

KWAZULU-NATAL DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

Quotation No: R/S/2223/258
REPLACE THE BURN OF CONTROL BOX FOR THE BORE HOLE STARTER

COMPULSORY SITE BRIEFING DETAILS								
DATE 20/05/ 2022								
MEETING VENUE	DEPT OF AGRICULTURE AND RURAL DEVELOPMENT (BELGRADE LOCAL OFFICE							
MEETING ADDRESS 31003 BELGRADE TRUST FARM SIMDLANGENTSHA								
START TIME	10HOO							

REQUIREMENT – CIDB GRADING EB OR EP 1

For more information, please contact the following official:

For: Technical Enquiries: Mr WEZA ZONDI / NATHI 082 4435707/0769374141

For: Quotation/SCM enquiries:

Maureen Shabangu

033 3438375

CLOSING DATE: 27/05/2022 TIME: 11:00 AM



INVITATION OF QUOTATION

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

QUOTATION NUMBER: R/S/2223/258	VALIDITY PERIOD OF QUOTATION Days
	(To be completed by the Supplier)
CLOSING DATE: 27/05/2022	CLOSING TIME: 11:00
DESCRIPTION(SPECIFICATION/S) OF ITEMS/	COMPANY NAME:
SERVICE REQUIRED: REPLACE THE BURN OF	
CONTROL BOX FOR THE BORE HOLE STARTER	
	TEL NO:
SEE SPEC ATTACHED.	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	
15 77152 771111	
WHERE ARE THE STOCK HELD? (PHYSICAL ADDRESS , PLEASE)	
(I III SICAL ADDINESS , I ELASE)	
QUOTATION PRICE INCLUDING VAT	TOTAL: R
(VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY)	
COMPANY OFFICIAL STAMP (COMPULSORY)	
CONTRACTOR CONTRACTOR (CONTRACTOR CONTRACTOR	F1 500 F33.1 * 00 * 100 F30.1 * 100 F1 50.1
	SIGNATURE OF BIDDER
	DATE
Quotation to be returned to: Maureen Shabangu	
Email address: maureen.ndimande@kzndard.gov.za	
Tel. No: 033 3438375	
NB: DOCUMENT MUST BE COMPLETED IN FULL	D DETURNED WITH ALL VOLID CURRONTING DOCUMENTS

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

COMPANY NAME	Mile I and the second of the s
ADDRESS	•
CONTACT PERSON	
CONTACT NUMBER	•

LINE NO.	DESCRIPTION OR SPECIFICATION OF ITEM	REQUIRED QUANTITY	UNIT F		TOTAL F	PRICE
	(Please be very specific and clear)		R	С	R	С
	To Urgent repair the blown Low Voltage ECC main Cable between supply point, main Kioski. And the borehole room					
1.	Supply, deliver and replace 11 KW 400V STARTER SUPR-SP11-PSL, 6,2 starter control box for the borehole in orange weather proof box model 2PC03 with the 3 phase starter circuit inside, 2X3 phase contactors with overload protection unit and Isolator with interlock mechanism.	1				
2.	Supply and Replace the following items below the burnt cable Jointing:					
	 4m X 25mm² ECC 3Core armoured LV cable and join it with the 2 Scotch cast joint for the bore hole house main supply. 	2				
	To break and remove the concrete, rubble in order to expose the cable inside the borehole room.	1m ²				
	 To supply the oscilliator pulse thumping and detector machine and thump the faulty cable to identify the damage area to the faulty cable, then spike the correct faulty cable with the spiking gun for safety reasons. 	2				
	To supply cable jointing kit and repair 4m X 4mm² borehole 4 Core LV cable and join it with the Scotch cast joint kit to one side and the other side must be terminated inside the control box of the borehole. (NOTE: The joining of the cable cores must be done with the Aluminum shear force clamps or the crimpling tool) and to ensure the correct phase to phase connection.	2				
	 Supply and install the lightning arrestor supported by means of the 15 MPA concrete foundation and earth. 					
	 Supply and install the earth spikes and 4 X 35mm² earth wire and connect it into the earthing bar and the new fitted spikes for the existing kioski. 	2			•	
	Supply and replace the 1 X 3 Phase					

