

**REQUEST FOR FORMAL WRITTEN QUOTATION****CLOSING DATE: 27 MARCH 2024 @ 12h00**

TECHNICAL/SPECIFICATIONS RELATED ENQUIRIES	Sibongile Mchunu sibongilem.mchunu@ilembe.gov.za Nhlanhla Ngcwensa Nhlanhla.Gcwensa@ilembe.gov.za
ADMINISTRATIVE ENQUIRIES	NP GUMEDE—032 551 8751 nomusa.gumede@ilembe.gov.za
REFERENCE	SCM/02131/2024
DATE OF ISSUE	20 MARCH 2024

Kindly submit (on your company letterhead); a written price quotation for the following:-

ITEM NO.	QUANTITY	DESCRIPTION
1.	600	BLACK PEN CLIC MEDIUM SIZES BALL PEN
2.	200	BLUE PEN CLIC MEDIUM SIZE BALL PEN
3.	200	RED PEN CLIC MEDIUM SIZE BALL PEN
4.	100	HB PENCILS
5.	30	100G PRESTIK
6.	100	43G PRITT
7.	300	ASSORTED HIGHLIGHTERS (MEDIUM SIZE)
8.	50	PAIR OF SCISSORS (LARGE)
9.	15	RIM OF A3 WHITE PAPER
10.	100	A4 TWO QUARE COUNTER BOOK
11.	100	A5 COUNTER BOOK
12.	100	A4 EXAM PADS
13.	30	A4 WHITE BOARD PAPER(10'S)
14.	150	ARCH LEVER FILES
DELIVERY :12 HAYSOME ROAD , STORES OFFICE.		

All bidders must PLEASE ensure that they have a clear knowledge of what they are quoting for

Completed quotations must be submitted in a sealed envelope clearly marked with the company name and address, the correct REFERENCE Number must be written on the outside of the envelope containing the quotation. All quotations must be deposited into the **Quotations Box** situated at the **Reception Area, iLembe District Main Building, 12 HAYSOME ROAD (TECHNICAL BUILDING) Kwadukuza 4450** by no later than the closing date and time where they will be opened in public. No faxed or e-mailed quotations will be accepted.

The following conditions will apply:

- Price(s) quoted must be valid for at least thirty (30) days from date of offer.
- Price(s) quoted must be firm and inclusive of VAT, vendors not registered for VAT with SARS will be treated as Non Vat vendors.
- Price(s) quoted must include delivery costs and a firm delivery period must be indicated
- This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Regulations 2022, pertaining to Preferential Procurement Policy Framework Act (No 5 of 2000) and for this purpose the enclosed forms MBD 4 & MBD 6.1 (also available on www.ilembe.gov.za) must be scrutinized, completed and submitted together with your quotation.

Claim of specific Goals for 20 points Allocation:

1. If the bidder is black owned entity 10 points will be allocated. (If black owned is less than 100% no points will be allocated.
 2. If the bidder is a blacked owned person living within the iLembe District Municipality, 10 points will be allocated (if not residing within no points will be allocated)
- Suppliers submitting quotation should be registered with Central Suppliers Database (CSD), CSD number must be submitted. If supplier is not registered they will be considered for evaluation. If supplier wants to be registered with CSD they must go to www.csd.gov.za and get themselves registered.
 - The tax clearance information (including unique SARS PIN) submitted by the prospective bidders will be verified and all bidders whose tax matters are not in order upon verification will be notified and given 7 working days to resolve their matters with SARS.
 - Supporting documents as stipulated in the **Municipal Specific Goals (MBD 6.1)**
 - The successful bidder will be the one scoring the highest points.

NB: No quotations will be considered from persons in the service of the state¹

Failure to comply with these conditions will invalidate your offer. iLembe District Municipality does not bind itself to accept the lowest or any of the bids and reserves the right to accept the whole or part of the bid.

S.MBHELE**MUNICIPAL MANAGER**

3.9 Have you been in the service of the state for the past twelve months? **YES / NO**

3.9.1 If yes, furnish particulars.....

.....

3.10 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?..... **YES / NO**

3.10.1 If yes, furnish particulars.

.....

.....

3.11 Are you, aware of any relationship (family, friend, other) between any other 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**

3.11.1 If yes, furnish particulars

.....

.....

3.12 Are any of the company's directors, trustees, managers, principleshareholders or stakeholders in service of the state? **YES / NO**

3.12.1 If yes, furnish particulars.

.....

.....

3.13 Are any spouse, child or parent of the company's directors trustees, managers, principle shareholders or stakeholders in serviceof the state? **YES / NO**

3.13.1 If yes, furnish particulars.

.....

.....

3.14 Do you or any of the directors, trustees, managers, principle shareholders, or stakeholders of this company have any interest in any other relatedcompanies or businesswhether or not they are bidding for this contract. **YES / NO**

3.14.1 If yes, furnish particulars:

.....

.....

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

Registered Physical Address of the Business

Name of Local Authority & Ward Number

Name of District Municipality

Company Ownership Status

Race

			% Ownership
Black African	YES	NO	<input type="text"/>

			% Ownership
Black Indian & Coloured	YES	NO	<input type="text"/>

Other (please specify)

			% Ownership
Youth	YES	NO	<input type="text"/>

			% Ownership
Women	YES	NO	<input type="text"/>

			% Ownership
Disabled	YES	NO	<input type="text"/>

			% Ownership
Military veteran	YES	NO	<input type="text"/>

			% Ownership
Cooperative	YES	NO	

I hereby 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

.....
Capacity

.....
Name of Bidder

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL
PROCUREMENT REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE
GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT
OF THE TENDER AND PREFERENTIAL PROCUREMENT
REGULATIONS, 2022**

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2 **To be completed by the organ of state**

(delete whichever is not applicable for this tender).

- a) The applicable preference point system for this tender is the 90/10 preference point system.
- b) The applicable preference point system for this tender is the 80/20 preference point system.
- c) Either the 90/10 or 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and SPECIFIC GOALS	100

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.)

Note to tenderers: The tenderer must indicate how they claim points for each preference point system below as per 80/20 preference point system.)

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)
Race <i>(Black Owned with 51 % Youth Owned)</i>	10	
Location (Reside within IDM)	10	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number:

4.5. TYPE OF COMPANY/ FIRM

- Partnership/Joint Venture / Consortium
 - One-person business/sole propriety
 - Close corporation
 - Public Company
 - Personal Liability Company
 - (Pty) Limited
 - Non-Profit Company
 - State Owned Company
- [TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct; ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

- (a) disqualify the person from the tendering process;
- (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
- (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
- (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
- (e) forward the matter for criminal prosecution, if deemed necessary.

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SIGNATURE(S) OF TENDERER(S)	
SURNAME AND NAME:
DATE:
ADDRESS:

