



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**



UMZIMKHULU LOCAL MUNICIPALITY

PROPOSAL NUMBER: ULM-CORP 002/24

**REQUEST FOR PROPOSAL: MEDICAL PRACTITIONER FOR MEDICAL
SURVEILLANCE (24 MONTHS CONTRACT)**

TENDER AMOUNT:

IN WORDS:

**The Municipal Manager
Umzimkhulu Local Municipality
169 Main Street
Private X 53
Umzimkhulu
3297**

Tel: 039 259 5000

Fax: 039 259 0427

**NAME OF
SERVICE PROVIDER**

:

CONTACT PERSON

:

TELEPHONE

:

EMAIL

:

ADDRESS

:

CSD Registration of a Number:

SARS PIN :.....

CRS Number (if applicable)

TENDER CLOSES: 6th of October 2023



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

CONTENT PAGE

NO.	DESCRIPTION
1.	TENDER NOTICE
2.	TERMS OF REFERENCE/SPECIFICATION
3.	EVALUATION CRITERIA
4.	TENDER CONDITIONS
5.	RETURNABLE DOCUMENTS
6.	PROPOSED FEE STRUCTURE
7.	MBD FORMS



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

Annexure A:

TENDER NOTICE / QUOTATION NOTICE

169 Main Street
Private Bag 53
Umzimkhulu
3297



Email: info@umzimkhululm.gov.za
Tel: (039) 259 5000/5300
Fax: (039) 259 0427

BUDGET & TREASURY DEPARTMENT

PROVINCE OF KWAZULU-NATAL
KZN 435

Date issued 04/09/2023.
KZN435/23/24/003/CORP

INVITATION TO TENDER UMZIMKHULU LOCAL MUNICIPALITY

uMzimkhulu Municipality hereby invites reputable and experienced Service providers to respond on the projects below:

TENDER NAME	PROPOSAL NUMBER	BRIEFING DATE
MEDICAL PRACTITIONER FOR MEDICAL SURVEILANCE (24 Month Contract)	ULM-CORP 002/24	13/09/2023 @11h:30 am

Tender documents will be available on the municipal website (www.umzimkhululm.gov.za) and will also be available from the cashier at 169 Main Street, uMzimkhulu, 3297 upon the non-refundable payment of R100 per document or a bank guaranteed cheque made out to uMzimkhulu Municipality during working hours between 09:30am and 16:00pm from the 06th of September 2023; cut-off time for buying documents is the 13th of September 2023, 15 minutes before the briefing time.

Compulsory briefing meeting is scheduled to take place at uMzimkhulu Municipality Makhosini Building Boardroom, 247 Mzimkhulu Mlonyana Street, uMzimkhulu 3297.

Invalid or non-submission of the following documents will render the Tenderer disqualified, Specific Goal points will not be allocated if the required documents are not submitted/ valid .

- Registered on Central Suppliers Database (CSD) attach proof of Registration. MBD 4, 8 & 9 -
- Municipal rates and services certificate / statement / billing for the directors, owners, shareholders of the company to confirm that Municipal rates are not in arrears for more than 90 days or.
- Attach valid lease agreement if the company is leasing the office space.
- Attach a valid lease agreement if the director is leasing accommodation.

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BUDGET & TREASURY DEPARTMENT

PROVINCE OF KWAZULU-NATAL
KZN 435

- Attach affidavit if the account is under your parents, siblings, grandparents, and you are not paying any Municipal rates.
Copy of a marriage certificate if Municipal account in under your spouse.
- Certificate of Authority” to sign all documents in connection with this Tender and any contract or agreement which may arise therefrom, duly signed, and dated, shall be provided by the Board of Directors of the firm and shall be attached and must be on a Company letter head. (Example is provided in the Tender document)

80/20 Preference Point System will be used on the following project and functionality will be considered. uMzimkhulu Local Municipal SCM policy will apply.

