

# HE1 – Rev1

|                            |                            |
|----------------------------|----------------------------|
| GW1<br>(EB/ASP2/07/18/Z1A) | GE1<br>(EB/ASP2/04/18/Z1A) |
| HW1<br>EB/ASP2/05/18/Z1A   | HS1<br>EB/ASP2/08/18/Z1A   |
|                            | HE1<br>EB/ASP2/06/18/Z1A   |



## Tender

### PROVISION OF MANUFACTURING FACILITY IN ZONE 1A OF THE ELIDZ

AT THE

EAST LONDON INDUSTRIAL DEVELOPMENT ZONE

**CONTRACT NO: EB/ASP2/06/18/Z1A**

**PROVISION OF MANUFACTURING FACILITY IN  
ZONE 1A OF THE ELIDZ**

**ENVELOPE A: TECHNICAL PROPOSAL**

**VOLUME 2 OF 2 – RETURNABLES**

East London IDZ  
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PO Box 15546, Beacon Bay, 5205

Contact Person: Lungisa Gongxeka  
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E-Mail : [lungisa@bisiwe.co.za](mailto:lungisa@bisiwe.co.za)

Tenderer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_ Employer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

Envelope A: Technical Proposal Volume 2 of 2 - Returnables

## **PART T2: RETURNABLE SCHEDULES**

## **T2.1: LIST OF RETURNABLE DOCUMENTS**

## T2.1: LIST OF RETURNABLE DOCUMENTS

The Tenderer must complete the following returnable documents in all respect and provide all information as required.

|   | Checklist |
|---|-----------|
| <b>T2.2 Returnable Documents (Compulsory Submissions)</b>                               |           |
| Document 1 Valid Tax Clearance Certificate  |           |
| Document 2 Letter of Good Standing with Compensation Commissioner                       |           |
| Document 3 Declaration of Form of Acceptance to be signed                               |           |
| Document 4 Proof of Company Registration  |           |
| Document 5 Proof of registration with CIDB in required category                         |           |
| Document 6 ELIDZ Procurement Handbook   |           |
| Document 7 Registration on CSD – MAAA number  |           |
| Document 8 Valid original or certified copy of BBBEE Certificate                        |           |
| Document 9 Signed Declaration in Respect of Local Content                               |           |
| Document 10 Documents in respect of 30% SMME sub-contracting                            |           |
| <b>T2.3 Returnable Documents (Forms - Submissions for Evaluation)</b>                   |           |
| Form P01 Contractor General Information   |           |
| Form P02 Ownership Details  |           |
| Form P03 Contractor Facilities  |           |
| Form P04 Size of Enterprise and Current Workload  |           |
| Form P05 Staffing Profile   |           |
| Form P06 Previous Experience  |           |
| Form P07 Record of Addenda to Tender Documents  |           |
| <b>T2.4 Returnable Documents (For Functionality Scoring)</b>                            |           |
| Criteria 1: Approach  |           |
| • Construction Programme  |           |
| • Methodology and Execution Strategy  |           |
| Criteria 2: Tenderers Expertise and Resources   |           |
| • Management Organogram and Key Staff CV's, Contract Project Director and Site Agent CV |           |
| • Schedule of Construction Plant  |           |
| • Relevant Experience   |           |
| Criteria 3: Health, Safety and Environment  |           |
| • Companies OHS policy  |           |
| • OHS and CEMP Methodology and Implementation Strategy                                  |           |
| • Health and Safety File (Optional)   |           |
| Criteria 4: Bank Rating   |           |
| Criteria 5: Location of Operational Office  |           |

I, the authorised signatory hereby confirm that the Form of Offer has been completed in full and enclosed in envelope "B" and that no financial offers of any sort have been declared in envelope "A". I further understand that failure to attach the above-mentioned documentation to the designated pages allocated will result in said document being deemed missing from the tender submission.

