

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

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

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

I certify, on behalf of _____ that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - (a) has been requested to submit a bid in response to this bid invitation;
 - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.

7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
- (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;
 - (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
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

OFFICIAL BRIEFING SESSION/SITE INSPECTION CERTIFICATE

N. B.: THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE BID.

Site/building/institution involved:
.....

Bid No:

Service:

THIS IS TO CERTIFY THAT (NAME):

ON BEHALF OF:

VISITED AND INSPECTED THE SITE ON..... (DATE)

AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND THE SCOPE OF THE SERVICE TO BE RENDERED.

.....
SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE
(PRINT NAME)

DATE:

.....
SIGNATURE OF DEPARTMENTAL REPRESENTATIVE
(PRINT NAME)

.....
DEPARTMENTAL STAMP:
(OPTIONAL)

DATE: