Church Square

PO Box 71

GRAAFF REINET

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**INVITATION TO QUOTE – BEY-SCM-195**

**SUPPLY AND DELIVERY OF CLEANING MATERIAL**

Quotations are hereby invited from prospective suppliers for the following

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity**  | **Description**  | **Dilution**  | **Ph Value**  | **Coverage in Dilution**  | **Lt/Kg**  | **Price (VAT Excluded)**  |
| 60  | Floor Polish – Liquid, wax emulsion Type 1, containing organic solvents. For use on wooden and granolithic floors (mop and buff). To conform to the latest edition of **SANS13** (Previously SABS 13).  |  1:5  | 9 - 13 Alkaline  | 400 – 600M2/L  | 5 Litre  | R  |
| 200  | Polish (furniture) – Spray for use on wooden furniture (for example Mr Min).  |  |  |  | 250ml – 300ml Spray Can  | R  |
| 50  | Floor Stripper – Polish Type 1. Ammoniated. (Heavy Duty). To conform to the latest edition of **SANS 1224** (Previously SABS 1224).  | 1:10  | 9 - 13 Alkaline  | 25 – 50M2/L  | 5 Litre  | R  |
| 40  | Detergent: Liquid Ammoniated, all-purpose cleaner. To conform to the latest edition of **SANS 1225**. * The container shall have a label reading “Ammoniated, all-purpose cleaner” with no additives harmful to the skin.
* The container shall have a waterproof label.
* To be screen-printed and/or have an indelible label on the container, with the following information:
	+ Manufacturing date;
	+ Expiry date;
	+ Manufacturer’s details.
 |  |  |  | 5 Litre  | R  |
| 100  | Bleach – Sodium Hypochlorite: Solution (laundry bleach) for domestic use, with 5% available chlorine. To conform to the latest edition of **SANS 296** (Previously SABS 296).  |  |  |  | (a)750 ml  | R  |
|   | R  |
| 200 | Dish Wash – Detergent: For light duty dishwashing. Packed in clear, labelled plastic container. The colour of the dishwashing liquid to be green and no other colour will be acceptable. To conform to the latest edition of **SANS 825**. * The container shall have a label reading “dishwashing liquid” with no additives harmful to the skin.
* The container shall have a waterproof label.
* To be screen-printed and/or have an indelible label on the container, with the following information:
	+ Manufacturing date;
	+ Expiry date;
	+ Manufacturer’s details.
 |  |  |  | (a) 5 Litre  | R  |
|   | R  |
| 70  | Window Clean (Heavy Duty)  |  |  |  | 750 ml  | R  |
| 50  | Liquid Hand Soap – Toilet/Hand. To contain an extra 2% glycerine to prevent drying out of hands. The colour of the liquid soap shall be pink (no other colour will be acceptable). The soap shall not irritate the skin. To conform to the latest edition of **SANS 238**. * The container shall have a waterproof label reading “Liquid Hand Soap” with no additives harmful to the skin.
* To be screen-printed and/or have an label on the container, with the following information:
	+ Manufacturing date;
	+ Expiry date;
	+ Manufacturer’s details.
 |  |  |  | (a) 5 Litre  | R  |
|  | R  |
| 50 | Toilet Bowl Cleaner – Detergent: Liquid Ammoniated, all-purpose cleaner. To conform to the latest edition of **SANS 1225**. * The container shall have a label reading “toilet bowl cleaner” with no additives harmful to the skin.
* The container shall have a waterproof label.
* To be screen-printed and/or have an label on the container, with the following information:
	+ Manufacturing date;
	+ Expiry date;
	+ Manufacturer’s details.
 |  |  |  |  5 Litre  | R  |
|  | R  |
| 25 | Toilet Cubes: Small Pellets (Heavy Duty)  |  |  |  | 5Kg  | R  |
| 250 | Air Freshener – Fragrance preferably lemon, lavender or citrus. The air freshener must be diluted already (ready for use) and must able to freshen.  |  |  |  | 225 ml | R  |
|  | R  |
| 400 | Hygiene hand soap 175g (bars) |  |  |  |  | R |
| 150 | FRESH MULTI INSECT SPRAY FOR CRAWLING AND FLYING |  |  |  |  | R |
| 100 | Pine Gel  |  |  |  | 5 Litre  | R  |
| 50 |  Grit hand cleaner  |  |  |  | 5 kg | R |
| 250 |  Toilet paper(white only) – Orders will be placed for full packages   1 Ply Virgin/unbleached Toilet Paper 40mm diameter core;  100mm x 110mm x 500 sheets (per pack of 48 rolls)  |  |  |  |  | R |

Quotations must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked **"BEY-SCM-195**", not later than **12h00 on Friday, 12TH of April 2019** 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**](http://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. Items must be delivered within 30 days of receipt of order
9. No deposit or payment upon delivery
10. General conditions (National Treasury) will apply
11. Bidders should deem themselves unsuccessful if not contacted within two weeks after closing
12. A current certified Municipal (rates & services) clearance certificate to be submitted.
13. A current certified BBBEE status level certificate must be submitted in order to claim preference points.
14. Council is not bound to accept the lowest or any tender and reserves the right to accept any tender or part thereof.
15. For further details contact, **Mr. T. NKOHLA a**t 049 807 5730

**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)