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |

Tenderer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_ Employer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

## **T2.2: RETURNABLE DOCUMENTS (COMPULSORY SUBMISSIONS)**

## **Document 1: Tax Clearance Certificate**

**TENDERER TO ATTACH ORIGINAL TAX CLEARANCE CERTIFICATE TO THIS  
PAGE**

**Document 2: Letter of Good Standing from Workmen's Compensation Commissioner**

**TENDERER TO ATTACH CERTIFIED COPY TO THIS PAGE**

## Document 3: Signed Declaration of Form of Acceptance

### Declaration of Form of Offer and Acceptance

The Tenderer must declare that the Form of Offer and Acceptance in Envelope B “Financial Proposal” is completed and signed. Failure to complete and sign the declaration will render the tender non-responsive

|                         |  |
|-------------------------|--|
| Tenderer:               |  |
| Name of Representative: |  |
| Telephone number:       |  |
| Fax number:             |  |
| Designation:            |  |

I, the authorised signatory of the Tenderer, hereby declare that the Form of Offer and Acceptance in Envelope B “Financial Proposal” is completed and signed.

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |



## **Document 4:       Proof of Company Registration**

**TENDERER TO ATTACH PROOF OF COMPANY REGISTRATION TO THIS  
PAGE**

**Document 5:        Proof of Company Registration with CIDB  
in the Required Category**

**TENDERER TO ATTACH CERTIFIED COPY TO THIS PAGE**

**Document 6: ELIDZ Procurement Handbook**

**TENDERER TO ATTACH DOCUMENT TO THIS PAGE**

# PROCUREMENT HANDBOOK



**east london idz**  
business streamlined

# BUSINESS STREAMLINED

The East London Industrial Development Zone SOC Ltd is the operator of the East London Industrial Development Zone (ELIDZ), a multi-million-rand infrastructure and bulk services development initiative by the Department of Trade and Industry (DTI) to attract export oriented investment into the city. The zone is located on the West Bank of East London, adjacent to the existing port and airport.

## VISION

World class Operator of a prestigious industrial complex where highly competitive organisations thrive on streamlined business benefits and stimulate sustainable regional economic growth.

## MISSION

To provide investor solutions and to attract and develop strategic industries that strengthen South Africa's global competitiveness through the development and operation of a thriving, specialized industrial complex.

The ELIDZ pursues its mission through the setting of programmes of action which seek to ensure the creation and delivery of:

- A suitable location for the establishment of strategic investments;
- Promotion and development of productive links between domestic and zone-based industries, to optimize use of existing infrastructure, generation of employment and creation of technology transfers; and
- Enablement of the beneficiation of local resources by resource-seeking industries.

The organization maintains four broad programmes in addressing these objectives. These are:

- Institutional Development and Corporate Administration;
- Zone Development (Infrastructure and Operations);
- Business Development and Investment Promotion; and
- Zone Management and Investor Servicing.

## ELIDZ VALUES AND BELIEFS

- We exceed customer expectations and display passion for delivering exceptional service.
- We embrace a challenging style that encourages creativity, free thought and calculated risk-taking in pursuit of ever-higher goals.
- As a team, which values each person's worth and dignity, we learn from each other and from our experiences.
- We accept responsibility with consequences and commit to fair application of the ELIDZ policies, without abuse or manipulation.
- We display transparency in the way we work, and communicate with honesty and integrity in all our relationships.
- We capitalize on diversity and co-operation across departmental boundaries and throughout the company, with our customers and our suppliers.
- We are committed to establishing benchmarked quality in everything we do.

## PROCUREMENT

The ELIDZ has established a procurement system with processes that are fair, transparent, equitable and cost-effective. We regard our suppliers as business partners. Service Providers' days shall be held to share information, discuss policy issues and address supplier concerns as a way of building win-win sustainable business relations.

The ELIDZ procurement policy assigned preference to transactions with Local Business (Buffalo City – Eastern Cape – South Africa), Small Businesses and Businesses that are contributing to Broad Based Black Economic Empowerment (BBBEE). Our procurement policy and strategic procurement targets for SMMEs and BEE demonstrate a commitment to socio-economic transformation.