	surge arrestors for the borehole contribox and connect them into the existin box earth bar to complete the earthin the cable into the general mass of ear To perform faultfinding to the main cab after the Eskom boundary customer si supplying the main kiosk, repair the damage cable found while you thumpir the supplying cable, (replace with 2m of LV cable to the damage place) cable feeding the Distribution box and the mabuilding	ng of rth. ole ide ng 3
3	THE SHOULD STATE OF S	1
4	Supply and replace the burnt 10way DB Board into the bore hole pump house, 1x 80A CBI 3phase MCB 3kA curve 2, 1X63A Main Breaker, 63A Earth Leakage, 1X 20A & 1X 10A CBI MCB and surge arrestors.	1
	 Supply and rewire the plug circuit and 1 x 100 X 100 Double socket outlet on the extension box. Supply and rewire the lights circuit and 1 x 100 X 50 double lever switch on the extension box to operate the inside lights Supply and rewire the security light circuit also install Day night switch to operate 3 X 100W flood lights mounted on to the wall. 	
5.	Supply and install 100 X 100 grab tree and covers Single socket outlets and replace the fault and broken plugs on to different offices in the main building.	6
6	Supply and install double lights per pole 6 X 1000W security lights operate on the different day nights switch on top of the treated wooden poles. Supply, deliver and install (black treated creosote) 9m X 160 pole top wooden poles. Supply and install the 240 m X 4mm² underground cable, dig the trench and lay the	6 3 1
	On Completion backfill the trench, repair	1m ²

	and CoC's to be issued.										
(A)	Contractors are to ensur S.A.B.S approved and d exercised whilst conduct	ue deligence needs to be									
(B) The Contractor is to be HT/LV Certified, Supply with Valid Certification and ensure that all safety requirements in terms of the OHS/SHE Act are adhered to at all times.											
(C)	(C) The complete Cable jointing must be done by a competent cable jointer with the Municipality/Eskom Accreditation										
	NB: COMPULSORY SIT	E BRIEFING at Belgrade				I					
		* LABOUR (I	F APPLICABI	_E)							
		*DELIVERY (I	F APPLICAB	LE)							
1.00 H 3.0 A				- TOTAL		I					
*ONLY A	APPLICABLE TO VA	REGISTERED SUPPL	IERS 15% V	AT							
			_	TOTAL PRICE		T					
CID	B Grading (if applic	able) EB or EP	1								
E-MAIL A PROPOSI DELIVER	R NAME ONE NUMBER DDRESS ED DELIVERY DATE Y ADDRESS IUNICIPALITY	: Weza Zondi : 033 355 9558/ 082 443 : weza.zodi@kzndard.go : 01/07/2022 : Itshelejuba / Belgrade I : Pongola : Zululand DC	ov.za								
*VAT Reg	istration No. (Supplie	r)									
	COMPANY STAMP	PRICES ARE VALID		rk one Box (X) 60 90	DAYS						
		SIGNATURE	•••••								

DATE.....

PART A INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)										
BID NUMBER:		CLOSING DATE:		CL	OSING TIME:					
DESCRIPTION DESCRIPTION	MENTS MAY BE D	EDOCITED IN THE DID S	OOV CITUATED	AT /CTDEET ADE	DECC					
BID RESPONSE DOCUM	MENTS WAT DE D	EPOSITED IN THE BID E	OUY SHOWLED	AI (SIREEI ADL	IKESS)					
			1							
BIDDING PROCEDURE	ENQUIRIES MAY	BE DIRECTED TO	TECHNICAL	ENQUIRIES MAY	BE DIRE	ECTED TO:				
CONTACT PERSON			CONTACT PE	RSON						
TELEPHONE NUMBER			TELEPHONE	NUMBER						
FACSIMILE NUMBER			FACSIMILE N	IUMBER						
E-MAIL ADDRESS	l		E-MAIL ADDF	RESS						
SUPPLIER INFORMATIO	ON									
NAME OF BIDDER										
POSTAL ADDRESS										
STREET ADDRESS										
TELEPHONE NUMBER	CODE			NUMBER						
CELLPHONE NUMBER				Ť						
FACSIMILE NUMBER	CODE		NUMBER							
E-MAIL ADDRESS										
VAT REGISTRATION NUMBER										
SUPPLIER	TAX			CENTRAL						
COMPLIANCE STATUS	COMPLIANCE SYSTEM PIN:		OR	SUPPLIER DATABASE						
	STOTEWITH.			No:	MAAA	AAA				
ARE YOU THE										
ACCREDITED REPRESENTATIVE IN			I	OREIGN BASED		□Yes	□No			
SOUTH AFRICA FOR	□Yes	□No	I .	OR THE GOODS Works Offered		□163	[_]110			
THE GOODS			/SERVICES /V	WORKS OFFERED	ſ	[IF YES, ANSWER THE				
/SERVICES /WORKS OFFERED?	[IF YES ENCLOS	SE PROOF]				QUESTIONNAIRE BELO	OW]			
QUESTIONNAIRE TO BII	DDING FOREIGN	SUPPLIERS								
IS THE ENTITY A RESID	ENT OF THE REP	UBLIC OF SOUTH AFRIC	CA (RSA)?			☐ YES ☐ NO				
DOES THE ENTITY HAVE	E A BRANCH IN TH	HE RSA?				☐ YES ☐ NO				
DOES THE ENTITY HAVE	A PERMANENT	ESTABLISHMENT IN TH	E RSA?			YES N	0			
DOES THE ENTITY HAVE	E ANY SOURCE O	F INCOME IN THE RSAT	?			YES N	o			
IS THE ENTITY LIABLE IN IF THE ANSWER IS "NO SYSTEM PIN CODE FRO	" TO ALL OF THE	E ABOVE, THEN IT IS N	OT A REQUIRE	EMENT TO REGIS	TER FO	YES NO R A TAX COMPLIANCE PER 2.3 BELOW.	STATUS			

