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**HARRY GWALA DISTRICT MUNICIPALITY**

**PROVISION OF MEDICAL SURVEILLANCE & RISK**

 **ASSESSMENT**

|  |
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|  |
| **CONTRACT N0 HGDM817/HGDM/2023** |

|  |  |  |
| --- | --- | --- |
| **Harry Gwala District Municipality** **40 Main Street****IXOPO****3276****40 Main StreetIXOPO**Contact Name : Mrs. PP CeleTelephone: 039 834 8700 |  |  |

|  |  |
| --- | --- |
| NAME OF TENDERER |  |
| ADDRESS OF TENDERER |  |
| TELEPHONE  |  |
| FAX  |  |
| TENDER SUM |  |
| TIME FOR COMPLETION |  |

**TENDER CLOSING DATE:19 AUGUST 2024**

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| **HARRY GWALA DISTRICT MUNICIPALITY****“Together We Deliver and Grow”** **OFFICE OF THE MUNICIPAL MANAGER** 40 Main Street, Private Bag X501, IXOPO 3276 Tel: (039) 834 8705 Fax: (039) 834 1701 Email: kunenes@harrygwaladm.gov.za**RE-ADVERTISEMENT****BID NOTICE**Bids are hereby invited from qualified and experienced Bidders for the provision of the following services for the Harry Gwala District municipality.

|  |  |  |
| --- | --- | --- |
| **PROJECT NAME** | **TENDER NUMBER** | **CLOSING DATE** |
| PROVISION OF MEDICAL RISK ASSESSMENT FOR HARRY GWALA DISTRICT EMPLOYEES FOR A PERIOD OF 24 MONTHS. | Contract No. HGDM 817/HGDM/2023 | 19 August 2024 @ 12h00 |

**Invalid or non-submission of the following documents will lead to immediate disqualification.** * Central Supplier database registration
* Municipal utility bill for the property rates and services for the company not older than 90 days/valid lease agreement/affidavit when your company operates from home or rural area. Attach a municipal payment arrangement agreement with the municipality for rates and services that are in arrears for more than 90 days.
* JV Agreement (if applicable).
* A signed MBD4 form must be submitted with all bids (available on our website or at reception)

**The following will apply in all the above bids:*** Valid tax certificate or SARS pin
* Price(s) quoted must be firm and must be inclusive of VAT.
* A firm delivery period must be indicated.
* All tenders must be valid for 90 days after the tender closing date.
* 80/20 Preference point system will be used in Evaluation. Functionality will be calculated first.
* Specific goals will be used for preferential points scoring.
* All tenders above R10 million must have audited annual financial statements.

**SPECIFIC GOALS**

|  |  |  |
| --- | --- | --- |
| **Specific Goals** | **80/20 PP** | **Verification** |
| **Ownership Goals** |  |  |
| 1. Enterprise Located Within KZN Province.
 | 20 | ID Copies of directors, Company registration, CSD, Shareholders certificates. |
| 1. Enterprise Located Outside of KZN Province
 | 10 | ID Copies of directors, Company registration, CSD, Shareholders certificates. |

**COLLECTION OF BID DOCUMENTS**Bid documents may be collected from the **26** **July 2024** between **09h00 to 16h00** at Harry Gwala District Municipality Offices, Finance Services Department, situated at Ixopo 40 Main Street, Ixopo 3276. Tender documents will be issued upon payment of a non-refundable cash fee of **R300 .00** each. Bid documents can also be downloaded on municipal website: www.harrygwaladm.gov.za.**CLOSING DATE**The closing date for the bids is as per the table above.Bids must be enclosed in **SEALED ENVELOPES** and clearly labelled with the contract number and project name on the outside of the envelopes addressed to **The Municipal Manager.**Bidsmust be deposited in the Bid Box at the reception area of Harry Gwala District Municipal, 40 Main Street, IXOPO before the closing date and time. Telegraphic, telexed, or faxed bids will not be considered, and late bids will not be accepted. Harry Gwala District Municipality does not bind itself to accept the lowest or any Bid and reserves the right to accept the whole or any part of the bid.**BID ENQUIRIES**All bid enquiries and other matters shall be directed to the Senior Manager: Human Resources: Mrs. P.P Cele during working hours on Tel.:039-834 8700.**…………………………****GM. Sineke****Municipal Manager** |



 **SPECIFICATION**

 **HARRY GWALA DISTRICT MUNICIPALITY**

**PROVISION OF MEDICAL SURVEILLANCE & RISK ASSESSMENT**

SPECIFICATION FOR THE ENGAGEMENT OF A SERVICE PROVIDER FOR THE PROVISION OF MEDICAL SURVEILLANCE & RISK ASSESSMENT OF THE HARRY GWALA DISTRICT MUNICIPALITY - CONTRACTUAL APPOINTMENT FOR A PERIOD OF 24 MONTHS.