## RATIONALE FOR EMPOWERMENT

- Economic advancement.
- Higher growth path is not possible without broad based empowerment.
- Skills, low levels of entrepreneurship and low income are major constraints to economic growth.
- Human and social dimension are important given historical legacy.

# REGISTRATION OF INTEREST TO PROVIDE GOODS AND SERVICES

By completing and submitting this form you hereby grant permission to the ELIDZ SOC Ltd to capture this data as part of its vendor database profile. Completion of this form does not in any way guarantee any contracts whatsoever, but said information will be included on the ELIDZ SOC Ltd vendor database.

## A. BUSINESS DETAILS

|   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Registered Business Name  |                              |                             |   |
| Trading Name  |                              |                             |   |
| Location  |                              |                             |   |
| Subsidiary  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Holding Co. Name <input type="text"/> |
| Central Supplier Database (CSD) Registration number (MAAA Registration number): | <input type="text"/>         |                             |   |

## B. ADDRESS

### PHYSICAL

|                         |                      |             |                      |
|-------------------------|----------------------|-------------|----------------------|
| Building / Complex Name | <input type="text"/> | City / Town | <input type="text"/> |
| Street Name & Number    | <input type="text"/> | Province    | <input type="text"/> |
| Suburb                  | <input type="text"/> | Country     | <input type="text"/> |
|                         | <input type="text"/> | Postal Code | <input type="text"/> |

### POSTAL

|                    |                      |             |                      |
|--------------------|----------------------|-------------|----------------------|
| P.O. Box / Pvt Bag | <input type="text"/> | Province    | <input type="text"/> |
| City / Town        | <input type="text"/> | Country     | <input type="text"/> |
|                    | <input type="text"/> | Postal Code | <input type="text"/> |

## C. CONTACT DETAILS

### COMPANY DETAILS

|           |                      |
|-----------|----------------------|
| Area Code | <input type="text"/> |
| Telephone | <input type="text"/> |
| Facsimile | <input type="text"/> |
| Website   | <input type="text"/> |
| Email     | <input type="text"/> |

### CONTACT PERSONS DETAILS

|            |                      |
|------------|----------------------|
| First Name | <input type="text"/> |
| Surname    | <input type="text"/> |
| Position   | <input type="text"/> |
| Area Code  | <input type="text"/> |
| Telephone  | <input type="text"/> |
| Facsimile  | <input type="text"/> |
| Email      | <input type="text"/> |
| Cellular   | <input type="text"/> |

## D. BUSINESS OVERVIEW

|   |                                      |                                      |  |                              |                                    |                                |
|---|--------------------------------------|--------------------------------------|--|------------------------------|------------------------------------|--------------------------------|
| Type of Company:                          | <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Partnership | <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Ltd | <input type="checkbox"/> (Pty) Ltd | <input type="checkbox"/> Other |
| If other (please specify)                 | <input type="text"/>                 |                                      |  |                              |                                    |                                |
|   | <input type="text"/>                 |                                      |  |                              |                                    |                                |
| Main Industry of Business                 | <input type="text"/>                 |                                      |  |                              |                                    |                                |
| Type of Industry                          | <input type="text"/>                 |                                      |  |                              |                                    |                                |
| Professional Membership Details           | <input type="text"/>                 |                                      |  |                              |                                    |                                |
| (Organisations of which you are a member) | <input type="text"/>                 |                                      |  |                              |                                    |                                |

Please provide details of the services or products you offer

|    |
|----|
| 1. |
| 2. |
| 3. |

|                                      |  |                     |  |
|--------------------------------------|--|---------------------|--|
| Vat Registration No. (if applicable) |  |                     |  |
| Business Registration No. / ID No.   |  |                     |  |
| SARS Tax Registration No.            |  |                     |  |
| UIF Registration No.                 |  |                     |  |
| Skills Levy Registration No.         |  |                     |  |
| No. of Branches                      |  | No. of Subsidiaries |  |

