

INVITATION TO QUOTE – BEY-SCM-194

CALIBRATION AND SERVICE OF FIRE EXTINGUISHERS

Quotations are hereby invited from prospective service provider for:

THE CALIBRATION AND SERVICE OF FIRE EXTINGUISHERS

NB: The list of fire extinguishers can be obtained from SCM Office 11-13 Church Square, Graaff-Reinet or by sending an email to: koebergj@bnlm.gov.za or 049 807 5761

Quotations must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked "**BEY-SCM-194**", not later than **12h00 on Friday, 05TH of April 2019** and will be opened in public immediately thereafter.

Note:

1. Faxed, e-mailed or late quotations will not be accepted.
2. Service providers and Technicians must be South African Qualification Certification Committee (SAQCC) (Fire) accredited in respect of service and calibration to render the services.
3. Price to include VAT (if registered for vat) and disbursement associated with the project.
4. The tender will be evaluated on 80/20 system.
5. All suppliers must be registered on the **CENTRAL SUPPLIER DATABASE**. Log onto www.csd.gov.za for registration.
6. Most recent CSD registration reports must be submitted.
7. **Attached declaration of interest form needs to be completed.**
8. SARS Verification pins to be supplied.
9. Items must be delivered within 30 days of receipt of order
10. No deposit or payment upon delivery
11. General conditions (National Treasury) will apply
12. Bidders should deem themselves unsuccessful if not contacted within two weeks after closing
13. A current certified Municipal (rates & services) clearance certificate to be submitted.
14. A current certified BBBEE status level certificate must be submitted in order to claim preference points.
15. Council is not bound to accept the lowest or any tender and reserves the right to accept any tender or part thereof.
16. For technical details, please contact the Manager: Protection Services, Mr. CV Rhooode at 049 807 5700/5743 or rhoodec@bnlm.gov.za.
17. Documentation can be obtained from SCM Office, (11-13 Church Square, Graaff-Reinet); Municipal Website (www.bnlm.gov.za), koebergj@bnlm.gov.za or on E-tender.

DR. E.M. RANKWANA

MUNICIPAL MANAGER

Description of items

AREA	DESCRIPTION	QUANTITY
GRAAFF-REINET BUILDINGS and VEHICLES		
	9 kg DCP Fire extinguishers	38
	4.5 kg DCP Fire extinguishers	11
	2.5 kg DCP Fire extinguishers	8
	1.5 kg DCP Fire extinguishers	25
	5 kg CO ² Fire extinguishers	0
	2 kg CO ² Fire extinguishers	2
	Hose reels	6
	9 kg DCP Fire extinguishers	6
ABERDEEN BUILDINGS and VEHICLES		
	9 kg DCP Fire extinguishers	15
	2.5 kg DCP Fire extinguishers	2
	1.5 kg DCP Fire extinguishers	5
	2 kg CO ² Fire extinguishers	1
	Hose reels	0
NIEU BETHESDA BUILDINGS and VEHICLES		
	9 kg DCP Fire extinguishers	7
	4.5 kg DCP Fire extinguishers	3
	2.5 kg DCP Fire extinguishers	0
	1.5 kg DCP Fire extinguishers	4
	2 kg CO ² Fire extinguishers	0
	Hose reels	0
JANSENVILLE and KLIPPLAAT BUILDINGS		
	9 kg DCP Fire extinguishers	14
	4.5 kg DCP Fire extinguishers	18
	2.5 kg DCP Fire extinguishers	0
	1.5 kg DCP Fire extinguishers	0
	9 kg CO ² Fire extinguishers	8
	5 kg CO ² Fire extinguishers	1
WILLOWMORE and STEYTERVILLE BUILDINGS		
	9 kg DCP Fire extinguishers	2
	4.5 kg DCP Fire extinguishers	11
	5 kg CO ² Fire extinguishers	6
	2 kg DCP Fire extinguishers	4

The service provider and technicians must be SAQCC accredited in respect of service and calibration to render the services.

MBD 4**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.

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3.7 Have you been in the service of the state for the past **YES / NO**

* 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.

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twelve months?

3.7.1 If so, furnish particulars.

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3.8 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?

3.8.1 If so, furnish particulars.

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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?

3.9.1 If so, furnish particulars

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YES / NO

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.

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3.11 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.11.1 If so, furnish particulars.

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CERTIFICATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE

FALSE.

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Signature

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Date

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Position

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Name of Bidder