

## **INVITATION OF QUOTATION**

THIS FORM SHOULD BE COMPLETED IN DETAIL AND SHOULD BE ACCOMPANIED BY <u>VALID TAX COMPLIANCE STATUS</u>
PIN /CSD NUMBER and BBBEE

| QUOTATION NUMBER: R/N/2223/372                   |                                       |
|--|---------------------------------------|
| QUOTATION NOWIBER: K/N/2223/3/2                  | VALIDITY PERIOD OF QUOTATION Days     |
|  | (To be completed by the Supplier)     |
| CLOSING DATE: 13 OCTOBER 2022                    | CLOSING TIME: 11:00                   |
| DESCRIPTION(SPECIFICATION/S) OF ITEMS/           | COMPANY NAME:                         |
| SERVICE REQUIRED;                                |                                       |
| ANIMAL MEDICINE                                  |                                       |
| SEE SPEC ATTACHED.                               | TEL NO:                               |
|  | FAX NO:                               |
|  | CONTACT PERSON:                       |
|  | CSD :MAAA                             |
| DOES OFFER COMPLY WITH                           | YES/NO                                |
| SPECIFICATION?                                   | (DELETE WHICH EVER IS NOT APPLICABLE) |
| DOES ARTICLE COMPLY WITH SABS SPECIFICATION?     | YES/NO                                |
| HAS IT BEEN INSPECTED BY SABS?                   | 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                    | TOTAL: R                              |
| (VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY) |                                       |
|  |                                       |
| COMPANY OFFICIAL STAMP (COMPULSORY)              |                                       |
|  | 100011001100011001100011000110001     |
|  | SIGNATURE OF BIDDER                   |
|  |                                       |
|  | DATE                                  |
| Quotation to be returned to:                     |                                       |
| Nokwazi.zondi@kzndard.gov.za                     |                                       |
| Tel. No:033 343 8491                             |                                       |
|  |                                       |

NB: DOCUMENT MUST BE COMPLETED IN FULL

THIS QUOTATION COVER PAGE MUST BE COMPLETED AND RETURNED WITH ALL YOUR SUPPORTING DOCUMENTS.

# ANNEXURE A

| COMPANY NAME   | ; |
|----------------|---|
| ADDRESS        | : |
| CONTACT PERSON | : |
| CONTACT NUMBER | · |

| LINE<br>NO. | DESCRIPTION OR SPECIFICATION OF ITEM   | REQUIRED QUANTITY    | UNIT PRIC |   | TOTAL P | RICE |
|-------------|--|----------------------|-----------|---|---------|------|
|             | (Please be very specific and clear)  |                      | R         | С | R       | С    |
| 1.          | Euthanaze 200mg (Sodium pentobarbiate) 100ml bottles   | 5                    |           |   |         |      |
| 2.          | Xylazine 2% (Rompun/Xylavet), 25ml bottles   | 3                    |           |   |         |      |
| 3.          | Valium 10mg injectable, 2ml vials x 5 per box – 2 boxes  | 1 boxes (5 vials)    |           |   |         |      |
| 4.          | Morphine injectable, 15mg, 10 per box vials  | 4 boxes (40 ampules) |           |   |         |      |
| 5.          | Domitor Medetomidine Hydrochloride 1mg. 10ml bottles   | 6                    |           |   |         |      |
| 6.          | Atimamezole hydrochloride 5mg/ml (Antisedan) 10ml bottles  | 4                    |           |   |         |      |
| 7           | Adrenalin 1ml ampules (1:1000) 10 amps per box,  | 1 boxes (10 ampules) |           |   |         |      |
| 8           | PDS monocryl , suture packs 2.0, 70cm, 36 per box  | 2 boxes              |           |   |         |      |
| 9           | Duplocillin, injectable, 100ml   | 10                   |           |   |         |      |
| 10          | Synulox RTU 100ml injectable (Amoxycillin, clavulanic acid)  | 4                    |           |   |         |      |
| 11          | Acepromazine Maleate , 50ml bottles (Neurotranq)   | 4                    |           |   |         |      |
| 12          | Synulox 50mg tablets (Amoxycillin, clavulanic acid), 100 tabs p/box  | 4 boxes              |           |   |         |      |
| 13          | Synulox 250mg tablets (Amoxycillin, clavulanic acid), 100 tabs p/box   | 5                    |           |   |         |      |
| 14          | Optivite Plus Eye drops, triple action lubricating and osmoprotective comfort solution, 10ml bottle (For lubrication of animals eyes whilst under surgery) | 14                   |           |   |         |      |

| 15 | Otosol antiseptic ear cleansing for dogs and cats. 100ml                            | 5     |  |  |
|----|---|-------|--|--|
| 16 | Kortico injectable Dexamethasone 2mg, 50ml bottle                                   | 2     |  |  |
| 17 | Lignocaine hydrochloride injection 2% -50ml bottle                                  | 1     |  |  |
| 18 | Anaket-V injection 100mg/ml<br>Ketamine hydrochloride, 10ml bottles                 | 10    |  |  |
| 19 | Non absorbable surgical suture,<br>Nylon EP 3 USP 1/0, 100m                         | 1     |  |  |
| 20 | Frontline spray bottle 500ml  | 4     |  |  |
| 21 | Curatex   | 2     |  |  |
| 22 | Convenia ( Cefovecin) antiabotic 80mg/ml, dogs and cats, 20ml bottle                | 1     |  |  |
| 23 | Metronidazole, 5mg/ml, 100ml IVI solution/bag for ivi infusion, dogs and cats       | 1     |  |  |
| 24 | Prednisone 5mg/tab 1000 tabs per bottle   | 1     |  |  |
| 25 | Allergex ( loratadine ) 4mg tablets, 30 tablets per box                             | 1     |  |  |
| 26 | Serenia (Maropitant) 10mg/ml, 20ml<br>bottle  | 2     |  |  |
| 27 | Clopamon syrup, (Metoclopramide)<br>1mg/ml, 100ml bottle                            | 2     |  |  |
| 28 | Easotic, ear drop suspension, 10ml bottle,  | 5     |  |  |
| 29 | Non absorbable surgical suture,<br>Nylon EP 3 USP 2/0, 100m                         | 2     |  |  |
| 30 | Tera cortril ear/eye ointment, tube,<br>Kortico steroid                             | 12    |  |  |
| 31 | Butorphanol, 10mg/ml,   | 1     |  |  |
| 32 | Fresenius Propoven 1% (20ml), each ml contains Propofol 10mg - 5x20ml vials per box | 1 box |  |  |
| 33 | Kyrophos metabolic V, 100ml injectable  | 15    |  |  |
| 34 | Catosal 10%, 100ml bottle   | 10    |  |  |
| 35 | Darrows 2.5L  | 4     |  |  |
| 36 | Lacson 150ml  | 3     |  |  |
| 37 | Ringers lactate drip 1L   | 12    |  |  |

| 38                                    | Dextrose drip, 5% (I 250ml   | V infusio   | n),  | 4           |                         |           |       |
|---------------------------------------|--|---|--|-------------|-------------------------|-----------|-------|
| 39                                    | Non absorbable sur<br>Nylon EP 3 USP 3/0                               | _   | ıre,   | 1           |                         |           |       |
| Service                               | Providers must be reg  | gistered /a   | authorized   |             |                         |           |       |
|                                       | ist provide either a procist/ Doctor with the H                        |   |  |             |                         |           |       |
|                                       |  |   | * LABO   | OUR (IF APP | LICABLE)                |           |       |
|                                       |  |   | *DELIV   | ERY (IF APF | PLICABLE)               |           |       |
|                                       |  |   |  |             |                         | TAL       |       |
| *ONLY /                               | APPLICABLE TO VA   | T REGIS   | TERED S  | UPPLIERS    | 15% VAT                 |           |       |
|                                       |  |   |  |             | TOTAL PR                | RICE      |       |
| CII                                   | DB Grading (if appli   | cable)  |  |             |                         |           |       |
| TELEPHOE-MAIL APROPOS DELIVER LOCAL M | ER NAME ONE NUMBER ADDRESS SED DELIVERY DATE RY ADDRESS MUNICIPALITY T | : 07219<br>: warre<br>: 2022/0<br>: Phakin<br>Hluhluw<br>: Big 5 h<br>: Umkha | 53946<br>n.mccall@<br>9/08<br>misa Indus<br>/e, 3960<br>Habisa<br>anyakude |             | za<br>ate Vet Hluhluwe, | Station F | load, |
| *VAT Reg                              | gistration No. (Supplie  | er)   |  |             |                         |           |       |
|                                       | COMPANY STAMP  | PF  | RICES ARE  |             | Mark one Box (X         | 90        | DAYS  |
|                                       |  |   | SIGNAT   | JRE         |                         |           |       |
|                                       |  |   | DATE   |             |                         |           |       |