## E. BACKGROUND

|   |  |               |  |
|---|--|---------------|--|
| Date of Establishment                                     |  |               |  |
| No. of active business years in Buffalo City Municipality |  | Eastern Cape  |  |
| No. of active business years in RSA                       |  | International |  |
| Main services performed in the last 5 years (please list) |  |               |  |
| 1.  |  |               |  |
| 2.  |  |               |  |
| 3.  |  |               |  |

## F. REFERENCES

| Name of Client | Contact Person | Contact Number |
|----------------|----------------|----------------|
|                |                |                |
|                |                |                |
|                |                |                |

| Joint Venture Partners (if applicable) | Joint Venture Contact Person | Joint Venture Contact Number |
|--|------------------------------|------------------------------|
|  |                              |                              |
|  |                              |                              |
|  |                              |                              |

## G. DECLARATION

I understand that should my business be awarded a contract, the said contract offered will be subject to the information given on this form being correct.

Any misrepresentation of facts may lead to disqualifications. Should such misrepresentation be uncovered after commencement of contracted work, the ELIDZ reserves the right to terminate the contract and recover all payments made to the business.

Full Name:  Initials:

Please tick box to confirm that you have fully understood and agree with the above statement. ☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BROAD BASED BLACK ECONOMIC EMPOWERMENT (BBBEE) STATUS

ELIDZ is committed to social transformation. The company targets SMMEs & BEE enterprises when procuring services and products from vendors. This is done in line with the Preferential Procurement Policy Framework Act (5 of 2000) and its regulations as aligned to the Broad-based Black Economic Empowerment Act (53 of 2003), as amended.

## Definition of Terms

**Black People: Means African, Coloured, Indian or Chinese persons who are natural persons and**

- Are citizens of the Republic of South Africa by birth or descent; or
- Are citizens of the Republic of South Africa by naturalization before the commencement date of the Constitution of the Republic of South Africa Act of 1993; or
- Became citizens of the Republic of South Africa after the commencement date of the Constitution of the Republic of South Africa Act of 1993, but who, for the Apartheid policy that had been in place prior to that date, would have been entitled to acquire citizenship by naturalization prior to that date.

**Broad Based Black Economic Empowerment: this means the economic empowerment of all black people through diverse but integrated socio-economic strategies that include:**

- Increase the number of black people that manage, own and control enterprises and productive assets;
- Facilitating ownership & management of enterprises & productive assets by communities, workers, cooperatives & other collective enterprises;
- Human resources and skills development; achieving equitable representation in all occupational categories and levels in the workshop;
- Preferential procurement; and
- Investment in enterprises that are owned or managed by black people

**Disability:** The definition of persons with disabilities as contained in the employment act is used. It means employees who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment. The total number of employees with disabilities (irrespective of race or gender) is expressed as a percentage of the total number of employees (irrespective of race or gender) in all levels of the organisation.

## B-BBEE Rating

Please tick next to your B-BBEE Level and attach your accredited B-BBEE certificate

| Criteria & BBBEE Rating             | Please Tick |
|-------------------------------------|-------------|
| Level 1 contributor: 100% and above |             |
| Level 2 contributor: 85 – 100%      |             |
| Level 3 contributor: 75 - 85%       |             |
| Level 4 contributor: 65 - 75%       |             |
| Level 5 contributor: 55 - 65%       |             |
| Level 6 contributor: 45 - 55%       |             |
| Level 7 contributor: 40 - 45%       |             |
| Level 8 contributor: 30 - 40%       |             |
| Non-Compliant                       |             |

Companies with annual turnover less than R10 million to submit an account or SARS letter confirming turnover.

## Turnover

State company latest annual turnover

## Additional Information

1.1.1 Ownership held by black shareholders

(% of total shares)

1.1.2 Ownership held by black female shareholders

(% of total shares)



# DISCLOSURE OF INTEREST

## Conflict of interest includes:

- Direct or indirect ownership by ELIDZ employees or members of the board and its committees, their spouses or immediate family in a contractor or supplier (service provider) which is, or intends to do business with the ELIDZ;
- The ELIDZ employees or members of the board and its committees, their spouses or immediate family serving as an officer, director, employee, committee member, agent, representative or consultant, to any current supplier or to any other organization that does business with ELIDZ;
- ELIDZ employees or members of the board and its committees, their spouses or immediate family receiving fees, commissions or other compensations from suppliers or service providers; and
- ELIDZ employees or members of the board and its committees, their spouses or immediate family, receiving gifts, hospitalities, entertainment or other courtesies from suppliers or potential suppliers;
- Amounts received by the ELIDZ employees or members of the board and its committees, their spouses or immediate family that are more than R1000 in the form of fees, donations, gifts, must be disclosed.

## DISCLOSURE FORM:

Are you or any person connected with the bidder presently employed at the East London IDZ?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Position Occupied | Nature of Relationship |
|----------------|-------------------|------------------------|
|                |                   |                        |
|                |                   |                        |
|                |                   |                        |

Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the East London IDZ and who may be involved with the evaluation and or adjudication?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Position Occupied | Nature of Relationship |
|----------------|-------------------|------------------------|
|                |                   |                        |
|                |                   |                        |
|                |                   |                        |

Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between the bidder and any person employed by the East London IDZ who may be involved with the evaluation and or adjudication?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Position Occupied | Nature of Relationship |
|----------------|-------------------|------------------------|
|                |                   |                        |
|                |                   |                        |
|                |                   |                        |

Do ELIDZ members of the board or board committees, employees, their spouses or immediate family have any direct / indirect interest in your company?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Nature of Relationship | Extent of Financial Interest |
|----------------|------------------------|------------------------------|
|                |                        |                              |
|                |                        |                              |
|                |                        |                              |

Do ELIDZ members of the board, committees, employees, their spouses or immediate family currently serve as an officer, director, partner, employee, committee member, agent, representative, or consultant to your company?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Current Position | No. of Years | Remuneration Received |
|----------------|------------------|--------------|-----------------------|
|                |                  |              |                       |
|                |                  |              |                       |
|                |                  |              |                       |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any fees, commissions or other compensations from your company within the last year?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Nature of Benefit | Approximate Value |
|----------------|-------------------|-------------------|
|                |                   |                   |
|                |                   |                   |
|                |                   |                   |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any sponsorship from your company within the last year?

No ☐ Yes ☐ (if yes, complete the following)

| Source of Assistance / Sponsorship | Description of Assistance / Sponsorship | Value of Assistance / Sponsorship |
|------------------------------------|---|-----------------------------------|
|                                    |   |                                   |
|                                    |   |                                   |
|                                    |   |                                   |

Have ELIDZ members of the board, committees, employees, their spouses or immediate family received any gifts, hospitalities, entertainment or any other such gratuities from your company within the last year?

No ☐ Yes ☐ (if yes, complete the following)

| Name of Person | Type of Gratuity | Approximate Value |
|----------------|------------------|-------------------|
|                |                  |                   |
|                |                  |                   |
|                |                  |                   |

I \_\_\_\_\_ understand that should my business be awarded a contract, said contract offered, will be subject to the information given on this form being correct.

