



## **KWAZULU-NATAL PROVINCE**

**ECONOMIC DEVELOPMENT, TOURISM  
AND ENVIRONMENTAL AFFAIRS  
REPUBLIC OF SOUTH AFRICA**

**QUOTATION NUMBER: 2022083001**

**QUOTATION DESCRIPTION: APPOINTMENT OF A SERVICE PROVIDER TO SUPPLY AND  
DELIVER SPARE PARTS AND REPAIRS TO AIR QUALITY MONITORING ANALYSERS**

**DEPARTMENT OF ECONOMIC DEVELOPMENT, TOURISM AND ENVIRONMENTAL AFFAIRS**

Private Bag X9152

Pietermaritzburg

3200

**Contact: *Nomusa Zuma***

**Telephone: 033 264 2539 / 060 5641286**

**Email: [Nomusa.Zuma@kznedtea.gov.za](mailto:Nomusa.Zuma@kznedtea.gov.za)**

**PLEASE NOTE THAT THIS QUOTATION IS SUBJECT TO SUPPLY CHAIN MANAGEMENT  
LEGISLATION AND THE GENERAL CONDITIONS OF CONTRACT AS PRESCRIBED BY NATIONAL  
TREASURY.**

Briefing session / meeting is not applicable for this Quotation. However, should bidders have questions on this quotation, kindly forward them to Nomusa Zuma on email address:

**[Nomusa.Zuma@kznedtea.gov.za](mailto:Nomusa.Zuma@kznedtea.gov.za) & 033 264 2539, due date for submitting questions is the 06 October 2022.**

**SECTION A**  
**PART A**  
**INVITATION TO QUOTE**

|   |   |               |  |  |       |
|---|---|---------------|--|--|-------|
| <b>YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>  |   |               |  |  |       |
| QUOTATION NUMBER:   | 2022083001  | CLOSING DATE: | 07/10/2022   | CLOSING TIME:  | 15:00 |
| DESCRIPTION   | APPOINTMENT OF A SERVICE PROVIDER TO SUPPLY AND DELIVER SPARE PARTS AND REPAIRS TO AIR QUALITY MONITORING ANALYSERS |               |  |  |       |
| <b>QUOTATION RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>  |   |               |  |  |       |
| 270 Jabu Ndlovu Street, Pietermaritzburg, 3200 at the Quotation Box at Foyer or scmquotations15@kznedtea.gov.za   |   |               |  |  |       |
| <b>QUOTATION PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>   |   |               | <b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>                           |  |       |
| CONTACT PERSON  | Nomusa Zuma   |               | CONTACT PERSON   | Zama Mtembu  |       |
| TELEPHONE NUMBER  | 033 264 2539 /060 5641286   |               | TELEPHONE NUMBER   | 066 054 2100   |       |
| FACSIMILE NUMBER  | -   |               | FACSIMILE NUMBER   |  |       |
| E-MAIL ADDRESS  | Nomusa.Zuma@kznedtea.gov.za   |               | E-MAIL ADDRESS   | Zama.Mtembu@kznedtea.gov.za  |       |
| <b>SUPPLIER INFORMATION</b>   |   |               |  |  |       |
| NAME OF BIDDER  |   |               |  |  |       |
| POSTAL ADDRESS  |   |               |  |  |       |
| STREET ADDRESS  |   |               |  |  |       |
| TELEPHONE NUMBER  | CODE  |               | NUMBER   |  |       |
| CELLPHONE NUMBER  |   |               |  |  |       |
| FACSIMILE NUMBER  | CODE  |               | NUMBER   |  |       |
| E-MAIL ADDRESS  |   |               |  |  |       |
| VAT REGISTRATION NUMBER   |   |               |  |  |       |
| SUPPLIER COMPLIANCE STATUS  | TAX COMPLIANCE SYSTEM PIN:  |               | OR   | CENTRAL SUPPLIER DATABASE No:  | MAAA  |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE  | TICK APPLICABLE BOX]<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                    |               | B-BBEE STATUS LEVEL SWORN AFFIDAVIT                                      | [TICK APPLICABLE BOX]<br><input type="checkbox"/> Yes <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 THE QUESTIONNAIRE BELOW] |       |
| <b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>   |   |               |  |  |       |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?   |   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |  |       |
| DOES THE ENTITY HAVE A BRANCH IN THE RSA?   |   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |  |       |
| DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  |   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |  |       |
| DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?   |   |               | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |  |       |
| IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?   |   |               | <input type="checkbox"/> YES <input type="checkbox"/> 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 BELOW. |   |               |  |  |       |

PART B

TERMS AND CONDITIONS FOR QUOTING

**1. QUOTATION SUBMISSION:**

- 1.1. QUOTATIONS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE QUOTATIONS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. ALL QUOTATION MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED--(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE QUOTATIONS DOCUMENT.
- 1.3. THIS QUOTATION IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
- 1.4. THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).

