

INVITATION OF QUOTATION FROM R1 - R1 MILLION THIS FORM SHOULD BE COMPLETED IN DETAIL AND SHOULD BE ACCOMPANY A VALID BBBEE CERTIFICATE/SWORN AFFIDAVIT /CSD REPORT

QUOTATION NUMBER: R/S/2324/56	VALIDITY PERIOD OF QUOTATION Days
	(To be completed by the Supplier)
CLOSING DATE: 16/05/2023	CLOSING TIME:11H00
	COMPANY NAME:
DESCRIPTION(SPECIFICATION/S) OF ITEMS/	
SERVICE REQUIRED: INK CARTRIDGES	TEL NO:
	FAX NO:
See attached spec.	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)
DELIVERY DEDICE AFTER WITH CORP.	(PELLIN MONTE EN NOVEMBER)
DELIVERY PERIOD AFTER INITIAL ORDER?	
IS THE PRICE FIRM	
MULEDE ADE THE CTOCK HELDS	
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)	NA MAG
COMITATION (COMIT DESCRIT)	SIGNATURE OF BIDDER
	S.S.W. GAL OF BIDDER
	DATE
Quetation to be volumed to Neturbius Vhere	

Quotation to be returned to: **Nokuphiwa Khoza**Nokuphiwa.Ngubo@kzndard.gov.za

Tel. No: 033 343 8359

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 INVI				EPARTMENT/ PUE	BLIC EN	TITY)	
BID NUMBER: R/S/23		CLOSING DATE: 16/05	/2023		CL	OSING TIME: 11	:00
	DESCRIPTION INK CARTRIDGES						
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)							
BIDDING PROCEDURE	ENQUIRIES MAY	BE DIRECTED TO	TECHNICAL E	ENQUIRIES MAY I	BE DIRE	CTED TO:	
CONTACT PERSON	Nokuphiwa Kho	oza	CONTACT PE	RSON		MICHELLE	
TELEPHONE NUMBER	033 343 8359		TELEPHONE	NUMBER		033 343 8292	
FACSIMILE NUMBER	N/A		FACSIMILE N	UMBER		N/A	
E-MAIL ADDRESS		ubo@kzndard.gov.za	E-MAIL ADDR	ESS			
SUPPLIER INFORMATIO	N						
NAME OF BIDDER							
POSTAL ADDRESS							
STREET ADDRESS							
TELEPHONE NUMBER	CODE			NUMBER			
CELLPHONE NUMBER							
FACSIMILE NUMBER	CODE			NUMBER			
E-MAIL ADDRESS							
VAT REGISTRATION NUMBER							
SUPPLIER	TAX			CENTRAL		-	
COMPLIANCE STATUS	COMPLIANCE SYSTEM PIN:		OR	SUPPLIER			
	STOTEWITH.			DATABASE No:	MAAA		
ARE YOU THE							
ACCREDITED REPRESENTATIVE IN			ARE YOU A FO	OREIGN BASED			
SOUTH AFRICA FOR	□Yes	□No		R THE GOODS	_	□Yes	□No
THE GOODS		_	/SERVICES /W	ORKS OFFERED	?	[IF YES, ANSWER T	HE
/SERVICES /WORKS OFFERED?	[IF YES ENCLOS	SE PROOF]				QUESTIONNAIRE B	ELOW]
QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS							
IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?							
DOES THE ENTITY HAVE A BRANCH IN THE RSA?							
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?							
DOES THE ENTITY HAVE	ANY SOURCE C	F INCOME IN THE RSA?	?			☐ YES ☐	
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 A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.							