**SCOPE OF WORK**

1. **MEDICAL SURVEILLANCE & RISK ASSESSMENT**
* The service provider will be required to conduct Risk Assessment by:-
* Assessing the working environment to identify health hazards and types of exposures to chemical substances, physical agents and biological agents.
* Assessment will need to be done once a year.
* The service provider will be required to do the following:
* Occupational Health and Safety Plan for Harry Gwala District Municipality.
* Emergency Evacuation Plans for Harry Gwala District Municipality Offices (as required).
* The service provider will be required to conduct Pre-placement Medical Examination.
* The baseline or pre-placement examination will be performed prior to employment.
* The scope of the examination will depend on the type of hazards, occupational history and will be risk based focusing on the requirements of the job the person has applied for.
* This examination must be inclusive of X-Ray.
* The service provider will be required to conduct Periodic Medical Examination by doing:-
* Periodic Medical Assessment on annual basis or where there is a case, it will be done bi-annually.
* The examination will include full body examination including eye test, spirometry and audiometry test (measuring decibels).
* This examination must be inclusive of X-Ray.
* The service provider will be required to conduct Periodic Medical Vaccinations on Twinrix, Tetanus and Typhim by doing:-
* Periodic Medical Vaccinations will be done on annual basis or when required.
* The service Provider will assist with Functional Incapacity Evaluation (FIE), Post-injury/ illness Medical examinations by: -
* Assessing employee’s suitability or limitations in terms of the job requirements after an illness/ injury.
* Making recommendations to the Municipality.
* This examination must be inclusive of X-Ray.
* The service provider will assist with Exit Medical Examination and Executive Health Medical Examination.
* This examination must be inclusive of X-Ray.
* The Service Provider will assist with employee awareness by:-
* Partaking in employee wellness events by giving 30 minutes talk on health issues, diseases, and chronic illnesses.
* Conducting wellness screening which will be BP, Cholesterol, blood sugar and BMI.
* The Service Provider will assist with trauma counselling/counselling of employees.
* The service provider will be required to ensure that the Municipality complies with Covid-19 regulations and policies by:-
* Ensuring that employees are tested for Covid-19 when necessary.
* Conducting Quarterly assessments to ensure that the organisation complies with all Covid-19 regulations.
* Provide clinical advice to employees infected with Covid-19. The service provider must prove this by providing names of employees who were assisted and an itemised billing to the Municipality.

**NB:**

The service provider ***must*** conduct Medical Surveillance in all Satellite offices of Harry Gwala District Municipality:

* **Harry Gwala District Municipality Main office (40 Main Street, Ixopo)**
* **Greater Kokstad Satellite office**
* **Dr. Nkosazane-Dlamini Zuma Satellite Office**
* **Ubuhlebezwe Satellite Office**
* **Umzimkhulu Satellite Office**

**BILL OF QUANTITIES**

|  |  |  |
| --- | --- | --- |
| **No** | **Description** | **Rates** |
| 1. | Risk Assessment of health hazards per hour. |  |
| 2. | Occupational Health and Safety Plan for the HGDM. Rate per plan |  |
| 3. | Emergency Evacuation Plan (per office)  |  |
| 4. | Pre-placement medical examination including X-ray. Rate per employee |  |
| 5. | Periodic medical examination including X-ray. Rate per employee. |  |
| 6. | Periodic medical vaccination (Twinrix vaccine). Rate per employee. |  |
| 7. | Periodic medical vaccination (Tetanus vaccine). Rate per employee. |  |
| 8. | Periodic medical vaccination (Typhim vaccine). Rate per employee. |  |
| 9.  | Functional Incapacity Evaluation (Medical Boarding) inclusive of all specialists and X-ray. Rate per employee. |  |
| 10 | Post-injury/illness medical examination including X-ray. Rate per employee. |  |
| 11. | Exit medical examination including X-ray. Rate per employee. |  |
| 12. | Executive health medical examination to include test on BP, Cholesterol, Blood sugar, X-Ray, HIV/AIDS & BMI. Rate per employee.  |  |
| 13. | Trauma counselling/ Counselling. Rate per employee per session. |  |
| 14. | Employee Awareness 30 minutes session. Rate per session.  |  |
| 15. | Wellness screening (BP, Cholesterol, blood sugar and BMI . Rate per employee |  |
| 16. | Covid-19 Test. Rate per employee. |  |
| 17.  | Covid-19 quarterly compliance assessments. |  |
| 18. | Telephonic advice for employees with Covid-19. Rate per employee per 15 minutes session.  |  |
| **SUB-TOTAL** |  |
| **TOTAL INCLUSIVE OF VAT** |  |

**NB**

Successful Service Provider will be reimbursed for travelled kilometers starting from the Harry Gwala District Municipality Main Office to other Satellite offices to do medical surveillance.

Rate per kilometer as approved by the department of transport.

ESCALATION AS PER CPI WILL BE APPLICABLE AFTER A PERIOD OF 12 MONTHS FROM THE START OF THE PROJECT.

**EVALUATION CRITERIA**

**Stage 1**

Assessment of functionality. Only service providers who will achieve a minimum of 60% of the total available points, in accordance with the criteria will qualify for stage two of the evaluation.