Failure to disclose Conflict of interest information amounts to misrepresentation. Should any misrepresentation be uncovered after commencement of contracted work, the ELIDZ reserves the right to terminate the contract and recover all payments made to the business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHECKLIST

Please submit the following documents as an attachment to this handbook

| Documents Required |  | Please tick |
|--------------------|--|-------------|
| 1.                 | Certified Copies of ID (owner / manager)                                 |             |
| 2.                 | Business Profile   |             |
| 3.                 | Accredited B-BBEE or Certified copy of original                          |             |
| 4.                 | Valid TAX Clearance Certificate  |             |
| 5.                 | Company Registration Documents   |             |
| 6.                 | Letter from an Accountant confirming Annual Turnover for EMES            |             |
| 7.                 | EMES - Valid letter confirming B-BEE status of the company               |             |
| 8.                 | Banking details - Bank letter and company letter stating banking details |             |



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East London, 5201

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East London, 5208  
Republic of South Africa

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E: [scm@elidz.co.za](mailto:scm@elidz.co.za) | [www.elidz.co.za](http://www.elidz.co.za)

**Document 7:        Proof of Registration on CSD – MAAA  
                             Number**

**TENDERER TO ATTACH CERTIFIED COPY TO THIS PAGE**

**Document 8: B-BBEE Verification Certificate**

**TENDERER TO ATTACH ORIGINAL OR CERTIFIED COPY OF B-BBEE  
VERIFICATION CERTIFICATE TO THIS PAGE**

## Document 9: Signed Declaration in Respect of Local Content

### Declaration of National Treasury Designated Sectors Instruction No. 15 of 2016/2017 Stipulated Minimum Threshold of Conversion Processes for Local Production and Content for Steel Products in Components for Construction

The Tenderer must declare that they have complied with the abovementioned requirements and completed Part C2.7: SBD 6.2 in Envelope B "Financial Proposal". Failure to complete and sign the declaration will render the tender non-responsive.

|                         |  |
|-------------------------|--|
| Tenderer:               |  |
| Name of Representative: |  |
| Telephone number:       |  |
| Fax number:             |  |
| Designation:            |  |

I, the authorised signatory of the Tenderer, hereby declare that Part C2.7: SBD 6.2 in Envelope B "Financial Proposal" is completed and signed.

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |

**Document 10: Documents in Respect of 30% SMME sub-contracting**

**NB!**

Tenderers are required to submit with the tender, for each of the SMME sub-contractors, certified copies of valid B-BBEE certificates or sworn affidavits for EME's and QSE's confirming ownership and copies of CSD registration summary reports.

**9.1 Contractor declaration with regards to 30% SMME Sub-contracting:**

I / We tender the following SMME participation targets of:

|  |     |
|--|-----|
| Tender Amount Including VAT                        | N/A |
| SMME Value Including VAT                           | N/A |
| Percentage of SMME to Tender Amount <sup>(1)</sup> |     |

**Note (1):** *Bidders that do not meet minimum SMME 30% subcontracting requirements will be deemed to be non-responsive and shall be disqualified.*

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>SIGNED FOR THE TENDERER:</b> |                             |
|                                 | <b>NAME OF TENDERER</b>     |
| <b>SIGNATURE: TENDERER</b>      | <b>SIGNATURE: WITNESS 1</b> |
| NAME:                           | NAME:                       |
| CAPACITY:                       | <b>SIGNATURE: WITNESS 2</b> |
| DATE:                           | NAME:                       |

**9.2 Targeted Percentages per CIDB Group:**

| CIDB Grading<br>irrespective of trade                | Max CIDB Value<br>Range | Minimum Targeted<br>Percentage Allocation<br>Appportioned to the<br>30% | Percentage Goal<br>Tendered | Estimated Rand Value<br>(R) Including VAT |
|--|-------------------------|---|-----------------------------|---|
| Grade 1-2  | R 650 000               | 1%  |                             | N/A                                       |
| Grade 3  | R 2 000 000             | 1%  |                             | N/A                                       |
| Grade 4  | R 4 000 000             | 3%  |                             | N/A                                       |
| Grade 5  | R 6 500 000             | 5%  |                             | N/A                                       |
| Grade 6  | R 13 000 000            | 6%  |                             | N/A                                       |
| Grade 7  | R 40 000 000            | 14%   |                             | N/A                                       |
| <b>Total % SMME Goal<br/>Tendered <sup>(1)</sup></b> |                         | <b>30%</b>  |                             | N/A                                       |