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 IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.
- 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
- 1.4. THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).

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 VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
- 2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PA	ARTICULARS MAY RENDER THE BID INVALID
SIGNATURE OF BIDDER:	
CAPACITY UNDER WHICH THIS BID IS SIGNED: (Proof of authority must be submitted e.g. company resolution)	
DATE:	

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

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/ di	rectors / trustees / share the enterprise, in table be	numbers, and, if applicable, state employee cholders / members/ partners or any person clow.
		Full Name	Identity Number	Name of State institution
2.2 2.2.1	by the pro	ocuring institution? YE nish particulars:	ed with the bidder, have a	relationship with any person who is employed
		9333	ra	
2.3	having a	bidder or any of its d controlling interest in t y are bidding for this	he enterprise have any in	cholders / members / partners or any person terest in any other related enterprise whether YES/NO
2.3.1	If so, furn	ish particulars:		

¹ 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)
3.1 3.2	I have read and I understand the contents of this disclosure; 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
3.4	partners in a joint venture or consortium2 will not be construed as collusive bidding. 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

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.

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.	I	hereby	undertake	to	render	services	described	in	the	attached	bidding	documents	to	(name	of	the
	ins	stitution)				in accord	dance with the	e req	uireme	ents and task	directives	/ proposals s	pecific	ations sti	pulate	ed in
	Bio	d Number.			at the pric	e/s quoted.	My offer/s re	main	bindir	ng upon me	and open fo	or acceptance	by th	e Purcha	ser dı	urino
							closing date					•	•			

- 2. The following documents shall be deemed to form and be read and construed as part of this agreement:
 - (iv) Bidding documents, viz
 - Invitation to bid;
 - Tax clearance certificate;
 - Pricing schedule(s);
 - Filled in task directive/proposal;
 - 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:
 - (v) General Conditions of Contract; and
 - (vi) 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 services 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 fulfillment 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)	 WITNESSES		
CAPACITY	 WIINDSES		
SIGNATURE	 1		
NAME OF FIRM			
DATE	 2		

CONTRACT FORM - RENDERING OF SERVICES

PART 2 (TO BE FILLED IN BY THE PURCHASER)

1.	Ireference number annexure(s).	in my o	capacity as for the rende	ering of services inc	licated hereunder and	accept your bid und or further specified in t			
2.	An official order indicating service delivery instructions is forthcoming.								
3.	I undertake to make payment for the services rendered in accordance with the terms and conditions of the contract, within 30 (thirty) day after receipt of an invoice.								
	DE	SCRIPTION OF SERVICE	PRICE (ALL APPLICABLE TAXES INCLUDED)	COMPLETION DATE	B-BBEE STATUS LEVEL OF CONTRIBUTION	MINIMUM THRESHOLD FOR LOCAL PRODUCTION AND CONTENT (if applicable)			
4.	I confirm that I am	duly authorised to sign this co	ontract.						
SIGNI	ED AT	ON							
NAME	E (PRINT)								
	ATURE								
OFFIC	CIAL STAMP			WITNE	SSES				
				1					
				2 DATE:					
				DATE.					

OFFICIAL BRIEFING SESSION/SITE INSPECTION CERTIFICATE

N. B.: THIS FORM IS ONLY TO BE COMPLETED WHEN APPLICABLE TO THE BID.
Site/Building/Institution Involved:
Quotation Reference No: ZNQ 0000/21T
Goods/Service:

This is to certify that (bidder's representative name)
On behalf of (company name)
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 Authorized Representative (PRINT NAME) DATE://
Name of Departmental or Public Entity Representative (PRINT NAME)
Departmental Stamp With Signature