The formula will be used to calculate Functionality using the criteria mentioned below.

|  |  |  |  |
| --- | --- | --- | --- |
| **FUNCTIONALITY** | **DESCRIPTION/REQUIREMENTS** | **POINTS** | **PERCENTAGE** |
| Experience for the company.  | Provide at least 5-above previous complete projects of this nature with appointment letters and reference letters.  | 5 | 25% |
| Provide at least 3-4 previous complete projects of this nature with appointment letters and reference letters. | 3 |  |
| Provide at least 1- 2 previous complete projects of this nature with appointment letters and reference letters. | 1 |  |
| Quality of proposed personnel | 9 or more Personnel with the following expertise: **2X Doctor/s** registered an **OMP** HPCSA (Occupational Medical Practitioner), **1X Occupational Health Nurse** (SASOHN Registration),**1X Clinical Psychologist (**HPCSA Registration),**1X Occupational Therapist** (HPCSA Registration)**3X Occupational Technicians (Each Technician to have Audiometry and Spirometry certificates),****1X Competent Health and Safety Officer**, Curriculum vitaes with certified certificates and registrations of personnel must be attached.  | 5 | 30% |
| 7 Personnel with expertise: **1X Doctor** registered an **OMP** HPCSA | 3 |
|  (Occupational Medical Practitioner), **1X Occupational Health Nurse** (SASOHN Registration), **1X Clinical Psychologist (**HPCSA Registration),**1X Occupational Therapist** (HPCSA Registration)**2X Occupational Technicians (Each Technician to have an Audiometry and Spirometry certificate),****1X Competent Health and Safety Officer**, Curriculum vitaes with certified certificates and registrations of personnel must be attached. |
| 5 Personnel with expertise: **1X Doctor** registered an **OMP** HPCSA (Occupational Medical Practitioner), **1X Occupational Health Nurse** (SASAHN Registration), **1X Clinical Psychologist (**HPCSA Registration),**1X Occupational Technician (with both Audiometry and Spirometry certificates),****1X Competent Health and Safety Officer**, Curriculum vitaes with certified certificates and registrations of personnel must be attached. | 1 |
| Mobile Clinic/ Station approved by SAHPRA | Proof of ownership (lease agreement) and proof of authorization | 5 | 15% |
| Proof of ownership of rental agreement | 3 |  |
| Chest X-ray unit  | Proof of ownership of mobile Chest X-ray unit with relevant accreditation | 5 | 15% |
| No proof of mobile Chest X-ray unit  | 0 |  |
| Calibration Certificates for the equipment (Valid for a period of 12 months). | Vision Screener, Audiometry, Spirometry and Chest X-ray unit | 5 | 15% |
| No certificates  | 0 |  |

**1.2 EVALUATION OF THE PROPOSALS**

Functionality will first be evaluated using the following points:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Points allocation** | **Weight****5-1** | **Value 100%** |

****

where:

Ps = percentage scored for functionality by bid under consideration

So = total score of bid under consideration

Ms = maximum possible score

Tenderers are required to demonstrate their ability to undertake the work and provide proof of previous experience, expertise and capacity to undertake the project of this nature. Tenderers are therefore required to meet a functionality score of 60 % (60 points out of 100) based on the criteria below.

A score of less than 60 out of 100 for functionality will render the tender non responsive, this therefore indicate that, the onus rests with the tenderer to supply sufficient information to allow for evaluation and award of points detailed below. If insufficient information is supplied, zero points will be awarded for that particular item. Please note that, functionality points will only be utilized to determine the responsiveness of tenders and will not be utilized further in the evaluation process.

Any tender that will scores below 60% on functionality will be regarded as non-responsive and shall not proceed to evaluation level.

**Stage 2:**

This bid will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Policy Framework Act (No 5 of 2000) as follows:

Proposals shall be evaluated on the 80/20 preference point system.

|  |  |  |
| --- | --- | --- |
| * **Specific Goals**
 | **80/20****PP** | **Verification method** |
| **Reconstruction and Development:** |   |   |
| **Promotion of Enterprises located within the province** |   | CSD Report. Utility bill/ Municipal statement/ lease agreement/ affidavit confirming non-payment of municipal services |
| * Locality (Enterprise that is located within KZN, location to be determined by the address registered on the CSD).
 | 20 |  |
| * Locality (Enterprise that is not located within KZN but located within the Republic of South Africa, location to be determined by the address registered on the CSD).
 | 10 |  |

* **Price 80**
* **Specific goals 20**

**1.3 ENQUIRIES**

All enquiries should be addressed to Mrs. PP Cele on (039) 834 8700/56 during working hours.

Completed bid documents in sealed envelopes endorsed “**MEDICAL SURVEILLANCE AND RISK ASSESSMENT**” must be deposited in the municipality’s tender box located at the Reception of the Harry Gwala District Municipality’s offices located at 40 Main Street, Ixopo, 3276 before the closing date being **19 August 2024 at 12h00**, whereby bids will be opened to the public. Bids received after the due date and time will not be considered. Bids that are not sealed and numbered will not be considered. Telegraphic, telephonic, e-mail, facsimile and late proposals will not be accepted.

Harry Gwala District Municipality does not bind itself to accept the lowest or any proposal and reserves the right to accept the whole or part of the proposal. The Harry Gwala District Municipality SCM Policy will be used when evaluating.

 **MR. G.M. SINEKE**

 **MUNICIPAL MANAGER**

**SECTION A**

**SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF BID FORMS**

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE MUNICIPAL FINANCE MANAGEMENT ACT, 2003, THE HARRY GWALA DISTRICT MUNICIPALITY SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK.

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.