Second Phase

Functionality

Evaluation Criteria Threshold 40 points or 80%

Criteria	Points	Verification Method
Experience: (years in General medical Practice as a General medical Doctor. 10 years = 20 points 7-9 years = 10 points	20	CV with Medical Qualification certificate
<u>Expertise:</u> Medical Practitioner: Professional Medical Doctor who will be directly involved in medical surveillance must have a Medical Doctor Qualification.	10	Medical Doctor Qualifications.

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BUDGET & TREASURY DEPARTMENT

PROVINCE OF KWAZULU-NATAL
KZN 435

<u>Accreditation</u> Doctor must be: 1. Registered and in good standing with the Health Professions Council of South Africa and have 2. License to dispense. NB: Both the above are required	20	1. Attach proof of Registration with practice number 2. Attach copy of license to dispense
--	----	---

It is compulsory for the bidder to score at least 50 % on the experience segment and compulsory to score 100 % on expertise and accreditation.

Service providers who met the minimum threshold above will proceed to the site verification phase

Site Verification

NB: Below listed is compulsory

NO.	ITEMS	Verification Documents	YES/NO
1.	Quality of proposed personnel <u>At least 2 Personnel with expertise:</u> 2X Occupational Health Nurses.	Curriculum vitae with certified certificates and registrations with SANC (South African Nursing Council)	
2.	Fully established Surgery and mobile clinic will be verified upon	1.Fully functioning surgery	

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PROVINCE OF KWAZULU-NATAL
KZN 435

site visit by the uMzimkhulu Municipality.	2.Proof of ownership for mobile clinic/Lease agreement	
NB: Service providers who failed the site verification will be considered nonresponsive and will not proceed to price calculation		

The 80/20 scoring will apply.
80 Price
20 Specific goals

Specific Goals

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system)	Verification document(s)
Specific goals 2: RDP Goals		
Promotion of south African owned enterprises	10	CIPC registration Certificate (Companies and Intellectual Property Commission) Or Detailed CSD report verification on CSD portal by the Municipality) Or Certified Copy RSA Identity document of the director(s)
Promotion of business: - located within KZN province	10	Preferred address on CSD report and copy of utility bill on property rates and services for the director. Or

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PROVINCE OF KWAZULU-NATAL
KZN 435

		preferred address on CSD report and original letter for the director from Induna / Chief/ ward Councillor. verification on CSD portal by the Municipality)
TOTAL / MAXIMUM PROINTS	20	

120 days Price Validity

Contact Details

All Technical enquiries shall be directed to:

Attention : Ms Z. Dlamini
Telephone : (039) 259 5056
Fax No : (039) 259 0427
Email Address : dlaminiz@umzimkhululm.gov.za

SCM Compliance enquiries shall be directed to:

Attention : Miss O. Basi
Telephone : (039) 259 5034
Fax No. : (039) 259 0427
Email Address : basio@umzimkhululm.gov.za

Closing date

Bid documents in a sealed envelopes clearly indicating the **Bid number and Bid Name**, must be deposited in the tender box of uMzimkhulu Local Municipality, located at 169 Main Street,

169 Main Street
Private Bag 53
Umzimkhulu
3297



Email: info@umzimkhulu.gov.za
Tel: (039) 259 5000/5300
Fax: (039) 259 0427

BUDGET & TREASURY DEPARTMENT

PROVINCE OF KWAZULU-NATAL
KZN 435

uMzimkhulu, 3297 reception area, not later than **12h: 00, 6th of October 2023** Telegraphic, telex, telephone, electronic, facsimile and late tenders will not be accepted.

Tenders may only be submitted on the tender documentation provided by the municipality.

The uMzimkhulu Municipality Council does not bind itself to accept the lowest bidder. uMzimkhulu Municipality Supply Chain Management policy will apply.

.....
MR C. A. NGOOVIYA
MUNICIPAL MANAGER



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Annexure B: TOR: / Specification

TERMS OF REFERENCE FOR MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE

Project need

uMzinkhulu Municipality requires services of a service provider for Medical Surveillance for the uMzinkhulu municipality employees. This is for compliance with the Occupational Health and Safety Act 85 of 1993.

