



## **NOTICE NUMBER: SCTIE MINI 10 2024**

### **1. SOUTH COAST TOURISM AND INVESTMENT ENTERPRISE (SCTIE) BACKGROUND**

South Coast Tourism & Investment Enterprise (RF) SOC (SCTIE) is a municipal entity, wholly controlled by Ugu District Municipality. As a State-Owned Entity SCTIE is regulated in terms of the Municipal Finance Management Act (MFMA) 56 of 2003.

### **2. SCTIE MANDATE**

SCTIE is mandated to drive the economy of Ugu District through positioning it as a tourism and investment destination. As the official economic development arm of Ugu District, the responsibility of SCTIE is to proactively identify and unlock the full tourism, trade and investment potential of the region. This involves engaging with all the role players and stakeholders to attract tourists and assist investors looking to branch out into the district uncovered opportunities.

### **3. MISSION STATEMENT**

SCTIE aims to develop and promote an inclusive and sustainable economy that is beneficial to all citizens within Ugu district municipal areas.

### **4. SPECIFICATION**

South Coast Tourism & Investment Enterprise (SCTIE) is looking for an experienced service provider to facilitate the application of the Subdivision of Agricultural Land Act No. 70 of 1970 for a 92.4 h/a piece of land owned by the entity.

The service provider will be responsible for:

- 4.1.** Making an application to the Minister of Agriculture, Land Reform and Rural Development for the subdivision of Ifafa Remainder of Portion 1 of the Farm Elysium No. 15582 (located directly adjacent to the Ifafa Beach N2 freeway interchange) from agricultural zoning to light industrial zone.
- 4.2.** Compiling all the necessary documents for both the provincial and national submission, assisted by SCTIE team.
- 4.3.** Physical submission of the application documents, provincial and national.
- 4.4.** Hold physical and or virtual meetings as and when required by SCTIE.
- 4.5.** Submit proof of submission and a copy of the main application.
- 4.6.** Attending to enquires from DARLD and acting as a liaison between SCTIE & DARLD.
- 4.7.** Providing advisory services to SCTIE.
- 4.8.** Reporting the progress of the application until the final stage.

### **5. Project Background**

The similar application was made before by the entity and it was unsuccessful. The documentation will be shared with the appointed service provider.

### **6. 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.

**7. EVALUATION CRITERIA**

All quotations will be evaluated for functionality and 80/20 preference point system. Based on the results of the evaluation process, SCTIE will approve the preferred service provider.

**The functionality evaluation criteria will be based on the following:**

Functionality	Weight
Reference letters of similar work 3 references and above <b>50</b> points 2 references <b>40</b> points 1-2 references <b>20</b> points	<b>50</b>
Company profile with detailed experience	<b>50</b>

Tenders with **less** than of 60% on functionality will **not** proceed to the evaluation using the preference points system.

	Categories	20 points
	<b>Specific Goals</b>	
1	<b>Promotion of local business</b>	<b>10</b>
	Business located within Ugu-Rural 10	
	Business located within Ugu- Urban 7	
	Business located within the KZN Province 5	
2	<b>Ownership Categories</b>	<b>5</b>
	BBBEE level 1 5	
	BBBEE level 2 4	
	BBBEE level 3 and below 3	
3	<b>Other specific goals</b>	<b>5</b>
	Business that are 100% owned by woman/youth /disable individuals 5	

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: **SCTIE MINI 10 2024** and must be sent to or delivered to **16 Bisset Street**, Port Shepstone, 4240 by no later than **04 APRIL 2024 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.

All queries in respect of the above should be addressed to Lihle on 039-682 7944 or [lihle@sctie.co.za](mailto:lihle@sctie.co.za).

**VALIDITY PERIOD**

Prices must be valid for a minimum of 60 days from the closing of the quotation.

**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 9744 or [Lihle@sctie.co.za](mailto:Lihle@sctie.co.za).

**SCTIE 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 STAMP

\_\_\_\_\_  
COMPANY FULL NAME

\_\_\_\_\_  
AUTHORISED SIGNATURE FULL NAME & SIGNATURE

## 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			
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 [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes <input type="checkbox"/> No	B-BBEE STATUS LEVEL SWORN AFFIDAVIT	<input type="checkbox"/> Yes <input type="checkbox"/> No

**[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]**

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [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

### 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 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.

### 3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

- 3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?  YES  NO
- 3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA?  YES  NO
- 3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  YES  NO
- 3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?  YES  NO
- 3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?  YES  NO

**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: .....

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**DECLARATION OF INTEREST**

1 No bid will be accepted from persons in the service of the state.  
 2 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 position in 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 the bid.

3.1 Full Name: .....

3.2 Identity Number: .....

3.3 Company Registration Number: .....

3.4 Tax Reference Number:.....

3.5 VAT Registration Number: .....

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

3.6.1 If so, furnish particulars.....

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

3.7.1 If so, furnish particulars.....

.....

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

3.8.1 If so, furnish particulars.....

.....

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

3.9.1 If so, furnish particulars.....

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

3.10.1 If so, furnish particulars.....

3.11 Is any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?.....YES / NO

3.11.1 If so, furnish particulars.....



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**SECTION E:  
DECLARATION**

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE TO CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and
2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then South Coast Tourism and Investment Enterprise in addition to any remedies, it may have; may
  - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipal Entity as a result of the award of any business, and/or
  - ii Take any other action as may be deemed necessary.

Signature.....

Name.....

I.D

Number.....

Duly authorised to sign on behalf of:

.....

Address.....

.....

.....

Telephone.....