2. Under no circumstances whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.

3. The supplier is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

4. Bids submitted must be complete in all respects.

5. Bids shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.

6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids may be rejected as being invalid.

7. All bids received in sealed envelopes with the relevant bid numbers on the envelopes are kept unopened in safe custody until the closing time of the bids. Where, however, a bid is received open, it shall be sealed. If it is received without a bid number on the envelope, it shall be opened, the bid number ascertained, the envelope sealed and the bid number written on the envelope.

8. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.

9. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.

10. No bid submitted by telefax, telegraphic or other electronic means will be considered.

11. Bid documents must not be included in packages containing samples. Such bids may be rejected as being invalid.

12. Any alteration made by the supplier must be initialled.

13. Use of correcting fluid is prohibited

14. Bids will be opened in public as soon as practicable after the closing time of bid.

15. Where practical, prices are made public at the time of opening bids.

16. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

**SECTION B**

**REGISTRATION ON THE HARRY GWALA DISTRICT MUNICIPALITY SUPPLIERS DATABASE**

1. In terms of the Harry Gwala District Municipality Supply Chain Management Policy Framework, all suppliers of goods and services to the Municipality are required to register on the Suppliers Database.

2. If you wish to apply for registration, forms may be downloaded from the website, **http://www.harrygwala.gov.za**, or obtained by collecting it in the offices of the Municipality (SCM).

3. If a business is registered on the Database and it is found subsequently that false or incorrect information has been supplied, then the Municipality may, without prejudice to any other legal rights or remedies it may have;

3.1 De-register the supplier from the Database,

3.2 Cancel a Bid or a contract awarded to such supplier, and the supplier would become liable for any damages if a less favourable quotation is accepted or less favourable arrangements are made.

**4. The same principles as set out in paragraph 3 above are applicable should the supplier fail to request updating of its information on the Suppliers Database, relating to changed particulars or circumstances.**

**5.** Application for registration must be submitted to the Harry Gwala office at Harry Gwala District Municipality. IF THE SUPPLIER IS NOT REGISTERED AT THE CLOSING TIME OF BID, THE SUPPLIER IS REQUIRED TO SUBMIT A COPY OF THE REGISTRATION APPLICATION FORM, TOGETHER WITH THE BID DOCUMENTATION, TO THE RESPECTIVE DEPARTMENT INVITING BIDS.

6. The supplier/vendor/service provider should register on the Central Supplier Data Base (CSD).

**SECTION C**

**DECLARATION THAT INFORMATION ON HARRY GWALA DISTRICT MUNICIPALITY SUPPLIER DATABASE IS CORRECT AND UP TO DATE**

(To be completed by bidder)

THIS IS TO CERTIFY THAT I (name of bidder/authorised representative)

………………………..………………......................., WHO REPRESENTS (state name

Of bidder)……………………………………………..............……………………………….

AM AWARE OF THE CONTENTS OF THE HARRY GWALA DISTRICT MUNICIPALITY SUPPLIER DATABASE WITH RESPECT TO THE SUPPLIER’S DETAILS AND REGISTRATION INFORMATION, AND THAT THE SAID INFORMATION IS CORRECT AND UP TO DATE AS ON THE DATE OF SUBMITTING THIS BID.

AND I AM AWARE THAT INCORRECT OR OUTDATED INFORMATION MAY BE A CAUSE FOR DISQUALIFICATION OF THIS BID FROM THE EVALUATION PROCESS, AND/OR POSSIBLE CANCELLATION OF THE CONTRACT THAT MAY BE AWARDED ON THE BASIS OF THIS BID.

...................................................................................................

**SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE**

**DATE: ……………………/………………./20……….**

 **MBD2**

**SECTION D**

1. **TAX COMPLIANCE STATUS (TCS) SYSTEM REQUIREMENTS**

It is a condition of a bid that the taxes of the successful bidder **must** be in order, or that satisfactory arrangements have been made with South African Revenue Service (SARS) to meet the supplier‘s tax obligations.

To verify your tax compliance status on eFiling, the person or entity will require your tax reference number and PIN number.

**TAX REFERENCE NUMBER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PIN NUMBER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit [www.sars.gov.za](http://www.sars.gov.za) for process to verify TCS PIN.

What is the Tax Compliance Status system?

1. Tax Compliance Status (TCS) replaced the Tax Clearance Certificate system which was previously used by SARS.
2. The new TCS system allows you to obtain a TCS PIN in real-time, instead of a manual Tax Certificate.

What do I need to be tax compliant?

To be tax compliant, you should make sure that:

1. You are registered for all required tax types
2. You submit all your tax returns on time.
3. Pay all your tax debt on time

How to obtain a TCS PIN via eFiling?

Make sure you have Adobe Flash installed and enabled on your computer or laptop. Visit [www.adobe.com](http://www.adobe.com) to download.

1. Logon to eFiling

If you are not yet an eFiler, register at [www.sarsefiling.co.za](http://www.sarsefiling.co.za).

You need to be registered for eFiling and have one tax type activated on your eFiling profile, in order to activate the TCS service.

1. Activate your TCS service

You only need to activate your Tax Compliance Status once, and it will remain active.

Once you have activated the service, you will see the “My Compliance Profile” on the screen.

If you are registered for more than one tax type and you have not yet merged the tax types into one registered profile, it is recommended that you complete the “Merge Entities” function to see a compliance profile of all taxes.

3 . View your “My Compliance Profile”

Your compliance status will be displayed against the following compliance requirements:

• Registration status

• Submission of returns

• Debt

• Relevant supporting documents.

A colour-coded profile will appear to indicate whether you are tax compliant for each compliance requirement listed above.

Green - Your tax matters are in order and the taxpayer is tax compliant

Red - Your tax matters are not in order and the taxpayer is not tax compliant.

4. Request PIN on eFiling To request a PIN go to “My Compliance Profile”:

• Select the Tax Compliance Status Request option

• Select the type of TCS for which you would like to apply.

 You will have the following options:

» Good standing

» Tender

» Foreign Investment Allowance (Individuals only)

» Emigration (Individuals only)

• Complete the Tax Compliance Status Request and submit it to SARS.

**MBD 3**

 **SECTION E**

**FORM OF OFFER AND ACCEPTANCE**

|  |
| --- |
| **NAME OF BIDDER (ORGANISATION):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **OFFER**

The Employer, identified in the Acceptance signature block, has solicited offers to enter into a contract in respect of the following works:

**BID NO. HGDM817/HGDM/2023**

**MEDICAL SURVEILLANCE AND RISK ASSESSMENT**

The Bidder, identified in the Offer signature block below, by submitting this Offer has accepted the Conditions of Tender.

By the representative of the Bidder, deemed to be duly authorised, signing this part of this Form of Offer and Acceptance, the Bidder offers to perform all of the obligations and liabilities of the Supplier under the Contract including compliance with all its terms and conditions according to their true intent and meaning for an amount to be determined in accordance with the Conditions of Contract.

**The offered total of the prices carried forward from the Summary of the Bill of Quantities is:**

|  |  |
| --- | --- |
| \*including VAT |  |
| \*excluding VAT |  |
| *\* tick relevant box* |

**R**………………………………………………………………..…. (*in figures*)

Amount in words.................................................................................

…………………………………………………………………………….…………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………….

|  |  |
| --- | --- |
| **Prices must be firm.** | **Is the delivery period stated firm? Yes/No: ……….** |
| **Name:***(of person authorised to sign the bid)* | **Signature:** |
| **Name of Witness:** | **Signature of Witness:** |
| **Date:** | ***Failure of a Bidder to sign this form will invalidate the bid*** |
| **Address of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**B. ACCEPTANCE**

By signing this part of the Form of Offer and Acceptance, the Employer identified below accepts the Bidder’s Offer. In consideration thereof, the Employer shall pay the Supplier the amount due in accordance with the Conditions of Contract. Acceptance of the Bidder’s Offer shall form an agreement between the Employer and the Bidder upon the terms and conditions contained in this Agreement and in the Contract that is the subject of this Agreement.

The terms of the contract are contained in the schedules, forms, drawings and documents or parts thereof referred to in this bid.

|  |  |
| --- | --- |
| **Name :***(of person authorised to sign the bid)* | **Signature:** |
| **Capacity:** | **Date:** |
| **Name of Witness:** | **Signature of Witness:** |
| **Name and Address of Employer:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**MBD 4**

**SECTION F**

 **DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state¹.

1. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their positionin relation to the evaluating/adjudicating authority.

**3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name of bidder or his or her representative:……………………………………………..

3.2 Identity Number: ………………………………………………………………………………….

 3.3 Position occupied in the Company (director, trustee, hareholder²):………………………..

3.4 Company Registration Number: ……………………………………………………………….

3.5 Tax Reference Number:…………………………………………………………………………

3.6 VAT Registration Number: ……………………………………………………………………

3.7 The names of all directors / trustees / shareholders members, their individual identity

numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? **YES / NO**

3.8.1 If yes, furnish particulars. ….……………………………………………………………

……………………………………………………………………………………………..

**¹**MSCM Regulations: “in the service of the state” means to be –

1. a member of –
	1. any municipal council;
	2. any provincial legislature; or
	3. the national Assembly or the national Council of provinces;
2. a member of the board of directors of any municipal entity;
3. an official of any municipality or municipal entity;
4. an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
5. a member of the accounting authority of any national or provincial public entity; or
6. an employee of Parliament or a provincial legislature.

² Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

3.9 Have you been in the service of the state for the past twelve months? ………**YES / NO**

 3.9.1 If yes, furnish particulars.………………………...……………………………………..

 3.10 Do you have any relationship (family, friend, other) with persons

 in the service of the state and who may be involved with

 the evaluation and or adjudication of this bid? ………………………………… ……**YES / NO**

 3.10.1 If yes, furnish particulars.

 ………………………………………………………………………………

 ………………………………………………………………………………

3.11 Are you, aware of any relationship (family, friend, other) between

 any other bidder and any persons in the service of the state who

 may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.11.1 If yes, furnish particulars

…………………………………………………………………………………

……………………………….……............................................................

3.12 Are any of the company’s directors, trustees, managers,

principle shareholders or stakeholders in service of the state? **YES / NO**

 3.12.1 If yes, furnish particulars.

 ……………………………………………………………………………….

 ……………………………………………………………………………….