SCOPE OF WORK FOR MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE

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.
- keep all records of risk assessments and monitoring results for a minimum period of 40 years.
- keep records of all assessments, monitoring results and medical surveillance reports for a minimum of 40 years
- keep formal written consents by the employee.
- Assessment will need to be done annually.
- Keep a record of the examinations and test carried out for at least five years.

The service provider will be required to do the following:

- Occupational Health and Safety Plan for uMzinkhulu Municipality.

The service provider will be required to conduct Pre-placement Medical Examination.

- The baseline or pre-placement examination will be performed 14 days 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 and

- Periodic Medical Assessment/ Vaccination on annual basis, where a case requires done bi-annually.
- This examination must be inclusive of X-Ray.
- Pneumoconiosis chest x-ray

The service Provider will assist with Post-injury/ illness Medical examinations by:-

- Assessing employee's suitability or limitations in terms of the job requirements after an illness/ injury.



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

- Making recommendations to the Municipality.
- This examination must be inclusive of X-Ray.
- Pneumoconiosis chest x-ray

The service provider will assist with Exit Medical Examination and Executive Health Medical Examination.

- This examination must be inclusive of X-Ray.
- Pneumoconiosis chest x-ray

The service provider will also be required to provide general consultation as per the Municipal request of that current medical condition required by the employee.

NB:

The service provider **must** conduct Medical Surveillance and biological monitoring health Surveillance in all uMzimbhulu Municipality sites.

- uMzimbhulu Municipality Main Building
- Gateway Building
- Makhosini Building
- uMzimbhulu Library
- Council Chamber
- Traffic Department
- Fire Department
- Animal Pound

2. EXPECTED PROCEDURES TO BE DONE BY THE MEDICAL SURVEILLANCE SERVICE PROVIDER

Drug & Urine Test

- The mind- altering substances has no place in the workplace! Because you have a duty to protect and keep it safe, therefore these tests will ensure that your priority remains your main focus!

Lung Function Testing

- How quickly can you move air out of your lungs? Well, these tests will show exactly and will also reveal any breathing difficulties or lung diseases

Audiometric Testing

- Are you exposed to loud noises daily? These tests are done to measure the hearing ability of pre-employed, employed, and annual workers.

Physical Examination

- These examinations serve to protect the employee from accidents due to visual impairment, and their value in preventative medicine should not be underestimated.

Eye Test Examination

- These tests may include all different functions of the eye such as the measurement of the ability to see near and far distances, the ability to see in colour as well as to check for gaps or defects in your field of vision.



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

X-rays

- Chest x-rays
- Pneumoconiosis chest x-rays

Urine

- Cells (exfoliate cytology) - bladder cancer
- Level of toxin e.g. mercury
- Level of metabolite eg TCA (tricarboxylic acid)
- Protein (especially kidney damage)
- Bile (jaundice)
- Sugar (diabetes) - relevant to shift work, public service vehicle (PSV) driving

Blood

- Full blood count and haemoglobin - lead, benzene, alcohol, work in the tropics
- Serum (deep frozen) - baseline antibody levels in pathogen exposure
- Liver function tests - alcohol, hepatotoxic chemicals
- Renal function tests - kidney toxins
- Toxin levels - e.g. lead
- Metabolite levels - e.g. ALA.

3. EXPECTED PROCEDURES TO BE DONE BY THE MEDICAL SURVEILLANCE SERVICE PROVIDER FOR BIOLOGICAL MONITORING HEALTH SURVEILLANCE

Health surveillance techniques should be:

- Highly sensitive
- Specific in their ability to detect effects at an early and reversible stage.
- Safe.
- Preferably non-invasive and acceptable to the employee.
- Cost is also a consideration.
- Results of health surveillance should lead to some action of benefit to the health of employees.