**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 VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
- 2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE [WWW.SARS.GOV.ZA](http://WWW.SARS.GOV.ZA).
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE QUOTATION.
- 2.5 IN QUOTATIONS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
- 2.7 NO QUOTATIONS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE QUOTATION INVALID.**

SIGNATURE OF BIDDER: .....

CAPACITY UNDER WHICH THIS QUOTATION IS SIGNED: .....  
(Proof of authority must be submitted e.g. company resolution)

DATE: .....

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE QUOTATION INVALID.**

## SECTION B

### NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS

PLEASE NOTE THAT THIS QUOTATIONS IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

#### INSTRUCTIONS TO POTENTIAL SERVICE PROVIDERS

1. The bidder must be registered with National Treasury's Central Suppliers Database. (Proof to be furnished herewith)
2. The bidder's quotation should clearly indicate the validity period.
3. Quotations must be fully completed in all respects.
4. If you are a VAT vendor, please indicate your VAT number.
5. Please confirm that your banking details are still the same. If these have changed, please contact the Department for a new Bas Entity Registration form.
6. The attached Bidder's disclosure form must be fully completed and returned. Failure to submit fully completed Bidder's disclosure form will result in disqualification.
7. **The attached ownership demographic schedule MUST be completed.**
8. Tenderers are required to submit proof of B-BBEE Status Level of contributor. Proof includes valid B-BBEE Status Level Verification Certificates together with their tender or price quotation, to substantiate their B-BBEE rating claims/ Sworn affidavit signed by the EME representative and attested by a Commissioner of oaths/ B-BBEE certificate issued by the Companies and Intellectual Commission.
9. Quotations received after the closing date and time will not be accepted.
10. Use of correction fluid is prohibited. Any alteration made by the bidder must be initialed.
11. Proof of authority to sign quotation documents and a company resolution letter must be attached

SECTION C

REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE

1. In terms of the KwaZulu-Natal Supply Chain Management Policy Framework, all suppliers of goods and services are required to register on the Central Suppliers Database.
2. If you wish to apply for Central Supplier Database (CSD) registration, suppliers may go to [www.csd.gov.za](http://www.csd.gov.za) to register or call 033 897 4223/4676/4509 for assistance.
3. If a business is registered on the Database and it is found subsequently that false or incorrect information has been supplied, then the Department may, without prejudice to any other legal rights or remedies it may;
  - 3.1 de-register the supplier from the Database,
  - 3.2 cancel a quotation or a contract awarded to such supplier, and the supplier would become liable for any damages if a less favourable quotation is accepted or less favourable arrangements are made.
4. **The same principles as set out in paragraph 3 above are applicable should the supplier fail to updates its information on the Central Suppliers Database, relating to changed particulars or circumstances.**

DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE (CSD) IS CORRECT AND UP TO DATE

(To be completed by bidder)

THIS IS TO CERTIFY THAT I (name of bidder/authorised representative)

.....

WHO REPRESENTS (state name of bidder)

.....

I AM AWARE OF THE CONTENTS OF THE CENTRAL SUPPLIER DATABASE WITH RESPECT TO THE BIDDER'S DETAILS AND REGISTRATION INFORMATION, AND THAT THE SAID INFORMATION IS CORRECT AND UP TO DATE AS ON THE DATE OF SUBMITTING THIS QUOTATION.

AND I AM AWARE THAT INCORRECT OR OUTDATED INFORMATION MAY BE A CAUSE FOR DISQUALIFICATION OF THIS QUOTATION FROM THE BIDDING PROCESS, AND/OR POSSIBLE CANCELLATION OF THE CONTRACT THAT MAY BE AWARDED ON THE BASIS OF THIS QUOTATION.

.....  
SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE

DATE: .....

SECTION D

SBD 4

BIDDER'S DISCLOSURE

1.PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2.BIDDER'S DECLARATION

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? YES/NO

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

| Full Name | Identity Number | Name of State institution |
|-----------|-----------------|---------------------------|
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |
|           |                 |                           |

2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? YES/NO

2.2.1 If so, furnish particulars:

.....  
.....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO

i. If so, furnish particulars:

.....  
.....

3.DECLARATION

I, the undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 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 consortium2 will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 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.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.6.1 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.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.  
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

INVITATION TO QUOTE

Ownership Demographic Schedule

- ✓ Kindly provide the percentage ownership for each owner according to the following demographic categories: African Male, African Female, Coloured Male, Coloured Female, Indian Male, Indian Female, White Male, White Female, Youth, Disabled, Co-operative and Other.
- ✓ Please ensure you provide a total per category by adding up each owner's percentage for each applicable category.

| No.   | ID NUMBER | %AFRICAN |        | %COLOURED |        | %INDIAN |        | %WHITE |        | % YOUTH | %DISABLE S | %CO- OPERATIVE | %OTHER (Specify) |
|-------|-----------|----------|--------|-----------|--------|---------|--------|--------|--------|---------|------------|----------------|------------------|
|       |           | MALE     | FEMALE | MALE      | FEMALE | MALE    | FEMALE | MALE   | FEMALE |         |            |                |                  |
| 1     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 2     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 3     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 4     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 5     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 6     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 7     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 8     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 9     |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| 10    |           |          |        |           |        |         |        |        |        |         |            |                |                  |
| TOTAL |           |          |        |           |        |         |        |        |        |         |            |                |                  |

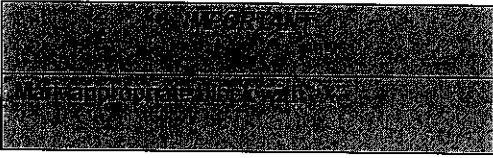


**SECTION E**  
**QUOTATION OFFER**  
(To be completed by Bidder)

**QUOTATION NUMBER: 2022083001**

1. QUOTATION PRICE INCLUDING VAT: R.....
2. AMOUNT IN WORDS: .....
3. TIME FOR COMPLETION/ DELIVERY: .....calendar months

| NAME OF BIDDER: | SIGNATURE | DATE: |
|-----------------|-----------|-------|
| .....           | .....     | ..... |

| FOR OFFICE PURPOSES ONLY   |     |    |
|--|-----|----|
|                        |     |    |
| 1. HAVE ANY ALTERATIONS BEEN MADE?   | YES | NO |
| 1. HAS AN ALTERNATIVE QUOTATION BEEN SUBMITTED?  | YES | NO |
| 3. <i>IF APPLICABLE</i> : DID THE BIDDER ATTEND THE OFFICIAL BRIEFING SESSION/ COMPULSORY SITE INSPECTION? | YES | NO |

**SECTION F**

**AUTHORITY TO SIGN A QUOTE**

The bidder must indicate the enterprise status by signing the appropriate box hereunder.

|                          |                   |                          |                     |                     |                                    |  |
|--------------------------|-------------------|--------------------------|---------------------|---------------------|------------------------------------|--|
| (I)<br>CLOSE CORPORATION | (II)<br>COMPANIES | (III)<br>SOLE PROPRIETOR | (IV)<br>PARTNERSHIP | (V)<br>CO-OPERATIVE | (VI)<br>JOINT VENTURE / CONSORTIUM |  |
|                          |                   |                          |                     |                     | Incorporated                       |  |
|                          |                   |                          |                     |                     | Unincorporated                     |  |

I/We, the undersigned, being the Member(s) of Cooperative/ Sole Owner (Sole Proprietor)/ Close Corporation/ Partners (Partnership)/ Company (Representative) or Lead Partner (Joint Venture / Consortium), in the enterprise trading as:

.....  
 hereby authorise Mr/Mrs/Ms .....  
 acting in the capacity of .....  
 whose signature is .....  
 to sign all documents in connection with this bid and any contract resulting therefrom on behalf of the enterprise.

| NAME | ADDRESS | SIGNATURE | DATE |
|------|---------|-----------|------|
|      |         |           |      |
|      |         |           |      |
|      |         |           |      |
|      |         |           |      |

*(if the space provided is not enough please list all the director in the resolution letter)*

**Note:**

The following document must be attached to this form according to the status of the enterprise, in the form of a resolution authorising the signatory to sign all documents in connection with this bid and any contract resulting therefrom on behalf of the enterprise, and **such resolution shall include a specimen signature of the signatory.**