3.13 Are any spouse, child or parent of the company’s directors

 trustees, managers, principle shareholders or stakeholders

in service of the state? **YES / NO**

 3.13.1 If yes, furnish particulars.

……………………………………………………………………………….

……………………………………………………………………………….

3.14 Do you or any of the directors, trustees, managers,

principle shareholders, or stakeholders of this company

have any interest in any other related companies or

business whether or not they are bidding for this contract. **YES / NO**

3.14.1 If yes, furnish particulars:

……………………………………………………………………………..

……………………………………………………………………………..

Full details of directors / trustees / members / shareholders.

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Identity Number** | **State Employee Number** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

 ………………………………….. ……………………………………..

 **Signature Date**

 …………………………………. ………………………………………

 **Capacity Name of Bidder**

 **MBD 6.1**

 **SECTION G**

**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. 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. **To be completed by the organ of state**
1. The applicable preference point system for this tender is the 80/20 preference point system.
	1. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
2. Price; and
3. Specific Goals.
	1. **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|  |  |
| --- | --- |
|  | **POINTS** |
| **PRICE** | 80 |
| **SPECIFIC GOALS** | 20 |
| **Total points for Price and SPECIFIC GOALS**  | **100** |

* 1. 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.
	2. 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.
1. **DEFINITIONS**
2. **“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;
3. **“price”** means an amount of money tendered for goods or services, andincludes all applicable taxes less all unconditional discounts;
4. **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
5. **“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
6. **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).
7. **FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES**
	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:

 **80/20 or 90/10**

or

 Where

 Ps = Points scored for price of tender under consideration

 Pt = Price of tender under consideration

 Pmin = Price of lowest acceptable tender

* 1. **FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT**
		1. **POINTS AWARDED FOR PRICE**

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

 **80/20 or 90/10**

or

Where

 Ps = Points scored for price of tender under consideration

 Pt = Price of tender under consideration

 Pmax = Price of highest acceptable tender

1. **POINTS AWARDED FOR SPECIFIC GOALS**
	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:
	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—
2. 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

1. 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****(90/10 system)****(To be completed by the organ of state)** | **Number of points****allocated****(80/20 system)****(To be completed by the organ of state)** | **Number of points claimed****(90/10 system)****(To be completed by the tenderer)** | **Number of points claimed (80/20 system)****(To be completed by the tenderer)** |
|  |  |  |  |  |
|  |  |  |  |  |
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 **DECLARATION WITH REGARD TO COMPANY/FIRM**

* 1. Name of company/firm…………………………………………………………………….
	2. Company registration number: …………………………………………………………...
	3. 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]

* 1. 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:
1. The information furnished is true and correct;
2. The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
3. 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;
4. 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 –
	1. disqualify the person from the tendering process;
	2. recover costs, losses or damages it has incurred or suffered as a result of that person’s conduct;
	3. 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;
	4. 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
	5. forward the matter for criminal prosecution, if deemed necessary.

……………………………………….

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

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

**DATE:** ………………………………………………………

**ADDRESS**: ………………………………………………………

 ………………………………………………………

 ………………………………………………………

 ………………………………………………………

**MBD 8**

**SECTION H**

**DECLARATION OF BIDDER’S PAST SUPPLY CHAIN MANAGEMENT PRACTICES**

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
	1. abused the institution’s supply chain management system;
	2. committed fraud or any other improper conduct in relation to such system; or
	3. failed to perform on any previous contract.
4. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Question** | **Yes** | **No** |
| 4.1 | Is the bidder or any of its directors listed on the National Treasury’s Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the *audialterampartem* rule was applied).**The Database of Restricted Suppliers now resides on the National Treasury’s website (**[www.treasury.gov.za](http://www.treasury.gov.za)**) and can be accessed by clicking on its link at the bottom of the home page.**  | Yes[ ]  | No[ ]  |
| 4.1.1 | If so, furnish particulars: |
| 4.2 | Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? **The Register for Tender Defaulters can be accessed on the National Treasury’s website (**[**www.treasury.gov.za**](http://www.treasury.gov.za)**) by clicking on its link at the bottom of the home page.**  | Yes[ ]  | No[ ]  |
| 4.2.1 | If so, furnish particulars: |
| 4.3 | Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years? | Yes[ ]  | No[ ]  |
| 4.3.1 | If so, furnish particulars: |
| 4.4 | Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract? | Yes[ ]  | No[ ]  |
| 4.4.1 | If so, furnish particulars: |

**SBD 8**

**CERTIFICATION**

**I, THE UNDERSIGNED (FULL NAME)…………………………………………………**

 **CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.**

 **I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.**

 **………………………………………... …………………………..**

 **Signature Date**

 **………………………………………. …………………………..**

 **Position Name of Bidder**

  **MBD 9**

**SECTION I**

**CERTIFICATE OF INDEPENDENT BID DETERMINATION**

1 This Municipal Bidding Document (MBD) must form part of all bids¹ invited.

2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *per se* prohibition meaning that it cannot be justified under any grounds.

3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:

a. disregard the bid of any bidder if that bidder, or any of its directors have abused the institution’s supply chain management system and or committed fraud or any other improper conduct in relation to such system.

b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.

