

# KWAZULU-NATAL DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

**Quotation No: R/N/1920/2084** 

TO REMOVE THE OLD AND DILAPIDATED CARPETS, SUPPLY AND REPLACE WITH THE NEW CARPET AND THE VERTICAL BLINDS AT THE CEDARA EXECUTIVE BUILDING.

COMPULSORY SITE BRIEFING DETAILS		
DATE 29 JANUARY 2020		
MEETING VENUE CEDARA HEAD OFFICE (EXECUTIVE BUILDING)		
MEETING ADDRESS 1 CEDARA ROAD, CERADA		
MEETING TIME	10:00	
START TIME	10:00	

### 1. PRE-QUALIFICATION CRITERIA

**REQUIREMENT-CIDB Grading: NONE** 

Evaluation will be in terms of the 80/20 preference point system

For more information, please contact the following official:

For: Technical Enquiries:

Mr Weza Zondi 082 443 5707

For: Quotation/SCM enquiries: Mr N. Hlengwa 033 343 8367

CLOSING DATE: 29 JANUARY 2020 TIME: 11:00 AM



### **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/1920/2084	VALIDITY PERIOD OF QUOTATION Days
Q00 1A11018 NOIMBER: N/3/1320/2004	(To be completed by the Supplier)
at activity in the fact to the	
CLOSING DATE: 29/01/2020	CLOSING TIME: 11H00
DESCRIPTION(SPECIFICATION/S) OF ITEMS/	COMPANY NAME:
SERVICE REQUIRED:	
TO REMOVE THE OLD AND DILAPIDATED	TEL NO:
CARPETS, SUPPLY AND REPLACE WITH THE	
NEW CARPET AND THE VERTICAL BLINDS AT	FAX NO:
THE CEDARA EXECUTIVE BUILDING.	
	CONTACT PERSON:
	CSD REG NUMBER MAAA
DOES OFFER COMPLY WITH	VEC (NO
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?	
DELIVER FERROD AND FERRITAGE STOPPEN	
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
(VAL TO BE ADDED DI REGISTERED VAL VERDORIO ONELY	
COMPANY OFFICIAL STAND (COMPULSORY)	
COMPANY OFFICIAL STAMP (COMPULSORY)	SIGNATURE OF BIDDER
	DATE
NUMBER OF PAGES FAXED BACK TO THE DEPARTMENT BY	( Supplier to complete)
THE SUPPIER	annual supplier to complete/

NB: QUOTATION FOR THE ATTENTION OF: Ntuthuko Hlengwa@033 343 8367

#### NB:

THE ATTACHED SBD4 & SBD9 FORMS MUST BE COMPLETED IN FULL.
THIS REQUEST FOR QUOTATION (RFQ) MUST BE COMPLETED AND RETURNED WITH ALL YOUR QUOTATION DOCUMENTS.

THE DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT: No 4 PIN OAK AVENUE, HILTON QUARRY, HILTON.

COMPANY NAME

:

**ADDRESS** 

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**CONTACT PERSON** 

:

CONTACT NUMBER

. .

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

When Required (Requester): 20 November 2019

**FAX NUMBER** 

LINE **DESCRIPTION OR UNIT PRICE** REQUIRED **TOTAL PRICE EXCL. VAT** QUANTITY NO. **SPECIFICATION OF ITEM** R C (Please be very specific and clear) R C 1. To remove the old, dilapidated carpet and 2 supply and install the under sponge heavy duty and the comfort carpets to fit 12 Offices with the total area of 800 m<sup>2</sup> at Cedara Executive building. To supply and install the Ivory roll up 2. 4 window blinds to fit window size: 1.2m X 1.0 m drop **NB SITE BRIEFING COMPULSORY** @ Cedara Executive building \* LABOUR (IF APPLICABLE) \*DELIVERY (IF APPLICABLE) TOTAL **\*ONLY APPLICABLE TO VAT REGISTERED SUPPLIERS** 15% VAT **TOTAL PRICE** 

Contact details of requester: TEL		
COMPANY STAMP	Mark one Box (X)  PRICES ARE VALID FOR DAYS  SIGNATURE	

### KINDLY COMPLETE PLEASE!!!

SBD 4

### DECLARATION OF INTEREST

- Any legal person, including persons employed by the state1, or persons having a kinship with persons 1. employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). 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.
- In order to give effect to the above, the following questionnaire must be completed and submitted with the bid. Full Name of bidder or his or her representative: 2.1 Identity Number: ..... 2.2 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>): ..... 2.3 2.4 Company Registration Number: ..... Tax Reference Number: 2.5 2.6 VAT Registration Number: ..... The names of all directors / trustees / shareholders / members, their individual identity numbers, tax 2.6.1 reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.
- "State" means -

2.

- (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.

<sup>&</sup>lt;sup>2</sup>"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.

### KINDLY COMPLETE PLEASE!!!

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 the appropriate authority to undertake remunerative work outside employment in the public sector?	YES / NO
2.7.2.1	If yes, did you attached 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.	
2.7.2.2	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:	
	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

	KINDLY COMPLETE I	PLEASE!!!
	2.9.1ff 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.	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Č	Do you or any of the directors / trustees / shareholders / member of the company have any interest in any other related companies whether or not they are bidding for this contract?	
2.11.11	f so, furnish particulars:	
		4.4

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

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

### KINDLY COMPLETE PLEASE!!!

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DECLARATION		
I, THE UNDERSIGNED (NAME)		
I ACCEPT THAT THE STATE MA	N FURNISHED IN PARAGRAPHS 2 and 3 AI AY REJECT THE BID OR ACT AGAINST AL CONDITIONS OF CONTRACT SHOULD	ME IN TERMS O
Signature	Date	
Position	Name of bidder	

May 2011

SBD 9

#### CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids1 invited.
- Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 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.
  - 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.
- 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.
- In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bld:

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

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

### CERTIFICATE OF INDEPENDENT BID DETERMINATION

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 an	d complete in every respect:
certify, on behalf of:	that:
(Name of Bidder)	

- (Manie of Diddel)
- 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 bld;
  - (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.
- 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.

<sup>&</sup>lt;sup>a</sup> Joint venture or Consortium meens an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

### SBD 9

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
	Js914w 2

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## 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: