



## KWAZULU-NATAL PROVINCE

AGRICULTURE AND RURAL DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA

### INVITATION OF QUOTATION FROM R1 - R1 MILLION

**THIS FORM MUST BE COMPLETED IN DETAIL AND MUST BE ACCOMPANIED BY A VALID BBBEE CERTIFICATE/SWORN AFFIDAVIT /CSD REPORT**

|                                                                                                                                                                                                                         |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| QUOTATION NUMBER: <b>R/N/2627/169</b>                                                                                                                                                                                   | VALIDITY PERIOD OF QUOTATION..... Days<br>(To be completed by the Supplier)                                     |
| CLOSING DATE: <b>13 JULY 2026</b>                                                                                                                                                                                       | CLOSING TIME:                                                                                                   |
| DESCRIPTION(SPECIFICATION/S) OF ITEMS/<br>SERVICE REQUIRED:<br><br><i>PROCUREMENT ITEMS FOR VETERINARY DISINFECTION<br/>OF CCS CLINIC &amp; PRIMARY ANIMAL HEALTH CARE<br/>PROGRAMS</i><br><br><i>SEE ATTACHED SPEC</i> | COMPANY NAME:<br><br>TEL NO:<br>FAX NO:<br><br>CONTACT PERSON:<br><br><b>CSD REG NUMBER</b><br><b>MAAA.....</b> |
| DOES OFFER COMPLY WITH<br>SPECIFICATION?                                                                                                                                                                                | YES/NO<br>(DELETE WHICH EVER IS NOT APPLICABLE)                                                                 |
| DOES ARTICLE COMPLY WITH SABS SPECIFICATION?<br>HAS IT BEEN INSPECTED BY SABS?                                                                                                                                          | YES/NO<br>YES/NO<br>(DELETE WHICH EVER IS NOT APPLICABLE)                                                       |
| DELIVERY PERIOD AFTER INITIAL ORDER?                                                                                                                                                                                    |                                                                                                                 |
| IS THE PRICE FIRM                                                                                                                                                                                                       |                                                                                                                 |
| WHERE ARE THE STOCK HELD?<br>(PHYSICAL ADDRESS, PLEASE)                                                                                                                                                                 |                                                                                                                 |
| QUOTATION PRICE INCLUDING VAT<br>(VAT TO BE ADDED BY REGISTERED VAT VENDORS ONLY)                                                                                                                                       | TOTAL: R .....                                                                                                  |
| COMPANY OFFICIAL STAMP/ COMPANY NAME                                                                                                                                                                                    | .....<br>SIGNATURE OF BIDDER<br><br>.....<br>DATE                                                               |
| <b>QUOTATION TO BE RETURNED TO</b><br><b><u>Sibongiseni.sithebe2@kzndard.gov.za</u></b><br><br><b>FOR ATTENTION: S Sithebe</b><br><b>TEL NUMBER: 033 343 8454</b>                                                       |                                                                                                                 |
| <b>NB: ALL DOCUMENTS PERTAINING THIS QUOTATION MUST BE COMPLETED IN FULL, SIGNED AND<br/>RETURNED WITH ALL SUPPORTING DOCUMENTS.</b>                                                                                    |                                                                                                                 |

**FOR ENQUIRY ONLY**

**END-USER NAME** : W.A. McCall  
**CELLPHONE NUMBER** : 071 687 5621  
**E-MAIL ADDRESS** : [wmccall9@gmail.com](mailto:wmccall9@gmail.com) or [warren.mccall@kzndard.gov.za](mailto:warren.mccall@kzndard.gov.za)  
**PROPOSED DELIVERY DATE** : 31 July 2026  
**DELIVERY ADDRESS** : Department of Agriculture and Rural Development; Phakimisa .  
Industrial Park, Old Station Road, Hluhluwe (State Vet Office)  
3960  
**LOCAL MUNICIPALITY** : Big 5 Hlabisa  
**DISTRICT** : Umkhanyakude