1. This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
2. In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

**¹ Includes price quotations, advertised competitive bids, limited bids and proposals.**

**² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.**

**MBD 9**

**CERTIFICATE OF INDEPENDENT BID DETERMINATION**

I, the undersigned, in submitting the accompanying bid:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Bid Number and Description)

in response to the invitation for the bid made by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word “competitor” shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:

(a) has been requested to submit a bid in response to this bid invitation;

(b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and

(c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder

1. 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 consortium³ will not be construed as collusive bidding.
2. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
3. prices;
4. geographical area where product or service will be rendered (market allocation)

(c) methods, factors or formulas used to calculate prices;

(d) the intention or decision to submit or not to submit, a bid;

(e) the submission of a bid which does not meet the specifications and conditions of the bid; or

(f) bidding with the intention not to win the bid.

1. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
2. 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 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.**

**MBD 9**

1. 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.

 ………………………………………………… …………………………………

Signature Date

…………………………………………………. …………………………………

Position Name of Bidder

**SECTION J**

**AUTHORITY TO SIGN A BID**

**A. CLOSE CORPORATION**

In the case of a close corporation submitting a bid, a certified copy of the Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorising a member or other official of the corporation to sign the documents on their behalf.

By resolution of members at a meeting on ............................ 20........... at ……………………………

Mr/Ms..................................................................................., whose signature appears below, has been authorised to sign all documents in connection with this bid on behalf of (Name of Close Corporation)

……………………………………………………………......................................................

**SIGNED ON BEHALF OF CLOSE CORPORATION**: ……………………………………

(PRINT NAME)

**IN HIS/HER CAPACITY AS......................................................... DATE**: .......................

**SIGNATURE OF SIGNATORY**: .........................................................

**WITNESSES**: 1 .........................................................

 2 .........................................................

**B. SOLE PROPRIETOR (ONE - PERSON BUSINESS)**

I, the undersigned.............................................................................. hereby confirm that I

am the sole owner of the business trading as …................................................................

………..................................................................... ...........................................................

…………………………….. ………………..

**SIGNATURE DATE**

**C. COMPANIES**

If a Bidder is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid.

**AUTHORITY BY BOARD OF DIRECTORS**

By resolution passed by the Board of Directors on…...........................20......,

Mr/Mrs……………............................................................................... (whose signature appears below) has been duly authorised to sign all documents in connection with this bid on behalf of (Name of Company) …..…….................................................................

…………………………………………………………………………………………………….

**IN HIS/HER CAPACITY AS**: ……….................................................................................

**SIGNED ON BEHALF OF COMPANY**: ...........................................................................

(PRINT NAME)

**SIGNATURE OF SIGNATORY**: ................................................. **DATE**: .........................

**WITNESSES:** 1 ..................................................

2 ..................................................

**D. PARTNERSHIP**

The following particulars in respect of every partner must be furnished and signed by every partner:

Full name of partner Residential address Signature

........................................... ........................................... ...........................................

........................................... ........................................... ...........................................

........................................... ........................................... ...........................................

........................................... ........................................... ...........................................

We, the undersigned partners in the business trading as.................................................

hereby authorise ........................................................................ to sign this bid as well as any contract resulting from the bid and any other documents and correspondence in connection with this bid and /or contract.

........................................... ........................................... ...........................................

**SIGNATURE SIGNATURE SIGNATURE**

........................................... ........................................... ...........................................

**DATE DATE DATE**

**E. CO-OPERATIVE**

A certified copy of the Constitution of the co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

By resolution of members at a meeting on ........................……... 20....... at ……………………….

Mr/Ms..................................................................................., whose signature appears below, has been authorised to sign all documents in connection with this bid on behalf of (Name of cooperative)

...............…………………………………………………………………………………

**SIGNATURE OF AUTHORISED REPRESENTATIVE/SIGNATORY**:

.................................................................................................

**IN HIS/HER CAPACITY AS:** ...................................................……………………………

**DATE:** .................................…………..

**SIGNED ON BEHALF OF CO-OPERATIVE**: ....................................................

**NAME IN BLOCK LETTERS:** ………………………………………………………………..

**WITNESSES:** 1 .........................................................

2 .........................................................

 **SECTION K**

**CONDITIONS OF BID**

1. I/We hereby bid to supply all or any of the supplies and/or to render all or any of the services described in the attached documents to the Harry Gwala District Municipal Administration (hereinafter called the “Harry Gwala District Municipality”) on the terms and conditions and be in accordance with the specifications stipulated in the bid documents (and which shall be taken as part of and be incorporated into this bid) at the prices and on the terms regarding time for delivery and/or execution inserted therein.