- Co-operative: Resolution letter from the directors
- Close Corporation: Resolution letter from the directors
- Company: Resolution letter from the director/s
- Sole Proprietor: Resolution letter from the director
- Partnership: Resolution letter from the director
- Joint Venture / Consortium: Resolution/agreement passed/reached' signed by the authorised representatives of the enterprises

**Note: Director/s may appoint themselves if they will be the one signing all documents in connection with this bid and any contract resulting therefrom on behalf of the enterprise.**

**Failure to complete, sign and date this form or 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.**

---

**SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE**


---

I, the undersigned,

|                                |  |
|--------------------------------|--|
| <b>Full name &amp; Surname</b> |  |
| <b>Identity number</b>         |  |

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a member / director / owner of the following enterprise and am duly authorised to act on its behalf:

|  |   |
|--|---|
| <b>Enterprise Name</b>                                 |   |
| <b>Trading Name (If Applicable):</b>                   |   |
| <b>Registration Number</b>                             |   |
| <b>Enterprise Physical Address:</b>                    |   |
| <b>Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):</b> |   |
| <b>Nature of Business:</b>                             |   |
| <b>Definition of "Black People"</b>                    | <p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <ul style="list-style-type: none"> <li>(a) who are citizens of the Republic of South Africa by birth or descent; or</li> <li>(b) who became citizens of the Republic of South Africa by naturalisation- <ul style="list-style-type: none"> <li>I. before 27 April 1994; or</li> <li>II. on or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date;"</li> </ul> </li> </ul>  |
| <b>Definition of "Black Designated Groups"</b>         | <p>"Black Designated Groups means:</p> <ul style="list-style-type: none"> <li>(a) unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution;</li> <li>(b) Black people who are youth as defined in the National Youth Commission Act of 1996;</li> <li>(c) Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act;</li> <li>(d) Black people living in rural and under developed areas;</li> <li>(e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;"</li> </ul> |

3. I hereby declare under Oath that:

- The Enterprise is \_\_\_\_\_% Black Owned as per Amended Code Series 100 of the amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as amended by Act No 46 of 2013,
- The Enterprise is \_\_\_\_\_% Black Female Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is \_\_\_\_\_% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- Black Designated Group Owned % Breakdown as per the definition stated above:
  - Black Youth % = \_\_\_\_\_%
  - Black Disabled % = \_\_\_\_\_%
  - Black Unemployed % = \_\_\_\_\_%
  - Black People living in Rural areas % = \_\_\_\_\_%
  - Black Military Veterans % = \_\_\_\_\_%
- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of \_\_\_\_\_, the annual Total Revenue was R10,000,000.00 (Ten Million Rands) or less
- Please Confirm on the below table the B-BBEE Level Contributor, **by ticking the applicable box.**

|                           |   |  |
|---------------------------|---|--|
| 100% Black Owned          | <b>Level One</b> (135% B-BBEE procurement recognition level)  |  |
| At least 51% Black Owned  | <b>Level Two</b> (125% B-BBEE procurement recognition level)  |  |
| Less than 51% Black Owned | <b>Level Four</b> (100% B-BBEE procurement recognition level) |  |

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the Owners of the Enterprise, which I represent in this matter.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Stamp

\_\_\_\_\_  
Signature of Commissioner of Oaths

**INSTRUCTIONS TO POTENTIAL SERVICE PROVIDERS**

1. The bidder must be registered with National Treasury's Central Suppliers Database. (Proof to be furnished herewith)
2. The bidder's quotation should clearly indicate the validity period.
3. Quotations must be fully completed in all respects.
4. If you are a VAT vendor, please indicate your VAT number.
5. Please confirm that your banking details are still the same. If these have changed, please contact the Department for a new Bas Entity Registration form.
6. The attached disclosure forms must be fully completed and returned. Failure to submit fully completed disclosure form will result in disqualification.
7. **The attached ownership demographic schedule MUST be completed.**
8. Tenderers are required to submit proof of B-BBEE Status Level of contributor. Proof includes valid B-BBEE Status Level Verification Certificates together with their tender or price quotation, to substantiate their B-BBEE rating claims/ Sworn affidavit signed by the EME representative and attested by a Commissioner of oaths/ B-BBEE certificate issued by the Companies and Intellectual Commission.
9. Quotations received after the closing date and time will not be accepted.
10. Use of correction fluid is prohibited.
11. Bidders are to be evaluated on functionality: Provide 3 signed reference letters, purchased orders, award letters from clients detailing the actual work completed in Maintenance of UPS. The letter must include the company name, and contact numbers, duration of the contract and value of the contract. Failure to submit the above mentioned will result in disqualification.