| LINE NO. | DESCRIPTION OR SPECIFICATION OF ITEM<br>(Please be very specific and clear) <b>Supply &amp; delivery to SV Hluhluwe office/clinic to the above address</b>                                                                                                                                                                                                                                            | REQUIRED QUANTITY | UNIT PRICE INCL. VAT |   | TOTAL PRICE |   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|---|-------------|---|
|          |                                                                                                                                                                                                                                                                                                                                                                                                       |                   | R                    | C | R           | C |
| 1.       | Elastoplast vet adhesive plaster (white stretch adhesive plaster) 50mm x 75mm x 3m roll                                                                                                                                                                                                                                                                                                               | 32                |                      |   |             |   |
| 2        | Crepe bandages, 75mm 4.5 (not nylon typer)                                                                                                                                                                                                                                                                                                                                                            | 42                |                      |   |             |   |
| 3        | Veterinary Disinfectant/cleansed, Quaternary ammonium and biguanidine compounds (5.8%), non-toxic ampholytic surfactants, sequesterants/detergents - Aldehyde & iodine free F10scxd 1L                                                                                                                                                                                                                | 8                 |                      |   |             |   |
| 4        | Skin Prep Solution: Quaternary ammonium and biguanidine compounds (0/05%), non-toxic ampholytic surfactants, sequesterants and alcohol. Effective against bacteria, fungi and viruses; use as a presurgical skin spray and for the prevention of post-surgical infections F10 Skin Prep Solution - 5L                                                                                                 | 2                 |                      |   |             |   |
| 5        | Veterinary Disinfectant: Quaternary ammonium and biguanidine compounds (5.8%), non-toxic ampholytic surfactants, sequesterants - Aldehyde & iodine free F10sc - 5L                                                                                                                                                                                                                                    | 2                 |                      |   |             |   |
| 6        | Germacidal Barrier Ointment <b>500g tub.</b> Quaternary ammonium and biguanidine compounds (0.4%), non-toxic ampholytic surfactants, sequesterants, glycol and lanolin – effective against bacteria, fungi and viruses to treat open and infected wounds and prevent re-infection F10 Germicidal Barrier Ointment                                                                                     | 4                 |                      |   |             |   |
| 7        | Germacidal Barrier Ointment <b>with insecticide, 500g tub.</b> Quaternary ammonium and biguanidine compounds 0.44%, Cypermethrin 0.25% A topical spot application ointment effective against bacteria, fungi, and to treat wounds and prevent re-infection and to repel flies or prevent or eliminate infestation due to fly strike on cattle, sheep, dogs and horses F10 Germicidal Barrier Ointment | 1                 |                      |   |             |   |
| 8        | Dettol Disinfectant Liquid With Lavendar & orange or Aloe oil is a disinfectant that kills                                                                                                                                                                                                                                                                                                            | 4                 |                      |   |             |   |

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |    |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|--|
|                                                                                                                                                                                                                                                     | 99.9% of germs* tested against E.hirae, E.coli, P.aeruginosa, S.aureus. This effective disinfectant liquid is suitable for bathing, laundry and surface disinfection Dettol antiseptic 500ml bottle |    |  |  |  |  |
| 9                                                                                                                                                                                                                                                   | Infectigaurd surface & air sanitizer, disinfecting fogger, 400ml can                                                                                                                                | 24 |  |  |  |  |
| 10                                                                                                                                                                                                                                                  | Cold Sterilant Quadex 5L                                                                                                                                                                            | 4  |  |  |  |  |
| 11                                                                                                                                                                                                                                                  | Cold Sterilant Steritech 1L                                                                                                                                                                         | 4  |  |  |  |  |
| <b>PRESCRIPTION ONLY INCLUDED AND CAN ONLY BE QUOTED ON BY COMPANIES THAT CAN PROVIDE A VALID LICENCE FROM THE SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY (SAHPRA) PREVIOUSLY THE MEDICINES CONTROL COUNCIL (MCC) PHARMACUTICAL COUNCIL</b> |                                                                                                                                                                                                     |    |  |  |  |  |
| * LABOUR (IF APPLICABLE)                                                                                                                                                                                                                            |                                                                                                                                                                                                     |    |  |  |  |  |
| *DELIVERY (IF APPLICABLE)                                                                                                                                                                                                                           |                                                                                                                                                                                                     |    |  |  |  |  |
| TOTAL                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |    |  |  |  |  |
| *ONLY APPLICABLE TO VAT REGISTERED SUPPLIERS 15%                                                                                                                                                                                                    |                                                                                                                                                                                                     |    |  |  |  |  |
| VAT                                                                                                                                                                                                                                                 |                                                                                                                                                                                                     |    |  |  |  |  |
| TOTAL PRICE                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |    |  |  |  |  |
| <b>CIDB Grading (IF APPLICABLE):</b>                                                                                                                                                                                                                |                                                                                                                                                                                                     |    |  |  |  |  |

COMPANY NAME : \_\_\_\_\_

CSD NUMBER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_

CONTACT NUMBER : \_\_\_\_\_

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

PRICES ARE VALID FOR DAYS **Mark one Box (X)**

|    |    |    |     |
|----|----|----|-----|
| 30 | 60 | 90 | 120 |
|----|----|----|-----|

SIGNATURE.....

DATE.....

**PART A  
INVITATION TO BID**

|                                                                                                                                                                                                                               |                                                                                                              |               |                                                                          |                               |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>                                                                                                                              |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| BID NUMBER:                                                                                                                                                                                                                   | <b>R/N/2627/169</b>                                                                                          | CLOSING DATE: | <b>13 JULY 2026</b>                                                      | CLOSING TIME:                 | <b>11:00</b>                                                                                         |
| DESCRIPTION                                                                                                                                                                                                                   | <b>PROCUREMENT ITEMS FOR VETERINARY DISINFECTION OF CCS CLINIC &amp; PRIMARY ANIMAL HEALTH CARE PROGRAMS</b> |               |                                                                          |                               |                                                                                                      |
|                                                                                                                                                                                                                               | <b>SEE ATTACHED SPEC</b>                                                                                     |               |                                                                          |                               |                                                                                                      |
| <b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>                                                                                                                                    |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| <b>Sibongiseni.sithebe2@kzndard.gov.za</b>                                                                                                                                                                                    |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>                                                                                                                                                                         |                                                                                                              |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |                               |                                                                                                      |
| CONTACT PERSON                                                                                                                                                                                                                | Sibongiseni Sithebe                                                                                          |               | CONTACT PERSON                                                           | W A McCall                    |                                                                                                      |
| TELEPHONE NUMBER                                                                                                                                                                                                              | 033 343 8454                                                                                                 |               | TELEPHONE NUMBER                                                         | 071 687 5621                  |                                                                                                      |
| FACSIMILE NUMBER                                                                                                                                                                                                              | N/A                                                                                                          |               | FACSIMILE NUMBER                                                         | N/A                           |                                                                                                      |
| E-MAIL ADDRESS                                                                                                                                                                                                                | Sibongiseni.Sithebe2@kzndard.gov.za                                                                          |               | E-MAIL ADDRESS                                                           | Warren.maccall@gmail.com      |                                                                                                      |
| <b>SUPPLIER INFORMATION</b>                                                                                                                                                                                                   |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| NAME OF BIDDER                                                                                                                                                                                                                |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| POSTAL ADDRESS                                                                                                                                                                                                                |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| TELEPHONE NUMBER                                                                                                                                                                                                              | CODE                                                                                                         |               | NUMBER                                                                   |                               |                                                                                                      |
| CELLPHONE NUMBER                                                                                                                                                                                                              |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| FACSIMILE NUMBER                                                                                                                                                                                                              | CODE                                                                                                         |               | NUMBER                                                                   |                               |                                                                                                      |
| E-MAIL ADDRESS                                                                                                                                                                                                                |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| VAT REGISTRATION NUMBER                                                                                                                                                                                                       |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| SUPPLIER COMPLIANCE STATUS                                                                                                                                                                                                    | TAX COMPLIANCE SYSTEM PIN:                                                                                   |               | OR                                                                       | CENTRAL SUPPLIER DATABASE No: | <b>MAAA</b>                                                                                          |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE                                                                                                                                                                                  | [TICK APPLICABLE BOX]<br><input type="checkbox"/> Yes <input type="checkbox"/> No                            |               | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      |                               | [TICK APPLICABLE BOX]<br><input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| <b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES &amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>                                                         |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES ENCLOSE PROOF]                           |               | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[IF YES, ANSWER THE QUESTIONNAIRE BELOW] |
| <b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>                                                                                                                                                                             |                                                                                                              |               |                                                                          |                               |                                                                                                      |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?                                                                                                                                                               |                                                                                                              |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                               |                                                                                                      |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                                                                                                     |                                                                                                              |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                               |                                                                                                      |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?                                                                                                                                                                    |                                                                                                              |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                               |                                                                                                      |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?                                                                                                                                                                         |                                                                                                              |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                               |                                                                                                      |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION                                                                                                                                                                      |                                                                                                              |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |                               |                                                                                                      |
| <b>IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SY SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.</b> |                                                                                                              |               |                                                                          |                               |                                                                                                      |