Waste Management Unit Vaccines required for employees:

- Hepatitis B
- Tetanus

The **hepatitis B vaccine** is recommended for all adults aged 19 through 60 years, with risk factors for hepatitis B infection. Adults who are 60 years or older without known risk factors for hepatitis B may also receive hepatitis B vaccine.

The vaccine recommended for someone depends on their age.

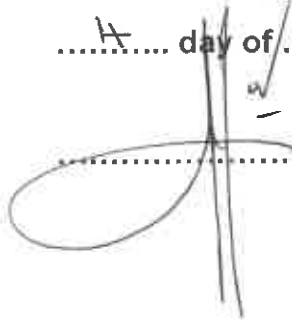


MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

All adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years.

Approval of Terms of Reference

Signed by and on behalf of the Umzimkhulu Municipality by
K.V. NYAMELA in her/his capacity as
DIRECTOR CORPORATE SERVICES, she/he is being duly authorized
thereto and warranting such authority, at Umzimkhulu on the
4 day of SEPTEMBER 2023 Signature


..... HOD/ DELEGATED OFFICIAL TO SIGN



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

Annexure C:
Evaluation Criteria



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

First Phase of the Evaluation (SCM Compliance)

1. The suppliers must be registered on CSD.
2. **Submit Tender Document / Quotation document.**
3. The suppliers must submit CSD Registration Number & SARS PIN
4. MBD Forms (relevant)
5. Municipal utility bill for municipal rates and services for all directors of the company (owners, shareholders. Executive directors / non-executive directors) AND for the company to confirm that Municipal rates are not in arrears for more than 90 days
6. Certificate of Authority” to sign all documents in connection with this Tender and any contract or agreement which may arise therefrom, duly signed, and dated, shall be provided by the Board of Directors of the firm and shall be attached and must be on a Company letter head example is provided on the document.

NB: In the event of a mistake having been made it shall be crossed out in ink and be accompanied by a full signature at each alteration. The municipality reserves the right to reject the tender if corrections are not made in accordance with the statement above. (Usage of correction pen is not permitted)



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Second Phase of Evaluation **Functionality**

Evaluation Criteria Threshold 40 points or 80%

Criteria	Points	Verification Method
Experience: (years in General medical Practice as a General medical Doctor. 10 years = 20 points 7-9 years = 10 points	20	CV with Medical Qualification certificate
<u>Expertise:</u> Medical Practitioner: Professional Medical Doctor who will be directly involved in medical surveillance must have a Medical Doctor Qualification.	10	Medical Doctor Qualifications.
<u>Accreditation</u> Doctor must be: 1. Registered and in good standing with the Health Professions Council of South Africa and have 2. License to dispense. NB: Both the above are required	20	1. Attach proof of Registration with practice number 2. Attach copy of license to dispense

It is compulsory for the bidder to score at least 50 % on the experience segment and compulsory to score 100 % on expertise and accreditation.



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Service providers who met the minimum threshold above will proceed to the site verification phase

Site Verification

NB: Below listed is compulsory

NO.	ITEMS	Verification Documents	YES/NO
1.	Quality of proposed personnel <u>At least 2 Personnel with expertise:</u> 2X Occupational Health Nurses.	Curriculum vitae with certified certificates and registrations with SANC (South African Nursing Council)	
2.	Fully established Surgery and mobile clinic will be verified upon site visit by the uMzimkhulu Municipality.	1.Fully functioning surgery 2.Proof of ownership for mobile clinic/Lease agreement	

NB: Service providers who failed the site verification will be considered nonresponsive and will not proceed to price calculation

Validity period is 120 days

The 80/20 scoring will apply.

