

# INVITATION TO QUOTE - BEY-SCM-217 SUPPLY AND ERECTION OF TOURISM FACILITY SIGNS

Quotations are hereby invited from prospective suppliers for:

7 X TOURISM FACILITY SIGNS

See specs on next page

Quotations must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked "BEY-SCM-217", not later than 12h00 on Friday, 13<sup>th</sup> of March 2020 and will be opened in public immediately thereafter.

#### Note:

- 1. Faxed, e-mailed or late quotations will not be accepted.
- 2. Price to include VAT (if registered for vat) and disbursement costs involved with the project.
- 3. The tender will be evaluated on 80/20 system.
- 4. All suppliers must be registered on the CENTRAL SUPPLIER DATABASE. Log onto www.csd.gov.za for registration.
- 5. Most recent CSD registration reports must be submitted.
- 6. Attached declaration of interest form needs to be completed.
- 7. SARS Verification pins to be supplied.
- 8. No upfront payments
- 9. General conditions (National Treasury) will apply
- 10. Bidders should deem themselves unsuccessful if not contacted within two weeks after closing
- 11. A current certified Municipal (rates & services) clearance certificate to be submitted.
- 12. A current certified BBBEE status level certificate must be submitted in order to claim preference points.
- 13. Council is not bound to accept the lowest or any tender and reserves the right to accept any tender or part thereof.
- 14. For further details contact, Mr W. Smith at 049 807 5700

DR. E.M. RANKWANA

**MUNICIPAL MANAGER** 



## ITO Specifications: Welcome Signs

### **Invitation to Quote**

Quotations are requested for the supply and erection of Tourism facility signs in terms of the South African Roads Agency Limited and National Roads Act. (Act No. 7 of 1998.) The sign to display black text on a white background.

#### Sign Details:

- 1. Size of Welcome Board 1200 x 2000
- 2. Treated Wooden Poles: (120 x 125) x 4 meters.
- Poles mounted in ground: 800<sup>mm</sup> depth and compact With dry cement and soil mixture
- Break- away holes in Poles: Size of holes 19<sup>mm</sup> Ø
   x holes per pole. (first hole 200<sup>mm</sup> above ground level And second hole 600<sup>mm</sup> Above ground level.)
- Lower end of sign 2000<sup>mm</sup>
   Above ground level



NATIONAL ROUTE R61 SECTION 1: APPLICATION FOR LOCAL
DIRECTIONAL SIGN: DR BEYERS NAUDE LOCAL MUNICIPALITY AT KM ±78.0E
PRICE
NATIONAL ROUTE R63 SECTION 9: APPLICATION FOR LOCAL DIRECTIONAL SIGN: DR BEYERS NAUDÉ LOCAL MUNICIPALITY AT KM ±0.2E
PRICE
NATIONAL ROUTE R63 SECTION 7: APPLICATION FOR LOCAL DIRECTIONAL SIGN: DR BEYERS NAUDÉ LOCAL MUNICIPALITY AT KM ±40.23S
PRICE
NATIONAL ROUTE R75 SECTION 2: APPLICATION FOR LOCAL DIRECTIONAL SIGN: DR BEYERS NAUDÉ LOCAL MUNICIPALITY AT KM ±89.6N
PRICE
NATIONAL ROUTE NO SECTION 3: APPLICATION FOR LOCAL DIRECTIONAL SIGN: DR BEYERS NAUDÉ LOCAL MUNICIPALITY AT KM 138.0N
PRICE
NATIONAL ROUTE N9 SECTION 6: APPLICATION FOR LOCAL DIRECTIONAL SIGN: DR BEYERS NAUDE LOCAL MUNICIPALITY AT KM ±63.6
PRICE
NATIONAL ROUTE R61 SECTION 2: APPLICATION FOR LOCAL

DIRECTIONAL SIGN: DR BEYERS NAUDÉ LOCAL MUNICIPALITY AT KM

116.8E

## **DECLARATION OF INTEREST**

1.	No bid	will be	accepted	from	persons	in	the	SERVICE	of	the	state	K.
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- 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 2. 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.
- In order to give effect to the above, the following questionnaire must be completed and submitted 3 with the bid 3.1 and the second second Identity Number. 3.2 Company Registration Number. 3.3 Tax Reference Number: 34 VAT Registration Number. 3.5 YES ! NO Are you presently in the service of the state 3.6 3.6.1 If so, furnish particulars.
  - \* MSCM Regulations, "in the service of the state" means to be --
    - (a) a member of
      - any municipal council,  $\{t\}$
      - any provincial legislature, or
      - the national Assembly or the national Council of provinces;
    - (b) a meader 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 autilia entity or constitutional institution within the meening of the Public Finance Management Act, 1999 (Act No.1 of 1999);
    - (e) a member of the according authority of any national or provincial public entity, or
    - (f) on employee of Padrament or a provincial legislature.

3		
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3.7	Have you been in the service of the state for the past	YES/NO
	twelve months?	
3.7 1	If so, funish particulars.	
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, fumish particulars.	YES/NO
	***************************************	
	uncongres (adoranis adamos segagar rocempt for camping date. Andrew to the	
3.9	Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?	YES/NO
3.9.1	If so, famish perticulars	
	dil dangapanganganganga i nggapanga si adang pangangangangan-pernanan-pern	

3.10	Are any of the company's directors, n shareholders or stakeholders in service		YES / NO
3.10.1	I If so, furnish particulars.		
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	equational production of the state of the st		
3,1%	Are any spouse, child or parent of the comp managers, principal shareholders or stake	eny's directors, cholders in service	YES! NO
	of the state?		
3.11.	1 If so, furnish particulars.		
	yadan gaga sahbdada sahbanan babada Sparada da Arabada		
		CERTIFICATION	
	I, THE UNDERSIGNED (NAME)		
	CERTIFY THAT THE INFORMATION FI	URNISHED ON THIS DECLARATI	ION FORM IS CORRECT.
	I ACCEPT THAT THE STATE MAY A	ACT AGAINST ME SHOULD TH	IIS DECLARATION PROVE TO BE
	FALSE.		
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	Signature	Date	
		Name of	Distalen
	Position	name or	DIOCES