1 p

# PART A INVITATION TO BID

| YOU ARE HERE                    | BY INVI  | TED TO BID FOR         | REQUIREMENTS OF T  |            | DEPARTMENT/        | PUBLI            | C ENTITY)       |                                 |     |
|---------------------------------|----------|------------------------|--|------------|--------------------|------------------|-----------------|---------------------------------|-----|
|                                 | D # 1100 | 200/070                | CLOSINGDATE:13   | OCTOBER    |                    |                  |                 |                                 |     |
| BID NUMBER:<br>DESCRIPTION      |          | 223/372<br>AL MEDICINE | 2022   |            |                    | CL               | OSING TIME:     | 11;00                           |     |
|                                 |          |                        | EPOSITED IN THE BID  | BOX SITUAT | FD AT (STREET      | ADDRE            | 12.2            | -7 ,500                         |     |
| DID IXEOI ONGE                  | 500011   |                        |  | DOX OH OAT | ED / (O / / LE / / | ADDITE.          | .00/            |                                 |     |
|                                 |          |                        |  |            |                    |                  |                 |                                 |     |
|                                 |          |                        |  |            |                    |                  |                 |                                 |     |
|                                 | -        |                        |  |            |                    |                  |                 |                                 |     |
| BIDDING PROCE                   | EDURE    | ENQUIRIES MAY          | BE DIRECTED TO   | TECHNICA   | L ENQUIRIES MA     | Y BE             | DIRECTED TO:    |                                 |     |
| CONTACT PERS                    | ON       | Nokwazi Zondi          |  | CONTACT    | PERSON             |                  | WA MC CA        | .LL                             |     |
| TELEPHONE NU                    | MBER     | 033 343 8491           |  | TELEPHON   | E NUMBER           |                  | 072 195 394     | 46                              |     |
| FACSIMILE NUM                   | IBER     |                        |  | FACSIMILE  | NUMBER             |                  |                 |                                 |     |
| E-MAIL ADDRES                   |          |                        | @kzndard.gov.za  | E-MAIL ADI | DRESS              |                  | Warren.mc       | cali@kzndard.gov                | .za |
| SUPPLIER INFO                   |          | N                      |  |            |                    |                  |                 |                                 |     |
| NAME OF BIDDE                   | R        |                        |  |            |                    |                  |                 |                                 |     |
| POSTAL ADDRE                    | SS       |                        |  |            |                    |                  |                 |                                 |     |
| STREET ADDRE                    | SS       |                        |  |            |                    |                  |                 |                                 |     |
| TELEPHONE NU                    | MBER     | CODE                   |  |            | NUMBER             |                  |                 |                                 |     |
| CELLPHONE NU                    | MBER_    |                        |  |            |                    |                  |                 |                                 |     |
| FACSIMILE NUM                   | BER      | CODE                   |  |            | NUMBER             |                  |                 |                                 |     |
| E-MAIL ADDRES                   |          |                        |  |            |                    |                  |                 |                                 |     |
| VAT REGISTRA<br>NUMBER          | ATION    |                        |  |            |                    |                  |                 |                                 |     |
| SUPPLIER                        |          | TAX                    |  |            | CENTRAL            |                  |                 |                                 |     |
| COMPLIANCE                      |          | COMPLIANCE             |  | OR         | SUPPLIER           |                  |                 |                                 |     |
| STATUS                          |          | SYSTEM PIN:            |  |            | DATABASE<br>No:    | MAAA             | 1               |                                 |     |
| ARE YOU THE                     |          |                        |  |            | 110.               | 170 0 0          |                 |                                 |     |
| ACCREDITED                      |          |                        |  | ARE YOU A  | FOREIGN BASE       |                  |                 | _                               | ١   |
| REPRESENTATIV<br>SOUTH AFRICA I |          | ∐Yes                   | □No  | SUPPLIER I | FOR THE GOODS      | 3                | Yes             |                                 | No  |
| THE GOODS                       |          | □ 1 <i>6</i> 3         | □140   | ISERVICES  | WORKS OFFER        | ED?              | [IF YES, ANSWEI | R THE                           |     |
| /SERVICES /WOF                  | RKS      | [IF YES ENCLOS         | SE PROOF]  |            |                    |                  | QUESTIONNAIR    |                                 |     |
| OFFERED?                        | TO DI    | DINC FORFICH           | CUIDDUIEDE   |            |                    |                  |                 |                                 |     |
| QUESTIONNAIR                    | E IO BII | DING FOREIGN           | SUPPLIERS  |            |                    |                  |                 |                                 |     |
|                                 |          |                        | UBLIC OF SOUTH AFR   | ICA (RSA)? |                    |                  | ☐ Y             | ES NO                           |     |
| DOES THE ENTIT                  | TY HAVE  | E A BRANCH IN T        | HE RSA?  |            |                    |                  | ☐ YE            | S 🗌 NO                          |     |
| DOES THE ENTIT                  | TY HAVE  | A PERMANENT            | ESTABLISHMENT IN TI  | HE RSA?    |                    |                  |                 | YES NO                          |     |
| DOES THE ENTIT                  | TY HAVE  | E ANY SOURCE C         | OF INCOME IN THE RSA   | \?         |                    |                  |                 | YES NO                          |     |
| IF THE ANSWER                   | IS "NO   | " TO ALL OF TH         | ANY FORM OF TAXATION IN TAXATION IN THE REPORT OF TAXATION IN TAXA | NOT A REQU | IREMENT TO RE      | GISTEI<br>GISTER | R FOR A TAX CO  | S □ NO<br>Mpliance Statu<br>Ow. | US  |

