

## **NOTICE NO. SCM06-11-2020**

Kindly furnish us with a written quotation for the supply of services as detailed below.

### **Developing site plans**

#### **BACKGROUND**

Ugu South Coast Development Agency (USCDA) wishes to appoint a reputable service provider that will develop site plans for **Portion of the admiralty reserve in South Broom-Restaurant Area, ERF 2209/P1 Uvongo Portion of the admiralty reserve in Shelly Beach and Portion of the admiralty reserve in Shelly Beach.**

#### **PRICE**

The service provider should indicate the unit price per good and the total price. The price should indicate if it is VAT inclusive for VAT vendors and total cost for non-vendors.

#### **EVALUATION CRITERIA**

80/20 preferential points system applicable - Price **80** points and BBBEE status level of contribution **20** points.

Service providers are required to be registered on the Central Supplier Database. It is the responsibility of the supplier to provide us with the most recent printout from CSD, whilst also providing us with their CSD registration number.

Quotations must be marked: **TENDER NO.SCM06-11-2020** and must be sent to or delivered to 04 Berea Road, Port Shepstone, 4240 by no later than **19 November 2019 at 12H00 .**

For all transactions exceeding R15000.00 a valid Tax Clearance Certificate or the SARS Pin from SARS must be furnished.

The attached MBD 1 and MBD 4 must be filled, signed and submitted with the quote.

NB: Members or Directors of Companies or service providers who are state employees are not allowed to bid or quote.

**FAILURE TO COMPLY WITH THESE CONDITIONS MAY INVALIDATE YOUR OFFER.**

All queries in respect of the above should be addressed to Nkululeko at 039-682 3881 or [nkululeko@uscda.org.za](mailto:nkululeko@uscda.org.za) or to Lihle Ncane at 039-682 3881 or [thembalihle@uscda.org.za](mailto:thembalihle@uscda.org.za).

The Agency does not bind itself to accept the lowest or any quotation and reserves the right to accept the whole or any part of the quote.

|   |   |
|---|---|
| <p>COMPANY<br/>STAMP</p> <p>COMPANY STAMP</p> | <p>COMPANY FULL NAME</p>                                  |
|   | <p>AUTHORISED SIGNATURE FULL<br/>NAME &amp; SIGNATURE</p> |

### PART A INVITATION TO BID

|   |  |               |  |
|---|--|---------------|--|
| <b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF MUNICIPALITY/ MUNICIPAL ENTITY)</b> |  |               |  |
| BID NUMBER:   |  | CLOSING DATE: |  |
| DESCRIPTION   |  |               |  |
| <b>THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).</b>     |  |               |  |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS                    |  |               |  |
|   |  |               |  |
|   |  |               |  |
|   |  |               |  |
|   |  |               |  |
| <b>SUPPLIER INFORMATION</b>   |  |               |  |
| NAME OF BIDDER  |  |               |  |

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|   |  |  |  |  |         |  |  |
|---|--|--|--|--|---------|--|--|
| POSTAL ADDRESS  |  |  |  |  |         |  |  |
| STREET ADDRESS  |  |  |  |  |         |  |  |
| TELEPHONE NUMBER  |  | CODE   |  | NUMBER   |         |  |  |
| CELLPHONE NUMBER  |  |  |  |  |         |  |  |
| FACSIMILE NUMBER  |  | CODE   |  | NUMBER   |         |  |  |
| E-MAIL ADDRESS  |  |  |  |  |         |  |  |
| VAT REGISTRATION NUMBER   |  |  |  |  |         |  |  |
| TAX COMPLIANCE STATUS   |  | TCS PIN:   |  | OR   | CSD No: |  |  |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE<br>[TICK APPLICABLE BOX]   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |  | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      |         | <input type="checkbox"/> Yes<br><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 PART B:3 ] |  |
| TOTAL NUMBER OF ITEMS OFFERED   |  |  |  | TOTAL BID PRICE  |         | R  |  |
| SIGNATURE OF BIDDER   |  |  |  | DATE   |         |  |  |
| CAPACITY UNDER WHICH THIS BID IS SIGNED   |  |  |  |  |         |  |  |
| <b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b>  |  |  |  | <b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b>                         |         |  |  |
| DEPARTMENT  |  |  |  | CONTACT PERSON   |         |  |  |
| CONTACT PERSON  |  |  |  | TELEPHONE NUMBER   |         |  |  |
| TELEPHONE NUMBER  |  |  |  | FACSIMILE NUMBER   |         |  |  |
| FACSIMILE NUMBER  |  |  |  | E-MAIL ADDRESS   |         |  |  |
| E-MAIL ADDRESS  |  |  |  |  |         |  |  |