**QUOTATION NUMBER: 2022083001**

| DESCRIPTION: PURCHASE OF SPARE PARTS AND REPAIRS TO AIR QUALITY MONITORING ANALYSERS |                         | QUANTITY | UNIT PRICE | TOTAL PRICE |
|--|-------------------------|----------|------------|-------------|
| A SERVICE PROVIDER IS REQUIRED TO SPPPLY AND REPAIR THE FOLLOWING:                   |                         |          |            |             |
| <b>Spare parts</b>   | <b>Instrument Model</b> |          |            |             |
| S02 - Pump   | Thermo 43i              | 1        |            |             |
| S02 - UV Source & Lamp   | Thermo 43i              | 1        |            |             |
| 03 -UV Lamp  | Thermo 49C O3           | 1        |            |             |
| PM - Pump  | Thermo FH62 C-14        | 1        |            |             |

|  |                         |   |  |  |
|--|-------------------------|---|--|--|
| S02 - UV Lamp  | Environment SA AF22e    | 1 |  |  |
| S02 - Photo Diode Board  | Environment SA AF22e    | 1 |  |  |
| S02 - Kicker   | Environment SA AF22e    | 1 |  |  |
| Thermo PM - Pump   | Thermo FH62 C14         | 1 |  |  |
| Grimm PM - Pump  | GRIMM EDM 180           | 1 |  |  |
| H2S -SO2 - Power Supply Board  | Environment SA AF22e    | 1 |  |  |
| 03 - Kicker  | Environment SA 03 42M   | 1 |  |  |
| S02 - Kicker   | Horiba APSA-370         | 1 |  |  |
| NOx - Peltier  | Environment SA Ac 32M   | 1 |  |  |
| NOx - PMT Base   | Environment SA Ac 32M   | 1 |  |  |
| NOx - PMT Tube   | Environment SA Ac 32M   | 1 |  |  |
| PM - Pump  | Environment SA MP 101 M | 1 |  |  |
| S02 - UV Lamp  | Environment SA AF22e    | 1 |  |  |
| S02 - Kicker   | Environment SA AF22e    | 1 |  |  |
| PM - Pump  | GRIMM EDM 180           | 1 |  |  |
| <b>For enquiries please contact Zama Mtembu on 066 054 2100</b>  |                         |   |  |  |
| <p><b>1. The service provider will collect the analysers at Head Office in PMB for repairs at their workshop.</b></p> <p><b>2. Once the instruments are repaired they will be delivered and tested at the following addresses:</b></p> <ul style="list-style-type: none"> <li>• <b>Marburg Secondary School, Cnr. Main Harding &amp; Deepvale Rd, Port Shepstone</b></li> <li>• <b>iLembe Auditorium in Stanger</b></li> <li>• <b>Northdale Hospital in Pietermaritzburg</b></li> <li>• <b>Armscor Dam, Newcastle</b></li> </ul> |                         |   |  |  |
| <b>SUB-TOTAL PRICE</b>   |                         |   |  |  |
| <b>VAT (only include if VAT registered)</b>  |                         |   |  |  |
| <b>GRAND -TOTAL PRICE</b>  |                         |   |  |  |

Name of Company.....

Name of Representative.....Designation.....

Authorized Signature.....

Date.....

Validity period: .....

VAT Vendor Number.....(if applicable)

Banking details same? Yes..... No.....( please indicate with a tick)



**ANNEXURE A: EVALUATION GRID**

To be completed for tender by each evaluator.

| Name of project  | Maximum     | Initial assessment |
|--|-------------|--------------------|
|  |             |                    |
| <p><b>COMPANY EXPERIENCE</b></p> <p><b>References provided from Clients:</b></p> <p>Provide 3 signed reference letters, purchased orders, award letters from clients detailing the actual work completed for similar projects. The letter must include the company name, and contact numbers, duration of the contract and value of the contract. Failure to submit the above mentioned will result in disqualification.</p> | <p>(15)</p> |                    |
| More than 3 project = 15 Points  |             |                    |
| 3 Projects = 10 Points   |             |                    |
| Less than 3 Projects = 0   |             |                    |
| Total Evaluation Score   | 15          |                    |
| Minimum passing score  | 60%         |                    |

The minimum pass mark for this project is 60%

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Date      |  |