2. I/we agree that:

(a) the offer herein shall remain binding upon me and open for acceptance by the Municipality during the validity period indicated and calculated from the closing time of the bid;

(b) this bid and its acceptance shall be subject to Treasury Regulations 16A issued in terms of the Municipal Finance Management Act, 2003, the Harry Gwala District Municipality Supply Chain Management Policy Framework;

(c) if I/we withdraw my bid within the period for which I/we have agreed that the bid shall remain open for acceptance, or fail to fulfil the contract when called upon to do so, the Municipality may, without prejudice to its other rights, agree to the withdrawal of my bid or cancel the contract that may have been entered into between me and the Municipality. I/we will then pay to the Municipality any additional expenses incurred by the Municipality having either to accept any less favourable bid or, if fresh bids have to be invited, the additional expenditure incurred by the invitation of fresh bid and by the subsequent acceptance of any less favourable bid. The Municipality shall have the right to recover such additional expenditure by set-off against monies which may be due to me under this or any other bid or contract or against any guarantee or deposit that may have been furnished by me or on my behalf for the due fulfilment of this or any other bid or contract and pending the ascertainment of the amount of such additional expenditure to retain such monies, guarantee or deposit as security for any loss the Municipality may sustain by reason of my default;

(d) if my bid is accepted, the acceptance may be communicated to me by registered post, and that the South African Post Office Limited shall be treated as delivery agent to me;

(e) the law of the Republic of South Africa shall govern the contract created by the acceptance of my bid and I choose *domiciliumcitandi et executandi* in the Republic at (full physical address):

..................................................................................................................

..................................................................................................................

3. I/we furthermore confirm that I/we have satisfied myself as to the correctness and validity of my bid: that the price(s), rate(s) and preference quoted cover all of the work/item(s) and my obligations under a resulting contract, and I accept that any mistakes regarding the price(s) and calculations will be at my risk.

4. I/we hereby accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement, as the Principal(s) liable for the due fulfilment of this contract.

5. I/we agree that any action arising from this contract may in all respects be instituted against me and I/we hereby undertake to satisfy fully any sentence or judgement which may be pronounced against me as a result of such action.

6. I/we confirm that I/we have declared all and any interest that I or any persons related to my business has with regard to this bid or any related bids by completion of the Declaration of Interest Section.

**7. CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT**

I/we, THE UNDERSIGNED, WHO WARRANT THAT I AM DULY AUTHORISED TO DO SO ON BEHALF OF THE BIDDER, CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT IS CORRECT AND TRUE, THAT THE SIGNATORY TO THIS DOCUMENT IS DULY AUTHORISED AND ACKNOWLEDGE THAT:

(1) The bidder will furnish documentary proof regarding any quote issue to the satisfaction of the Municipality, if requested to do so.

(2) If the information supplied is found to be incorrect and/or false then the Municipality, in addition to any remedies it may have, may:-

(a) Recover from the supplier all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or

(b) Cancel the contract and claim any damages which the Municipality may suffer by having to make less favourable arrangements after such cancellation.

**SIGNED ON THIS................... DAY OF......................................... 20..........**

**AT** ……….......................................................................

............................................................. ………………………………….

**SIGNATURE OF SUPPLIER OR DULY NAME IN BLOCK LETTERS**

**AUTHORISED REPRESENTATIVE**

**ON BEHALF OF (BIDDER’S NAME).................................................................**

**CAPACITY OF SIGNATORY...........................................................................**

**NAME OF CONTACT PERSON (IN BLOCK LETTERS, PLEASE)**

………………………………………………………………………………..................

**POSTAL ADDRESS** ……………………………………………………………………………………...........

**TELEPHONE NUMBER**: ...................................................

**FAX NUMBER**: ...................................................

**CELLULAR PHONE NUMBER**: ...................................................

**E-MAIL ADDRESS**: ……….…………………………….….......................................

**SECTION L**

 **CERTIFICATE FOR MUNICIPAL SERVICES**

Information required in terms of the Harry Gwala District Municipality’s Supply Chain Management Policy. Latest municipal services account statement must be attached.

|  |
| --- |
| **Tender Number: HGDM817/HGDM/2023****Name of the Tenderer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**FURTHER DETAILS OF THE BIDDER/S: Proprietor / Director(s) / Partners, etc:**

|  |  |
| --- | --- |
| Physical Business address of the Bidder | Municipal Account Number(s) |
|  |  |
|  |  |
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If there is not enough space for all the names, please attach the additional details to the Tender document.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Director / Member / Partner | Identity Number | Physical **residential** address of Director / Member / Partner | Municipal Account number(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, (full name in block letters) certify that the information furnished on this declaration form is correct and that I/we have no undisputed commitments for municipal services towards a municipality or other service provider in respect of which payment if overdue for more than 30 days.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

THUS DONE AND SIGNED for and on behalf of the Bidder / Contractor

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024

**Please note:**

**Even if the requested information is not applicable to the Bidder, the table above should be endorsed NOT APPLICABLE, and THIS DECLARATION MUST STILL BE SIGNED.**

 **SECTION M**

**CONTRACT DATA PROVIDED BY EMPLOYER**

**CONTRACT DATA (Applicable to this contract)**

**PART A: DATA PROVIDED BY THE EMPLOYER**

The following contract specific data are applicable to this contract.

| **REFERENCE** | **CONTRACT SPECIFIC DATA PROVIDED BY THE EMPLOYER** |
| --- | --- |
|  |  |
| Clause 1.1.14: | **Name of Employer: The Harry Gwala District Municipality represented by Head of Municipality: Municipal Manager.** |
|  |  |
| Clause 1.2.2: | **Address of Employer:**Physical: Postal:40 Main Street Private Bag X 501Ixopo Ixopo3276 3276Email address: shelembep@harrygwaladm.gov.zaTelephone No: (039) 834 8700 /56 Fax No: (039) 834 1701 |
|  |  |
| Clause 1.1.15: | **Name of project manager: Mrs PP Cele** |