FOR ENQUIRY ONLY

END-USER NAME	:	Michelle Larsen	
TELEPHONE NUMBER	:	033 343 8292 / 076 941 7328	
E-MAIL ADDRESS	:	michelle.larsen@kzndard.gov.za (invoicing)	
PROPOSED DELIVERY DATE		19 May 2023	
DELIVERY ADDRESS	:	Cedara Research Station	
LOCAL MUNICIPALITY	:	Umgeni	
DISTRICT	:	UMgungundlovu	

LINE NO.	DESCRIPTION OR SPECIFICATION OF ITEM	REQUIRED QUANTITY		PRICE VAT	TOTAL	PRICE
	(Please be very specific and clear)		R	С	R	С
1.	Brother Printer. Black Toner for MFCL8690CDW	1				
2.	Cyan Toner for MFCL8690CDW	1				1
3.	Magenta Toner for MFCL8690CDW	2				
4.	Yellow Toner for MFCL8690CDW	2				
		* LABOUI	R (IF APPL	ICABLE)		1
	6	*DELIVER	Y (IF APPL	ICABLE)		
				TOTAL		
	*ONLY APPLICABLE TO VAT RE	GISTERED SUP	PLIERS	15% VAT		
			TOTA	AL PRICE		
	C	IDB Grading (IF APPLI	CABLE))		

PLEASE WRITE YOUR	DETAILS CLEARLY	
COMPANY NAME	:	
CSD NUMBER	:	
ADDRESS	:	
CONTACT PERSON	7	
CONTACT NUMBER	:	
*VAT Registration No. (Supersident No. (Supersident No.)	Mark one Box (X)	
SIGNATURE	30 60 90 120	DATE



DIRECTORATE: SUPPLY CHAIN MANAGEMENT

Cedara Road, Pietermaritzburg, 3200 ZN Department of Agriculture & Rural Development, Private Bag X9059, Pietermaritzburg, 3200 at: 033 355 9588 / 9369

Procurements from R1 up to R 30 000.00, the Department will allocate (80/20) points as follows:

80 points for price

10 points for black owned entities

10 points for entities located in a District where goods/services are required.

If the entity is 100% owned by black people, this must be supported by a BBBEE certificate or affidavit or share register or CSD report.

Historically Disadvantaged Individuals	Black	Districts	Total
	Owned		Points
An EME or QSE which is at least 100% owner	d by black pe	ople	
Enterprises located in a specific District for work to be	10	10	20
done or services to be rendered in that District (Proof of			
residence to be attached)			



Procurements from R30 000 - R1M the Department will allocate the points as follows

Historically Disadvantaged Individuals	Points	
An EME or QSE which is at least 100% owner	ed by black people	
a) black people who are youth	10	10
b) black people who are women	10	8
c) black people with disabilities (Proof to be attached)	10	7
d) black people living in rural or underdeveloped areas or townships	10	6
e) black people who are military veterans (Proof to be attached)	10	6
a cooperative owned by black people	10	5

If the entity is 100% owned by black people, this must be supported by a BBBEE Certificate or Affidavit or Share Register or CSD report.

Should the service provider qualify for more than one (1) specific goal points as per the above table, the Department will allocate the points to the goal with highest score.

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

2. Bidder's declaration

2.1

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.

Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having

2.1.1	employe If so, furn numbers	of sole proprietor/ dire	ames, individual identity n	YES/NO numbers, and, if applicable, state employee olders / members/ partners or any person ow.
		Full Name	Identity Number	Name of State institution
2.2 2.2.1	by the pro	ocuring institution? YES nish particulars:	with the bidder, have a re	lationship with any person who is employed
2.3	having a	bidder or any of its dire controlling interest in the y are bidding for this co	enterprise have any inter	olders / members / partners or any person rest 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

Position

3	DECLARATION
	I, the undersigned, (name) in submittir the accompanying bid, do hereby make the following statements that I certify to be true and completin every respect:
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 betwee 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 wit any competitor regarding the quality, quantity, specifications, prices, including methods, factors of 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, directl or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awardin of the contract.
3.5	There have been no consultations, communications, agreements or arrangements made by the bidde 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

Name of bid

² 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)

1.	I hereby undertake to supply all or any of the goods and/or works described in the attached bidding documents to (name o
	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 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)	300000000000000000000000000000000000000	
CAPACITY		WITNESSES
SIGNATURE		1
NAME OF FIRM		2
DATE		