

#### **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/2223/710	VALIDITY PERIOD OF QUOTATION
	Days
	(To be completed by the Supplier)
CLOSING DATE:30/08/2022	CLOSING TIME:11H00
DESCRIPTION(SPECIFICATION/S) OF ITEMS/	COMPANY NAME:
SERVICE REQUIRED: <b>DERWOMERS</b>	
SEE ATTACHED SPEC	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?	YES/NO
HAS IT BEEN INSPECTED BY SABS?	YES/NO
	(DELETE WHICH EVER IS NOT APPLICABLE)
	(SEELE THIRD TO THE FEBRUARY
DELIVERY PERIOD AFTER INITIAL ORDER?	
IS THE PRICE FIRM	
WHERE ARE THE STOCK HELD?	
WHERE ARE THE STOCK HELD?	
(PHYSICAL ADDRESS , PLEASE)	
QUOTATION PRICE INCLUDING VAT	
(VAT TO BE ADDED BY REGISTERED VAT VENDORS	TOTAL: R
ONLY)	
•	
COMPANY OFFICIAL STAMP (COMPULSORY)	
	SIGNATURE OF BIDDER
	DATE
	DATE
NUMBER OF PAGES FAXED BACK TO THE	( Supplier to complete)
DEPARTMENT BY THE SUPPIER	Supplier to complete)

EMAIL QUOTATION FOR ATTENTION OF MR SENZO NDLELA CONTACT NUMBER: 033-343 8493 EMAIL ADDRESS: senzo.ndlela@kzndard.gov.za

NB: THE ATTACHED FORMS MUST BE COMPLETED IN FULL. THIS QUOTATION PAGE MUST BE COMPLETED AND RETURN WITH ALL YOUR QUOTATION DOCUMENTS.

ease	write your details CLEARLY any Name						
ddre							
	ct Person :						
	ct Number :						
.IN	DESCRIPTION OR		REQUIRED QUANTITY	UNIT PRICE EXCL. VAT		TOTAL PRICE	
114	SPECIFICATION OF ITEM		<b>G</b> 5747	R	С	R	C
0.	(Please be very specific and cle	ear)		N	+		
1	Parasiticide treatment for <i>cattle</i> Ivermax 1%. ivermectin 1% - 500ml	ie.	26				
2	Liver fluke remedy ie. Maxifluk triclorabendazole 10%	е	13				
	- 5litre		* LABOUR (II	FAPPLIC	ABLE)		
			*DELIVERY (I				
			"DELIALIK! (		TOTAL		
			EDED CUBBI		% VAT		
*0	NLY APPLICABLE TO VAT RE	GIST	EKED SUPPL	TOTAL			
			CIDB Gradii				
			CIDB Gradii	ig (ii app	iloub.9/		
	_						
or E	nquiry only USER NAME : I	Miche	elle Larsen				
ND-		033 3	43 8292		(involoin	a)	
	II ADDRESS	Mich	elle.larsen@kzno	dard.gov.za	i (Invoicin	9)	
	POSED DELIVERY DATE :	Augu	st 2022 ara Research Sta	Han Anima	al Science	e Buildina O	ffice #9
DELL	VFRY ADDRESS			tion- Amin	al Obletio	O Daniello	
LOC	AL MUNICIPALITY :	Umg					
	RICT :	UMg	ungundlovu				
*VA	「Registration No. (Supplier)∷	P	RICES ARE VALI		k one Box		DAYS
		URE					

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NB: DOCUMENT MUST BE COMPLETED IN FULL
THIS QUOTATION COVER PAGE MUST BE COMPLETED AND RETURNED WITH ALL YOUR SUPPORTING DOCUMENTS.

# PART A INVITATION TO BID

YOU ARE HEREBY IN	/ITED TO BID FOR	REQUIREMENTS OF	THE (NAME O	F DEPARTMENT	/ PUBL	IC ENTITY)		
	223/710					LOSING TIME:	11:00	
	WOMERS							
BID RESPONSE DOCU	MENTS MAY BE	DEPOSITED IN THE BID	BOX SITUAT	TED AT <i>(STREET</i>	ADDR	RESS)		
					-			
BIDDING PROCEDURE	ENQUIRIES MAY	BE DIRECTED TO	TECHNICA	L ENQUIRIES MA	AY BE	DIRECTED TO:		18 [
CONTACT PERSON	Senzo Ndlela		CONTACT	PERSON		Michelle La	arsen	
TELEPHONE NUMBER	033 343 8493		TELEPHON	IE NUMBER		033 343 82	92/076 941732	18
FACSIMILE NUMBER	N/A		FACSIMILE	NUMBER		N/A		
E-MAIL ADDRESS		kzndard.gov.za	E-MAIL ADI	DRESS		Michelle.la	rsen@kzndar	d.gov.za
.SUPPLIER INFORMAT	ION				167			
NAME OF BIDDER								
POSTAL ADDRESS								
STREET ADDRESS								
TELEPHONE NUMBER	CODE			NUMBER				
CELLPHONE NUMBER						Ψ		
FACSIMILE NUMBER	CODE			NUMBER				
E-MAIL ADDRESS								
VAT REGISTRATION NUMBER								
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		OR	CENTRAL SUPPLIER DATABASE No:	MAA	A		
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	☐Yes	□No SE PROOF]	SUPPLIER	FOREIGN BASE FOR THE GOOD WORKS OFFER	ED <b>S</b>	☐Yes [IF YES, ANSWE QUESTIONNAIR		□No
QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS								

# 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:	80.00.0000

#### **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. Bidde	er's decl	aration
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- 2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest1 in the enterprise, employed by the state?
- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State institution

<ul><li>2.2</li><li>2.2.1</li></ul>	Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? <b>YES/NO</b> If so, furnish particulars:
	<u></u>
2.3	Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract?  YES/NO
2.3.1	If so, furnish particulars:

<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 DI

3.1 3.2

3.3

3.4

3.4

3.5

3.6

	DECLARATION
	I, the undersigned, (name)
	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; 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. 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. 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.
	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.
( ( )	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 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

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

<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.

# 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)

<ol> <li>I hereby undertake to supply all or any of the goods and/or works described in the attached bidding documents to (not institution)</li></ol>	
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- The following documents shall be deemed to form and be read and construed as part of this agreement: 2.
  - Bidding documents, viz (i)
    - 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;
  - General Conditions of Contract; and (ii)
  - (iii) Other (specify)
- 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 3. 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.
- I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement 4. as the principal liable for the due fulfillment of this contract.
- I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid. 5.
- 6. I confirm that I am duly authorised to sign this contract.

NAME (PRINT)		
CAPACITY		WITNESSES
SIGNATURE		1
NAME OF FIRM	g	2
DATE		