|   | IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?   | ☐ YES ☐ NO  |
|---|---|---|
|   | DOES THE ENTITY HAVE A BRANCH IN THE RSA?   | YES NO  |
|   | DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  | YES NO  |
|   | DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?   | ☐ YES ☐ NO  |
|   | IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?  IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS | ☐ YES ☐ NO OR A TAX COMPLIANCE STATUS S PER 2.3 BELOW |
| П | T. T  | VI LIVE.V DELVIY,                                     |

#### **BIDDER'S DISCLOSURE**

#### 1. PURPOSE OF THE FORM

2.3.1 If so, furnish particulars:

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

| 2.1.1        | numbers   | of sole proprietor/ of                      | e names, individual identity<br>directors / trustees / share<br>n the enterprise, in table be | numbers, and, if applicable, state employee<br>cholders / members/ partners or any person<br>clow. |
|--------------|-----------|---|---|--|
|              |           | Full Name                                   | Identity Number   | Name of State institution  |
| 2.2<br>2.2.1 | by the pr | or any person connectocuring institution? Y | ted with the bidder, have a   | relationship with any person who is employed   |

<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

#### 3 DECLARATION

| I, the undersigned, (name)  | in submitting |
|---|---------------|
| the accompanying bid, do hereby make the following statements that I certify to be true | and complete  |
| in every respect:   |               |

- 3.1 I have read and I understand the contents of this disclosure:
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 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 consortium2 will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 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.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.6 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.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF

PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

| Signature | Date        |
|-----------|-------------|
| Position  | Name of bid |

<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

# PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all bids invited. it contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

#### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all bids:
  - 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
- a) The value of this bid is estimated to exceed/not exceed R50 000 000 (all applicable taxes included) and therefore the ....... preference point system shall be applicable; or
- b) Either the 80/20 or 90/10 preference point system will be applicable to this tender (delete whichever is not applicable for this tender).
- 1.3 Points for this bid shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this bid are allocated as follows:

|  | PONTA  |
|--|--|
| PRICE                                      | The second section of the second seco |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR         |  |
| Total points for Price and B-BBEE must not | 100  |
| exceed                                     |  |

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

#### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act:
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals:
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 68 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts:
- (h) "proof of B-BBEE status level of contributor" means:
  - 1) B-BBEE Status level certificate Issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the 8-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bld invitation, and includes all applicable taxes;

#### 3. POINTS AWARDED FOR PRICE

#### 3.1 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

$$Ps = 80 \left( 1 - \frac{Pt - P \min}{P \min} \right) \qquad \text{or} \qquad Ps = 90 \left( 1 - \frac{Pt - P \min}{P \min} \right)$$