80 Price

20 Specific goals



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Specific Goals

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system)	Verification document(s)
Specific goals 2: RDP Goals		
Promotion of south African owned enterprises	10	CIPC registration Certificate (Companies and Intellectual Property Commission) Or Detailed CSD report verification on CSD portal by the Municipality) Or Certified Copy RSA Identity document of the director(s)
Promotion of business: - located within KZN province	10	Preferred address on CSD report and copy of utility bill on property rates and services for the director. Or preferred address on CSD report and original letter for the director from Induna / Chief/ ward Councillor. verification on CSD portal by the Municipality)
TOTAL / MAXIMUM PROINTS	20	



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Price

TOTAL POINTS **100**

$P_s = 80 \left(1 - \frac{(P_t - P_{min})}{P_{min}} \right)$

General terms of specification

Compulsory briefing : Yes
Closing date : Stated on the advert

Terms of reference conditions

- Duration of the project – 24 MONTHS
- Tendered amount must be firm include vat.
- Requirement (specified on the specification)
- Price must be Validity for 90 / 120 days.



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

SCM COMPLIANCE ANNEXURE: A

- Attach Central Suppliers Database registration (CSD) copy / CSD registration number



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

SCM COMPLIANCE ANNEXURE: B

- Specific goals (attach required documents for points allocation)



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

SCM COMPLIANCE ANNEXURE: C

1. Sign MBD 1, 3.1,4, 6.1, 8 & 9 (MBD 5 for tenders above R10M)



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

SCM COMPLIANCE ANNEXURE: D

-Attach updated municipal utility bill for the property rates and services for the company not in arrears for more than 90 days / Valid lease Agreement / affidavit when you operate at Home

Preferred address on CSD will be utilised to verify if the information provided is correct.

Based on the protection of personal information ACT 4 of 2013, came into effect on the 1st of July 2021. Service providers must attach recent municipal rates and taxes statement for the company.

For further verification on the submitted documents, bidders may be requested to submit most recent updated **SCM COMPLIANCE ANNEXURE: D** as part of evaluation process.



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

SCM COMPLIANCE ANNEXURE: E

- Attach municipal utility bill for property rates and services for the directors not in arrears for more than 90 days.
or
- attach a valid lease agreement if the director is leasing residential property.
or
- attach affidavit confirming the director is not responsible for the utility bill for the address of residence and it must be accompanied by the utility bill for property rates and services of the person responsible
or
- signed confirmation from the municipality stating the areas is not billed / the director is not billed for property rates and services
or
 - attach affidavit or confirmation from the chief / local leader or confirmation from the municipality if you stay in a rural area.
or
- attach copy of a marriage certificate if utility bill for property rates and services in under your spouse.

Preferred address on CSD will be utilised to verify if the information provided is correct.

Based on the protection of personal information ACT 4 of 2013, came into effect on the 1st of July 2021. Service providers must attach recent municipal rates and taxes statement for its directors.



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

For further verification on the submitted documents, bidders may be requested to submit most recent updated SCM COMPLIANCE ANNEXURE: E as part of evaluation process.

SCM COMPLIANCE ANNEXURE: F

Attach Certificate of Authority" to sign all documents in connection with this Tender and any contract or agreement which may arise therefrom, duly signed and dated, shall be provided by the Board of Directors of the firm and shall be attached and must be on a Company letter head.

(Example is provided on Form B)



MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE (24 MONTHS CONTRACT)

Tender Conditions

- The Municipality may request clarity pertaining the Proposal / response if it's not clear.
- Presentation may be required for Clarity purposes,
- The Municipality may request for a price negotiation when necessary
- Use of correction pen is prohibited.
- The Municipality may request price confirmation on goods / material that has price fluctuation and service providers must respond within the stipulated time.
- The municipality may request extension of validity period.
- Communication method for extension on validity / addendums or any other information may be through emails / newspaper / municipal website.



**MEDICAL PRACTITIONER FOR MEDICAL SURVEILLANCE
(24 MONTHS CONTRACT)**

**ANNEXURE E
RETUNABLE DOCUMENT**



RETURNABLE DOCUMENT

FORMS TO BE COMPLETED BY THE BIDDER:

Bidders shall note that completed Forms A, B, C, D, E & F must be included in the proposal.

The information contained on these forms, plus the supporting documentation will be used in the evaluation of the proposals.