**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](http://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 PARTICULARS 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. Bidder's declaration

- 2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

- 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 |
|-----------|-----------------|---------------------------|
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |

- 2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

- 2.2.1 If so, furnish particulars:

.....  
 .....

- 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 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 consortium<sup>2</sup> 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 bidder**

<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.

**SBD 6.1**  
**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT**  
**REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

**1. GENERAL CONDITIONS**

1.1 The following preference point systems are applicable to invitations to tender:

- 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 **To be completed by the organ of state**

*(delete whichever is not applicable for this tender).*

a) The applicable preference point system for this tender is the **80/20** preference point system.

**b)80/20 preference point system** will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|                                                  | POINTS     |
|--------------------------------------------------|------------|
| <b>PRICE</b>                                     | <b>80</b>  |
| <b>SPECIFIC GOALS</b>                            | <b>20</b>  |
| <b>Total points for Price and SPECIFIC GOALS</b> | <b>100</b> |

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

“**tender**” means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

- (a) “**price**” means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (b) “**rand value**” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (c) “**tender for income-generating contracts**” means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (d) “**the Act**” means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\ P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right) & \text{or} & P_s = 90 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right) \end{array}$$

Where

$P_s$  = Points scored for price of tender under consideration

$P_t$  = Price of tender under consideration

$P_{min}$  = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

#### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \mathbf{80/20} & \mathbf{or} & \mathbf{90/10} \\ P_s = 80 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right) & \text{or} & P_s = 90 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right) \end{array}$$

Where

$P_s$  = Points scored for price of tender under consideration

$P_t$  = Price of tender under consideration

$P_{max}$  = Price of highest acceptable tender

#### **4. POINTS AWARDED FOR SPECIFIC GOALS**

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
  - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

