### SOUTH COAST TOURISM AND INVESTMENT ENTERPRISE

#### **NOTICE NO. SCM02-07-2022**

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

#### MONITORING OF ALARM SYSTEM FOR THE PERIOD OF 12 MONTHS

#### **BACKGROUND**

South Coast Tourism and Investment Enterprise (SCTIE) wishes to appoint a reputable service provider that will be responsible for monitoring of alarm system at SCTIE for the period of 12 months.

#### **PRICE**

The service provider should indicate the monthly rate and call out fee. The rate should indicate if it is VAT inclusive for VAT vendors.

#### **SPECIFICATION**

<u>DESCRIPTION</u> <u>QUANTITY</u>

Services are required at **South Coast Tourism and Investment Enterprise** located at number 16 Bisset Street, Port Shepstone.

### **Specification**

- Monitoring the alarm system for the peiod of 12 months at the main office and Finance office.
- The building has 2 control panels with radios
- 18 users
- Redio licenses (if applicable)
- other

#### **EVALUATION CRITERIA**

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

Based on the results of the evaluation process, SCTIE will approve the preferred service provider.

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: <u>TENDER NO.SCM02-07-2022</u> and must be sent to or delivered to **16 Bisset Street**, Port Shepstone, 4240 by no later than <u>18 July 2022</u> <u>at 12H00</u>.

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 4must 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 Lihle on 039-682 3881 or 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.

COMPANY	
STAMP	COMPANY FULL NANE
COMPANY STAMP	AUTHORISED SIGNATURE FULL NAME & SIGNATURE

# PART A INVITATION TO BID

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

SUPPLIER INFORMATION									
NAME OF BIDDER									
POSTAL ADDRESS									
STREET ADDRESS									
TELEPHONE NUMBER	CODE				NUMBER				
CELL PHONE 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	Yes				E STATUS SWORN	,	⁄es		
[TICK APPLICABLE BOX]	□No		A		AFFIDAVIT		No		
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMIN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]						BMITTED			
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS	☐Yes	_	]No	BASE THE C	OU A FOREIG D SUPPLIER FO GOODS /SERVI	OR Ces	☐Yes	MOWED D	□No
OFFERED?	[IF YES ENCLOSE PROOF]		/WORKS OFFERED?			[IF YES, ANSWER PART B:3]			
TOTAL NUMBER OF ITEMS OFFERED				TOTA	L BID PRICE		R		
SIGNATURE OF BIDDER				DATE					
CAPACITY UNDER WHICH THIS BID IS SIGNED									
BIDDING PROCEDURE ENQUIRIES MAY BE	DIRECTED TO	:	TECHN	ICAL IN	FORMATION N	IAY B	E DIRECTE	D TO:	
DEPARTMENT			CONTA	CT PER	RSON				
CONTACT PERSON					UMBER				
TELEPHONE NUMBER			FACSIN	/ILE NU	MBER				
FACSIMILE NUMBER			E-MAIL	ADDRE	SS				
E-MAIL ADDRESS									

# 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 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.

### 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 T	O VIEW THE TAXPAYER'S PROFILE AND TAX	STATU	S.
2.3	APPLICATION FOR THE TAX COMPLIANCE STAT FILING. IN ORDER TO USE THIS PROVISION, T FILERS THROUGH THE WEBSITE WWW.SARS.G	AXPAYERS WILL NEED TO REGISTER WITH		
2.4	FOREIGN SUPPLIERS MUST COMPLETE THE PR	RE-AWARD QUESTIONNAIRE IN PART B:3.		
2.5	BIDDERS MAY ALSO SUBMIT A PRINTED TCS CE	ERTIFICATE TOGETHER WITH THE BID.		
2.6	IN BIDS WHERE CONSORTIA / JOINT VENTURES SUBMIT A SEPARATE TCS CERTIFICATE / PIN /		PARTY	MUST
2.7	WHERE NO TCS IS AVAILABLE BUT THE BIDDER (CSD), A CSD NUMBER MUST BE PROVIDED.	R IS REGISTERED ON THE CENTRAL SUPPLIE	R DATA	BASE
3.	QUESTIONNAIRE TO BIDDING FOREIGN SUPPLI	ERS		
3.1.	IS THE ENTITY A RESIDENT OF THE REPUBLIC (	OF SOUTH AFRICA (RSA)?		YES
3.2.	DOES THE ENTITY HAVE A BRANCH IN THE RSA	λ?		
3.3.	DOES THE ENTITY HAVE A PERMANENT ESTAB	LISHMENT IN THE RSA?		YES
3.4.	DOES THE ENTITY HAVE ANY SOURCE OF INCO	OME IN THE RSA?		YES
3.5.	IS THE ENTITY LIABLE IN THE RSA FOR ANY FO $\square$ NO	RM OF TAXATION?		YES
CON	HE ANSWER IS "NO" TO ALL OF THE ABOVE, TH IPLIANCE STATUS SYSTEM PIN CODE FROM THE ISTER AS PER 2.3 ABOVE.			
	AILURE TO PROVIDE ANY OF THE ABOVE PARTI DS WILL BE CONSIDERED FROM PERSONS IN TI			
SIGN	ATURE OF BIDDER:			
CAPA	ACITY 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 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	:
	-										
3.4	Tax R	eference N	Numbe	r:							
3.5	VATR	Registratio	n Num	ber							
	•	oresently i urnish par			tate? YES	5 <b>-</b>	NO	C	<b>.</b>		
	lave you		he ser		state for the			N	10		

3.7.1. If so please furnish particulars:

3.8.		end, other) with person in the service of the state valuation and/ or adjudication of this tender? <b>YES</b>					
3.8.1.	If so, furnish particulars:						
3.9.		friend, other) between a tenderer and any persons ed with the evaluation and/ or adjudication of this					
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? <b>YES</b> $\square$ <b>NO</b> $\square$						
3.10.1.	If so, furnish particulars						
3.11.	Are any spouses, child or parent of shareholders or stakeholders in the service YES \( \text{NO} \)	the company's directors, managers, principle ce of the state?					
3.11.1.	If so, furnish particulars:						
<ul><li>a) a mer</li><li>b) a me</li><li>c) an of</li><li>d) an e</li><li>mea</li></ul>	I) Any municipal council II) Any provincial legislature; or III) The national assembly or the national Council of promber of the board of directors of any municipal entity; ficial of any municipality or municipal entity; mployee of any national or provincial department, national of the Public Finance Management Act 1999 (Act 1 or	oviders; nal or provincial public entity or constitutional institution within the					
CERTI	FICATION						
Certify	ndersigned (name)that the information furnished on this declot that the state may act against me should	aration form is true and correct.					
Signat	ure	Date					