Where

Ps = Points scored for price of bid under consideration

Pt = Price of bld under consideration

Pmin = Price of lowest acceptable bld

# 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of<br>Contributor | Number of points<br>(00/10 system) | Number of points<br>(20/20 system) |
|---------------------------------------|------------------------------------|------------------------------------|
| 1                                     | 10                                 | 20                                 |
| 2                                     | 9                                  | 18                                 |
| 3                                     | 6                                  | 14                                 |
| 4                                     | .5                                 | 12                                 |
| 5                                     | 4                                  | 8                                  |
| . 6                                   | 3                                  | 6                                  |
| 7                                     | 2                                  | 4                                  |
| 8                                     | 1 1                                | 2                                  |
| Non-compliant contributor             | 0                                  | 0                                  |

| 5.        | BID DECLARATION  |
|-----------|--|
| 5.1       | Bidders who claim points in respect of B-BBEE Status Level of Contribution mus complete the following:   |
| 6.        | B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1  |
| 6.1       | B-BBEE Status Level of Contributor: . =(maximum of 10 or 20 points)  |
|           | (Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor. |
| <b>7.</b> | SUB-CONTRACTING  |
| 7.1       | Will any portion of the contract be sub-contracted?  |

7. (Tick applicable box)

| VEC | T NO |
|-----|------|
| 120 |      |

| 7.1.1 | if   | yes, indicate:    |                   |            |             |                    |              |         |
|-------|------|-------------------|-------------------|------------|-------------|--------------------|--------------|---------|
|       | I)   | What subcontracts | percentage        | of         | the         | contract           | will         | be      |
|       | ii)  |                   | the sub-contrac   |            |             |                    |              |         |
|       | iii) | The B-BBEE        | status level of t | he sub-co  | ntractor    |                    |              | ******* |
|       | IV)  | Whether the       | sub-contractor i  | s an EME   | or QSE      |                    | **********   | 20-4986 |
|       | -    | (Tick applica     | thie box)         |            |             |                    |              |         |
|       |      | YES               | NO                |            |             |                    |              |         |
|       | V)   | Specify, by the   | king the approp   | riate box, | if subcontr | racting with an en | temrise in t | arme    |

of Preferential Procurement Regulations, 2017:

| Designated    | Group: An EME        | or QSE while   | h is at last 51  | % owned   | EME | QSE                           |
|---------------|----------------------|--|--|---|-----|-------------------------------|
| Black people  |                      |  | er carrie <del>des resistantes des c</del> arries de   |   |     | ٧                             |
|               | who are youth        | Andrews & State of St |  |   |     | To Timellandon character page |
| Black people  | who are women        | , symptom spirit a market  | - 1 -  | ** ** ****  |     |                               |
| Black paople  | with disabilities    |  | amended in the second s | to a supplied to the supplied |     |                               |
| lack people i | living in rural or u | derdeveloped   | areas or tow   | nships  | -   |                               |
| coperative o  | wned by black pe     | opie   |  |   |     |                               |
|               | , , ,                | of the contract of the state of the second sta | Annual Control of the local Co | - day   |     |                               |

| Γ   | Bla    | ok people who are military veterans  |
|-----|--------|--|
| 1   | 4 - 17 | OR   |
|     |        | EME<br>Q\$E  |
| 19  | MIX    |  |
| 8.  |        | DEOLADATION METH BEGADE TO COMPANY   |
|     | ,      | DECLARATION WITH REGARD TO COMPANYIFIRM  |
| 8.1 | ,      | Name   |
|     |        | company/film:  |
| 8.2 |        | VAT registration   |
|     |        | number:  |
| 8.3 |        | Company  |
|     |        | number:registration  |
| 8.4 |        | TYPE OF COMPANY/ FIRM  |
|     |        |  |
|     |        | <ul> <li>□ Parinership/Joint Venture / Conscritium</li> <li>□ One person business/sole propriety</li> </ul>  |
|     |        | Close corporation  |
|     |        | [] Company   |
|     |        | (Pty) Limited  |
|     |        | [TICK APPLICABLE BOX]  |
| 8.5 |        | DESCRIBE PRINCIPAL BUSINESS ACTIVITIES   |
|     |        |  |
|     |        |  |
|     |        | ***************************************  |
|     |        |  |
|     |        | ***************************************  |
| 8.6 | (      | COMPANY CLASSIFICATION   |
|     |        | Manufacturer   |
|     |        |  |
|     |        | · · · · · · · · · · · · · · · · · · ·  |
|     |        | Other service providers, e.g. transporter, etc.  |
|     | _      | -  |
| 8.7 | T      | otal number of years the company/firm has been in business:  |
| 8.8 | M      | we, the undersigned, who is / are duly authorised to do so on helpot of the  |
|     | CC     | impany/nrm, certify that the points claimed, based on the Bakks status level of  |
|     | CC     | intributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the   |
|     | CO     | mpany/ firm for the preference(s) shown and I / we acknowledge that:   |
|     | 1)     | 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 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct: |
|     | lv)    | If the B-BBEE status level of contributor has been claimed as about  |

fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have —

(a) disqualify the person from the bidding process;

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- (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 bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partern (hear the other side) rule has been applied; and
- (e) forward the matter for criminal prosecution.

| The dark-company temperature are a proportional representation. Bellevillation . Also debuted, and the company of the company |         | designation of the second seco |
|---|---------|--|
| WITNESSES   |         |  |
| 1   | SIG     | NATURE(S) OF BIDDERS(S)  |
| 2   | DATE:   | p = popular no no e q = 20000 ppp + 2000 pp +  |
|   | ADDRESS | demonorment to the confidence of the confidence  |
|   | 1       |  |
| 0.2   | -       |  |

#### CONTRACT FORM - PURCHASE OF GOODS/WORKS

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SUCCESSFUL BIDDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SUCCESSFUL BIDDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

#### PART 1 (TO BE FILLED IN BY THE BIDDER)

| 1. | I hereby undertake to supply all or any of the goods and/or works described in the attached bidding documents to (name of              |
|----|--|
|    | institution) in accordance with the requirements and specifications stipulated in bid number   |
|    | at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the purchaser during the validity period indicated |
|    | and calculated from the closing time of bid.   |

- 2. The following documents shall be deemed to form and be read and construed as part of this agreement:
  - (i) Bidding documents, viz
    - Invitation to bid;
    - Tax clearance certificate;
    - Pricing schedule(s);
    - Technical Specification(s);
    - Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2011;
    - Declaration of interest:
    - Declaration of bidder's past SCM practices;
    - Certificate of Independent Bid Determination
    - Special Conditions of Contract;
  - (ii) General Conditions of Contract; and
  - (iii) Other (specify)
- 3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the goods and/or works specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.
- 4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfilment of this contract.
- 5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
- 6. I confirm that I am duly authorised to sign this contract.

| NAME (PRINT) |     |           |
|--------------|-----|-----------|
| CAPACITY     | 300 | WITNESSES |
| SIGNATURE    |     | 1         |
| NAME OF FIRM |     | 2         |
| DATE         |     |           |

## CONTRACT FORM - PURCHASE OF GOODS/WORKS

# PART 2 (TO BE FILLED IN BY THE PURCHASER)

| i unde     | rtake to m | indicating delivery in<br>ake payment for the out of an invoice according | goods/works deliver | red in accordance with | n the terms and conditions o              | f the contract, within 30 (  |
|------------|------------|---|---------------------|------------------------|---|--|
| ITE<br>NO. | M          | PRICE (ALL<br>APPLICABLE<br>TAXES<br>INCLUDED)                            | BRAND               | DELIVERY<br>PERIOD     | B-BBEE STATUS<br>LEVEL OF<br>CONTRIBUTION | MINIMUM THRESHOLD FOR LOCAL PRODUCTION AND CONTENT (if applicable) |
|            |            |   |                     |                        |   |  |
| l confir   | m that I a | m duly authorized to  | sign this contract. |                        |   |  |
| ED AT      | gi         | (   | ON                  |                        |   |  |
| (PRINT)    |            |   |                     |                        |   |  |
| ATURE      |            |   |                     |                        |   |  |
| CIAL STAM  | IP         |   |                     | WITNE                  | ESSES                                     |  |
|            |            |   |                     | 1.                     |   |  |
|            |            |   |                     | 2.                     |   |  |
|            |            |   |                     | -                      |   |  |

#### **CONTRACT FORM - RENDERING OF SERVICES**

THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SERVICE PROVIDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SERVICE PROVIDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.

#### PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

|    |                     |  |  |  |                      |               | ,            |                    |                    |
|----|---------------------|--|--|--|----------------------|---------------|--------------|--------------------|--------------------|
| 1. | Bid Num             | n)<br>ber  | render servicesin accorda at the price/s quoted. Mand calculated from the cl   | /ly offer/s rema                               | quireme<br>in bindin |               | directives / |                    |                    |
| 2. | The follo           | wing documents sha   | all be deemed to form and  | d be read and d                                | construe             | d as part of  | this agreem  | ent:               |                    |
|    | (iv)<br>(v)<br>(vi) | - Tax cle - Pricing - Filled ir - Prefere - Prefere - Declara - Certific - Special | nts, viz on to bid; earance certificate; schedule(s); n task directive/proposal; ence claims for Broad Bantial Procurement Regulation of interest; ation of bidder's past SCI ate of Independent Bid D I Conditions of Contract; ns of Contract; and | ased Black Eco<br>ations 2011;<br>M practices; | onomic I             | Empowerme     | ent Status L | evel of Contributi | on in terms of the |
| 3. | specified           | in the bidding docur   | myself as to the correctn<br>nents; that the price(s) a<br>will be at my own risk.   |  |                      |               |              |                    |                    |
| 4. |                     |  | the proper execution and   |  | all obliga           | itions and co | onditions de | volving on me un   | der this agreemen  |
| 5. | I declare           | that I have no partic  | ipation in any collusive p   | ractices with ar                               | ny bidde             | r or any othe | er person re | garding this or an | y other bid.       |
| 6. | I confirm           | that I am duly author  | rised to sign this contract  | t.   |                      |               |              |                    |                    |
|    | NAME                | (PRINT)  |  |  | WI                   | TNESSE        | C C          |                    | ĵ                  |
|    | CAPAC               | CITY   |  |  | WI                   | INESSE        | is.          |                    |                    |
|    | SIGNA               | TURE   | 900000000000000000000000000000000000000  |  | 1                    |               | 0000000      | •••••              |                    |
|    | NAME                | OF FIRM  |  |  |                      |               |              |                    |                    |

DATE

# **CONTRACT FORM - RENDERING OF SERVICES**

# PART 2 (TO BE FILLED IN BY THE PURCHASER)

| 1.   | I   |                                    |  |               |           |  |   |      |  |  |
|------|---|------------------------------------|--|---------------|-----------|--|---|------|--|--|
| 2.   | An official order indicat                           | ing service delivery instructi     | ions is forthcoming.                           |               |           |  |   |      |  |  |
| 3.   | l undertake to make pa<br>after receipt of an invoi | yment for the services rend<br>ce. | ered in accordance v                           | with the tern | ns and co | onditions of the contra                      | act, within 30 (thirty)   | days |  |  |
|      |   | CRIPTION OF<br>SERVICE             | PRICE (ALL<br>APPLICABLE<br>TAXES<br>INCLUDED) | COMPLI<br>DAT |           | B-BBEE<br>STATUS LEVEL<br>OF<br>CONTRIBUTION | MINIMUM<br>THRESHOLD<br>FOR LOCAL<br>PRODUCTION<br>AND CONTENT<br>(if applicable) |      |  |  |
|      |   |                                    |  |               |           |  |   |      |  |  |
| 4.   | I confirm that I am du                              | ly authorized to sign this co      | ntract.  |               |           |  |   |      |  |  |
| SIGN | ED AT   | ON                                 |  |               |           |  |   |      |  |  |
| NAME | E (PRINT)   |                                    |  |               |           |  |   |      |  |  |
| SIGN | ATURE   |                                    |  |               |           |  |   |      |  |  |
| OFFI | CIAL STAMP  |                                    |  | ] [           | WITNES    | SES  |   |      |  |  |
|      |   |                                    |  |               | 1         |  |   |      |  |  |
|      |   |                                    |  |               | 2         |  |   |      |  |  |
|      |   |                                    |  |               | DATE:     |  |   |      |  |  |
|      |   |                                    |  | en de         |           |  |   |      |  |  |