NOTICE NUMBER: SCTIE MINI 02 2027

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

MAINTENANCE OF TWO (2) SCTIE VEHICLE

BACKGROUND

South Coast Tourism and Investment Enterprise (SCTIE) wishes to appoint a reputable service provider that will be responsible for the maintenance and painting of **two (2)** company cars.

PRICE

The price should indicate if it is VAT inclusive for VAT vendors.

VALIDITY PERIOD

Prices must be valid for a minimum of 90 days from the closing of the quotation.

SPECIFICATION

DESCRIPTION **QUANTITY**

Specification

- Rust removal and painting of both SCTIE cars
- Sevice providers are to submit a detailed quotation for work/ maintenance that will done in each vehicle and pricing per vehicle.

For inspaction of cars, please contact Lihle on 039 682 7144 or visti SCTIE offices @ 16 Bisset Street, Port shepstone.

EVALUATION CRITERIA

A All quotations will be evaluated for functionality and 80/20 Specific Goals. 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**
Retail Motor Industry (RMI) or SAMBRA approved	**20**
Company Experience in panel beating (Submit proof) 6 years and above 40 3 – 5 years 30 1 – 2 years 20	**40**
Time frame for completing the work on each car. (tick where applicable) Less than 4 weeks 40 points 5- 6 weeks 20 points 7 to 8 weeks 10 points	**40**

Tenders with **less** than of 70% on functionality will **not** proceed to the evaluation using the preference points system.

	Categories		**20 points**
	Specific Goals (Submit proof)		
1	**Promotion of local business**		**10**
	Business located within Ugu	10	
	Business located within the KZN Province	5	
2	**Ownership Categories**		**5**
	BBBEE level 1	5	
	BBBEE level 2	4	
	BBBEE level 3 and below	3	
3	**Other specific goals**		**5**
	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 02 2027** and delivered to **16 Bisset Street**, Port Shepstone, 4240 or emailed to Lihle@sctie.co.za by no later than **27 October 2026 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 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 7944 or lihle@sctie.co.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.

All queries in respect of the above should be addressed to Lihle on 039-682 9744 or 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 NANE

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 DEPOSITED IN THE BID BOX SITUATED 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 [TICK APPLICABLE BOX]	☐ Yes ☐ No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT		☐ Yes ☐ 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?**	☐Yes ☐No [IF YES ENCLOSE PROOF]		ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?**		☐Yes ☐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						

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:		**TECHNICAL INFORMATION MAY BE DIRECTED TO:**	
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: ……

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……...…..……

Please fill in full details of directors/trustees/ members/ shareholders

Full Name	Identity Number	State Employee Number/ Persal Number

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 INFORMAT ION 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.....