FORM A:

CERTIFICATE OF ATTENDANCE AT THE CLARIFICATION MEETING

This is to certify that
.....Representative of (Service
Provider)

.....of
(address)

.....
.....

telephone number(.....).

fax number(.....).

e-mail

attended the clarification meeting on (date)
.....

I CERTIFY that I am satisfied with the description of the work and explanations given by the said Employer's Representative and that I understand perfectly what is required in compiling my proposal.

CONSULTANT'S REPRESENTATIVE: (Signature)

EMPLOYER'S REPRESENTATIVE: (Signature).....

FORM B:
CERTIFICATE OF AUTHORITY FOR SIGNATURE

(do not sign the examples)

The Tenderer must indicate the enterprise status by ticking the appropriate box hereunder.

(I) SOLE PROPRIETOR	(II) CLOSE CORPORATION	(III) PARTNERSHIP	(IV) COMPANY	(V) JOINT VENTURE / CONSORTIUM	
				Incorporated	
				Unincorporated	

The Tenderer must provide a certificate in the form of a resolution of the partners or directors authorising the signatory on behalf of the enterprise(s) **and such resolution shall include a specimen signature of the signatory.**

Failure to provide the certificate(s) in the form of a resolution as described above shall result in the tender being considered non-responsive and rejected.

NB: Certificate of Authority” to sign all documents in connection with this Tender and any contract or agreement which may arise therefrom, duly signed and dated, shall be provided by the Board of Director(s) of the firm and shall be attached and must be on a Company letter head (signature of signatory is required) example (s) is provided below :

(I) CERTIFICATE FOR SOLE PROPRIETOR (example)

I....., hereby confirm that I am the sole owner of the
business trading as:

.....

Specimen Signature of Sole Owner:

Date:

(II) CERTIFICATE FOR CLOSE CORPORATION (example)

I / We, the undersigned, being the key members in the business trading as..... hereby authorise Mr/Ms acting in the capacity of to sign all documents in connection with the tender for Contract No. and any contract resulting from it on our behalf.

Signatures of Members:

NAME	ADDRESS	SIGNATURE	DATE

Note: *This certificate is to be completed and signed by all of the key members upon whom rests the direction of the affairs of the Close Corporation as a whole.*

Specimen Signature of Signatory:

Date:

(III) CERTIFICATE FOR PARTNERSHIP (example)

We, the undersigned, being the key partners in the business trading as

.....

hereby authorise Mr/Ms

.....

acting in the capacity of , to sign all documents in connection with the

tender for Contract No. and any contract resulting from it on our behalf.

NAME	ADDRESS	SIGNATURE	DATE

Note: *This certificate is to be completed and signed by all of the key partners upon whom rests the direction of the affairs of the Partnership as a whole.*

Specimen Signature of Signatory:

Date:

(IV) CERTIFICATE FOR COMPANY (example)

I, chairperson of the Board of Directors

of, hereby confirm that by resolution of the Board

(Copy attached) taken on
..... 20.....,

Mr/Ms, acting in the capacity of

....., was authorised to sign all documents in connection with this tender and any contract resulting from it on behalf of the company.

Signature of Chairman:

.....

Specimen Signature of Signatory:

Date:

(V) CERTIFICATE FOR JOINT VENTURE / CONSORTIUM (example)

[This Returnable Schedule is to be completed by a Joint Venture / Consortium]

We, the undersigned, are submitting this tender offer in Joint Venture / Consortium and hereby authorise Mr/Ms....., authorised signatory of the company, acting in the capacity of Lead Partner, to sign all documents in connection with the tender offer and any contract resulting therefrom on our behalf.

NAME OF COMPANY	ADDRESS	DULY AUTHORISED SIGNATORY
Lead Partner		Signature..... Name..... Designation..... Date.....
		Signature..... Name..... Designation..... Date.....
		Signature..... Name.....

		Designation.....
		Date.....

In addition to this Certificate of Authority on behalf of the JV or Consortium, separate Certificates of Authority are also required from each parent company to the Joint Venture or Consortium. These must be in the form of a resolution of the partners or directors authorising the signatory on behalf of the enterprise to sign the JV or Consortium Certificate of Authority.

