

**INVITATION TO QUOTE: BEY SCM 229**

**SUPPLY AND DELIVERY OF HAND TOOLS**

Quotations are hereby invited from registered suppliers for:

|  |  |  |
| --- | --- | --- |
| **Quantity** | **Description** | **Price** |
|  | | |
| 20 | 200mm Adjustable Wrench |  |
| 20 | 250mm Pipe Wrench |  |
| 30 | 250mm Pliers |  |
| 10 | 200mm Combination Pliers |  |
| 20 | 300mm Water pump Pliers |  |
| 20 | 250mm Pipe Wrench |  |
| 10 | 250mm Vicegrip |  |
| 20 | Club Hammer |  |
| 20 | Claw Hammer |  |
| 20 | 280mm Brick Trowel |  |
|  |  |  |
|  |  | **Total price** |

Quotes must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked **"BEY SCM 229** ", not later than 12h00 on the Friday **2ND of October 2020** and will be opened in public immediately thereafter.

**Note:**

Faxed, e-mailed or late quotations will not be accepted

1. The tender will be evaluated on 80/20 system.
2. Price must include vat (if registered for vat) and delivery costs to Graaff-Reinet.
3. All suppliers must be registered on the Central Supplier Database (CSD)
4. A current original tax clearance certificate of SARS is to be submitted.
5. A current certified Municipal (rates& services) clearance certificate to be submitted.
6. Attached declaration of interest to be completed.
7. PPPFA of 2017 will apply
8. A current certified BBBEE certificate must be submitted in order to claim preference points.
9. Council is not bound to accept the lowest or any quotation and reserves the right to accept any tender or part thereof.
10. For further details contact the **Mr. C. Wildschute at 049 807 5700**

**DR. E.M. RANKWANA**

**MUNICIPAL MANAGER**

**MBD 4**

**DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state[[1]](#footnote-1)\*.

1. 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 positionin 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**[[2]](#footnote-2)\*** **YES / NO**

3.6.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

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

twelve months?

* + 1. If so, furnish 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, furnish particulars.

………………………………………………………………

………………………………………………………………

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid?

3.9.1 If so, furnish particulars

…………………………………………………………….

…………………………………………………………….

## YES / NO

## YES / NO

3.10 Are any of the company’s directors, managers, principal **YES / NO**

shareholders or stakeholders in service of the state?

3.10.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

* 1. Are any spouse, child or parent of the company’s directors, **YES / NO**

managers, principal shareholders or stakeholders in service

of the state?

3.11.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

# 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.**

Signature Date

……………………………………… …………………………………………………………

Position Name of Bidder

1. [↑](#footnote-ref-1)
2. **\*** MSCM Regulations: “in the service of the state” means to be –

   a member of –

   any municipal council;

   any provincial legislature; or

   the national Assembly or the national Council of provinces;

   a member of the board of directors of any municipal entity;

   an official of any municipality or municipal entity;

   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);

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

   an employee of Parliament or a provincial legislature. [↑](#footnote-ref-2)