## PART B TERMS AND CONDITIONS FOR BIDDING

|  |
|--|
| <b>1. BID SUBMISSION:</b>  |
| 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 ONLINE  |
| 1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |

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|   |  |
|---|--|
| <b>2. TAX COMPLIANCE REQUIREMENTS</b>   |  |
| 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 VIEW THE TAXPAYER'S PROFILE AND TAX STATUS.  |
| 2.3   | APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA. |
| 2.4   | FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.   |
| 2.5   | BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.   |
| 2.6   | IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.   |
| 2.7   | WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.  |
| <b>3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>  |  |
| 3.1.  | IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>  |
| 3.2.  | DOES THE ENTITY HAVE A BRANCH IN THE RSA? <span style="float:right"><input type="checkbox"/></span><br>YES <input type="checkbox"/> NO   |
| 3.3.  | DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>   |
| 3.4.  | DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>  |
| 3.5.  | IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>  |
| IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE. |  |

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID. NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS BID IS SIGNED: .....

DATE:

## DECLARATION OF INTEREST

1. No tender/quotation will be accepted from person in the services of state.
2. Any persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to tender or quotation. In view of possible allegations of favouritism, should the resulting tender, or part thereof, be awarded to persons employed by the state, or to persons connected with or related

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to them, **it is required that the vendor or their authorized representative declare their position relation to the evaluating/adjudicating authority and/ or take an oath declaring his/her interest.**

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

3.1. Full Name of service provider or his or her representative:  
.....

3.2. Identity Number:.....

3.3. Company Registration .....

3.4. Tax Reference Number : .....

3.5. VAT Registration Number.....

**3.6.** Are you presently in the service of state?      **YES**       **NO**

3.6.1. If so, furnish particulars:  
.....  
.....

3.7. Have you been in the service of the state for the **YES**       **NO**  
Past twelve months?

3.7.1. If so please furnish particulars:  
.....  
.....

3.8. Do you have any relationship (family, friend, other) with person in the service of the state and two who may be involved with the evaluation and/ or adjudication of this tender? **YES**       **NO**

3.8.1. If so, furnish particulars:  
.....  
.....

3.9. Are you aware of any relationship (family, friend, other) between a tenderer and any persons in the service of state who may be involved with the evaluation and/ or adjudication of this tender? **YES**       **NO**

3.9.1. If so, furnish particulars:

.....  
.....

3.10. Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state? **YES**  **NO**

3.10.1. If so, furnish particulars

.....  
.....

3.11. Are any spouses, child or parent of the company's directors, managers, principle shareholders or stakeholders in the service of the state?  
**YES**  **NO**

3.11.1. If so, furnish particulars:

.....  
.....

*\*MSCM Regulations: "in the service of state" means to be –*

*a) a member of-*

- I) Any municipal council*
- II) Any provincial legislature; or*
- III) The national assembly or the national Council of providers;*

*b) a member of the board of directors of any municipal entity;*

*c) an official of any municipality or municipal entity;*

*d) 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 1 of 1999);*

*e) a member of the accounting authority of any national or provincial public entity, or an employee of parliament or a provincial legislature*

**CERTIFICATION**

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

Certify that the information furnished on this declaration form is true and correct.

I accept that the state may act against me should this declaration prove to be false.

.....

Signature

.....

Date

.....

Position

.....

Name of Tenderer

.....