*(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.*

*Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)*

| The specific goals allocated points in terms of this tender                                                                                                                  | Number of points allocated<br>(80/20 system)<br>(To be completed by the organ of state) | Tenderer to indicate number of points to be claimed<br>(Number of points claimed to a maximum of 10 points)  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 100% Black owned entities                                                                                                                                                    | 10                                                                                      |                                                                                                              |
| The specific goals allocated points in terms of this tender                                                                                                                  | Number of points allocated<br>(80/20 system)<br>(To be completed by the organ of state) | Tenderer to indicate number of points to be claimed<br>(Number of points claimed to a maximum of 10 points ) |
| Enterprises located in a specific District (Proof of residence to be attached i.e. Utility Bill, Municipal Councillor's letter applicable for procurement from R1 – R30 000) | 10                                                                                      |                                                                                                              |
| 51% Black people who are women                                                                                                                                               | 10                                                                                      |                                                                                                              |
| 51% Black people who are youth                                                                                                                                               | 8                                                                                       |                                                                                                              |
| 51% Black people with disabilities (Proof to be attached)                                                                                                                    | 7                                                                                       |                                                                                                              |
| 51% Black people living in rural or underdeveloped areas or townships                                                                                                        | 6                                                                                       |                                                                                                              |
| 51% Black people who are military veterans (Proof to be attached)                                                                                                            | 6                                                                                       |                                                                                                              |
| A cooperative owned by 51% black people                                                                                                                                      | 5                                                                                       |                                                                                                              |

**DECLARATION WITH REGARD TO COMPANY/FIRM**

4.3. Name of company/firm.....

4.4. Company registration number: .....

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/firm for the preference(s) shown and I acknowledge that:

- i) 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;
  - (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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution, if deemed necessary.

.....  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

.....

.....

.....

The following preferential goals will contribute to the advancement of designated groups.

Procurement above R1 to R1M (80/20) the Department will allocate the Specific goal points as follows:

An EME or QSE entity which is 100% Black owned will be awarded 10 points and

An EME or QSE entity which is:

51% black people who are youth.

51% black people who are women.

51% black people with disabilities.

51% black people living in rural or underdeveloped areas or townships.

51% black people who are military veterans.

A cooperative owned by 51% black people

Procurement from R1 – R29 999 the Department will allocate points on entities that are owned by black people which will be 10 of 20 (80/20) and the promotion of enterprises located in a specific district for work to be done or services to be rendered in that district will be 10 of 20 (80/20).

| The specific goals allocated points in terms of this tender                                                                                                                                                      | Number of points allocated<br>(80/20 system)<br>(To be completed by the organ of state) | Tenderer to indicate number of points to be claimed<br>(Number of points claimed to a maximum of 10 points ) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 100% Black owned entities                                                                                                                                                                                        | 10                                                                                      |                                                                                                              |
| The specific goals allocated points in terms of this tender                                                                                                                                                      | Number of points allocated<br>(80/20 system)<br>(To be completed by the organ of state) | Tenderer to indicate number of points to be claimed<br>(Number of points claimed to a maximum of 10 points ) |
| Enterprises located in a specific District (Proof of residence to be attached) (Proof of residence to be attached i.e. Utility Bill, Municipal Councillor's letter applicable for procurement from R1 – R30 000) | 10                                                                                      |                                                                                                              |

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.

Procurement from R30 000 – R1M the Department will allocate the points on entities that are owned by black people which will be 10 of 20(80/20) and 5 of 10 (90/10).

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) HDP points, the Department will award the highest score. HDP points indicated herein above are not fixed therefore subject to change as and when necessary

## 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 purchase all or any of the goods and/or works described in the attached bidding documents from (name of institution) ..... in accordance with the requirements stipulated in (bid number) ..... at the price/s quoted. My offer/s remain binding upon me and open for acceptance by the seller 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);
    - Declaration of interest;
    - Declaration of bidder's past SCM practices;
    - 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) quoted cover all the goods and/or works specified in the bidding documents; that the price(s) cover all my obligations, and I accept that any mistakes regarding price(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 undertake to make payment for the goods/works as specified in the bidding documents.
6. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.
7. I confirm that I am duly authorised to sign this contract.

NAME (PRINT) .....

CAPACITY .....

SIGNATURE .....

NAME OF FIRM .....

DATE .....

#### WITNESSES

1. ....

2. ....

DATE: .....