For example, if a joint venture partner is a limited liability company, then a resolution of the board of directors for that company is required to demonstrate that the person signing on behalf of the JV has the authority to do so from the parent company. The tenderer must do this either by using the relevant pro forma certificate (I), (II), (III) or (IV), as provided in this Returnable Form B, for that particular type of parent organisation, or by providing a certificate in the form of a resolution of the partners or directors authorising the signatory on behalf of the enterprise **and such resolution shall include a specimen signature of the signatory.**

FORM C:
RELEVANT EXPERIENCE

Employer (Name, Tel. No. or Fax No.)	Details of Project	Value of Work (fees)	Year

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Continued overleaf... - /

FORM C: RELEVANT EXPERIENCE (Continued)

Employer (Name, Tel. No. or Fax No.)	Details of Project	Value of Work (fees)	Year

--	--	--	--

Failure to provide the necessary information will compromise the proposal.

SIGNED ON BEHALF OF THE CONSULTANT

.....

FORM D:

BANK DETAILS

The Consultant shall provide details of banking details which shall be applicable to this contract. In the case of a joint venture, a collective joint venture account shall be provided and details provided below shall be of the joint venture account.

Bank Details - Bank Name:

 Address:

 Account Number:

 Contact Person:

 Tel No.:

 Fax No.:

Auditor Details - Firm Name:

 Address:

 Firm Number:

 Contact Person:

 Tel No.:

 Fax No.:

SIGNED ON BEHALF OF THE CONSULTANT:

.....

Form E:

PROPOSED FEE STRUCTURE
(To be prepared and attached by Bidder)

Form F
MBD Forms

MBD1

**PART A
INVITATION TO BID**

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (UMZIMKHULU MUNICIPALITY)				
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 (169 MAIN STREET UMZIMKHULU MUNICIPALITY)				
SUPPLIER INFORMATION				
NAME OF BIDDER				
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:	
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 DOCUMENT PROVIDED	
1.3.	THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, 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:

PRICING SCHEDULE
(Professional Services)

Name of Bidder:.....

Bid Number:

Closing Time:

Closing Date

OFFER TO BE VALID FOR DAYS FROM THE CLOSING DATE OF BID.

ITEM NO INCLUDED)	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES
-------------------------	-------------	--

1. The accompanying information must be used for the formulation of proposals.
2. Bidders are required to indicate a ceiling price based on the total estimated time for completion of all phases and including all expenses inclusive of all applicable taxes for the project.
R.....
3. PERSONS WHO WILL BE INVOLVED IN THE PROJECT AND RATES APPLICABLE (CERTIFIED INVOICES MUST BE RENDERED IN TERMS HEREOF)

RATE	4. PERSON AND POSITION	HOURLY RATE	DAILY
.....		R.....	
.....		R.....	
.....		R.....	
.....		R.....	

-----	-----	R-----	-----
-----	-----	R-----	-----

5. PHASES ACCORDING TO WHICH THE PROJECT WILL BE COMPLETED, COST PER PHASE AND MAN-DAYS TO BE SPENT

----- days	-----	R-----	-----
----- days	-----	R-----	-----
----- days	-----	R-----	-----
----- days	-----	R-----	-----

5.1 Travel expenses (specify, for example rate/km and total km, class of air travel, etc).

Only actual costs are recoverable. Proof of the expenses incurred must accompany certified invoices.

DESCRIPTION OF EXPENSE TO BE INCURRED AMOUNT	RATE	QUANTITY
----- R.....		
----- R.....		
----- R.....		
----- R.....		

**"all applicable taxes" includes value-added taxes, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.

- 5.2 Other expenses, for example accommodation (specify, eg. Three star hotel, bed and breakfast, telephone cost, reproduction cost, etc.).
On basis of these particulars, certified invoices will be checked for correctness.
Proof of the expenses must accompany invoices.

DESCRIPTION OF EXPENSE TO BE INCURRED AMOUNT	RATE	QUANTITY
----- R.....		

.....		..
R.....		..
.....		..
R.....		..
.....		..
R.....		..

TOTAL:

R.....

6. Period required for commencement with project after acceptance of bid

7. Estimated man-days for completion of project

8. Are the rates quoted firm for the full period of contract?
*YES/ NO.

9. If not firm for the full period, provide details of the basis on which adjustments will be applied for, for example consumer price index.....

.....

.....

.....

*Delete if not applicable

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state¹.
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.
- 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, shareholder²):.....

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 –

(a) a member of –

- (i) any municipal council;
- (ii) any provincial legislature; or
- (iii) the national Assembly or the national Council of provinces;

(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 No.1 of 1999);

(e) a member of the accounting authority of any national or provincial public entity; or

(f) 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:

4. Full details of directors / trustees / members / shareholders.

[illegible]

.....
Signature

.....
Date

.....
Capacity

.....
Name of Bidder

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

1.1 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).

1.2 To be completed by the organ of state

- a) The applicable preference point system for this tender is the **80/20** preference point system.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4 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

1.5 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.

1.6 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.

2. DEFINITIONS

3. “**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;
- (a) “**price**” means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (b) “**rand value**” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (c) “**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
- (d) “**the Act**” means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

4. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1 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:

$$\begin{array}{ccc} 80/20 & \text{or} & 90/10 \\ P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) & \text{or} & P_s = 90 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \end{array}$$

Where

P_s = Points scored for price of tender under consideration

P_t = Price of tender under consideration

$P_{\min}$ = Price of lowest acceptable tender

3.1. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.1.1. POINTS AWARDED FOR PRICE

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

$$\begin{array}{ccc} 80/20 & \text{or} & 90/10 \\ P_s = 80 \left(1 + \frac{P_t - P_{\max}}{P_{\max}} \right) & \text{or} & P_s = 90 \left(1 + \frac{P_t - P_{\max}}{P_{\max}} \right) \end{array}$$

Where

P_s = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. 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:
- 4.2. 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—
- (a) 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
 - (b) 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)
Business which are owned by disabled person/s		6		
Business which are 51% owned by Black women		2		
Business which are 51% owned by youth (18-35)		2		
Promotion of enterprises		10		

located within; uMzimkhulu Municipal area.....				

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number:

4.5. 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]

4.6. 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:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) 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;
- iv) 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 –
 - (a) disqualify the person from the tendering process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) 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;
 - (b) 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

- (a) forward the matter for criminal prosecution, if deemed necessary.

.....
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME:

DATE:

ADDRESS:

.....

.....

.....

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Municipal Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by municipalities and municipal entities 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 rejected if that bidder, or any of its directors have:
 - a. abused the municipality's / municipal entity's supply chain management system or committed any improper conduct in relation to such system;
 - b. been convicted for fraud or corruption during the past five years;
 - c. willfully neglected, reneged on or failed to comply with any government, municipal or other public sector contract during the past five years; or
 - d. been listed in the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004).
- 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 <i>audi alteram partem</i> rule was applied). The Database of Restricted Suppliers now resides on the National Treasury's website (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) 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 of law outside the Republic of South Africa) for fraud or corruption during the past five years?	Yes ☐	No ☐

4.3.1	If so, furnish particulars:		
Item	Question	Yes	No
4.4	Does the bidder or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?	Yes ☐	No ☐
4.4.1	If so, furnish particulars:		
4.5	Was any contract between the bidder and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes ☐	No ☐
4.7.1	If so, furnish particulars:		

CERTIFICATION

**I, THE UNDERSIGNED (FULL NAME)
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS
 DECLARATION FORM 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

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 *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Municipal Supply Regulation 38 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
 - a. take all reasonable steps to prevent such abuse;
 - b. reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
 - c. cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
- 4 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.
- 5 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.

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 Municipality / Municipal Entity)

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

6. 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.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) 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.
8. 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.
9. 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.

10. 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