**Note (1):** *Bidders that do not meet minimum SMME 30% subcontracting requirements will be deemed to be non-responsive and shall be disqualified.*



**9.3 Sub-contracting Agreements:**

This Agreement, as negotiated herein, is entered into by and between

**Name of the Principal Contractor**

---

**And the undersigned SMME (EME and QSE) subcontractor**

**(Document to be submitted with original signatures)**

| DECLARATION   |                       |
|---|-----------------------|
| I/we, the undersigned, do hereby declare that I/we have read and understood this Sub-Contracting Agreement for the sub-contract work. |                       |
| Name of the Subcontractor   |                       |
| Name and Signature of the Subcontractor Representative  | Signature: .....      |
|   | Representative: ..... |
| CIDB Grading  |                       |
| Contact Details   | Office Tel: .....     |
|   | Cell Phone: .....     |
|   | Email: .....          |

---

Tenderer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_ Employer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_

## **T2.3: RETURNABLE DOCUMENTS (FORMS - SUBMISSIONS FOR EVALUATION)**

**Form P01: Contractor General Information**

|                           |  |
|---------------------------|--|
| Name of tendering entity: |  |
|                           |  |

**Section 1: Contact Details:**

|                 |           |
|-----------------|-----------|
| Address:        |           |
|                 |           |
|                 |           |
| Tel No:         | (       ) |
| Fax No:         | (       ) |
| E-mail address: |           |

**Section 2: Legal entity: (Mark with an X)**

|                   |  |
|-------------------|--|
| Sole proprietor   |  |
| Partnership       |  |
| Close corporation |  |
| Company (Pty) Ltd |  |
| Joint Venture     |  |

(In the case of a Joint Venture, provide details on joint venture members:)

| Joint Venture member | Type of entity (as defined above) |
|----------------------|-----------------------------------|
|                      |                                   |
|                      |                                   |
|                      |                                   |
|                      |                                   |

Tenderer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_ Employer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_

**Section 3: General Particulars**

|   |  |
|---|--|
| <b>Income Tax reference number:</b><br>(In the case of a joint venture, provide for all joint venture members.)                                 |  |
|   |  |
|   |  |
|   |  |
| <b>VAT registration number:</b><br>(In the case of a joint venture, provide for all joint venture members.)                                     |  |
|   |  |
|   |  |
|   |  |
| <b>District Municipality in which the enterprise is registered:</b><br>(In the case of a joint venture, provide for all joint venture members.) |  |
|   |  |
|   |  |
|   |  |
| <b>Registration number at Department of Labour:</b><br>(In the case of a joint venture, provide for all joint venture members.)                 |  |
|   |  |
|   |  |
|   |  |
| <b>Company or close corporation registration number:</b><br>(In the case of a joint venture, provide for all joint venture members.)            |  |
|   |  |
|   |  |
|   |  |

**For joint ventures the following must be attached:**

- Written power of attorney for authorised signatory
- Pro-forma of the joint venture agreement.
- The major partner to satisfy at least 40 percent of the turnover amount given in P04, and each other partner at least 25 percent of the amount.

Tenderer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_ Employer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

**Section 4: Record in the service of the state**

Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:

|  |  |
|--|--|
|  | a member of any municipal council  |
|  | an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999) |
|  | a member of any provincial legislature   |
|  | a member of the National Assembly or the National Council of Province  |
|  | a member of the board of directors of any municipal entity   |
|  | a member of an accounting authority of any national or provincial public entity  |
|  | an official of any municipality or municipal entity  |
|  | an employee of Parliament or a provincial legislature  |

If any of the above boxes are marked, disclose the following:

| Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder | Name of institution, public office, board or organ of state and position held | Status of service (tick appropriate column) |                       |
|---|---|---|-----------------------|
|   |   | Current                                     | Within last 12 months |
|   |   |   |                       |
|   |   |   |                       |
|   |   |   |                       |
|   |   |   |                       |
|   |   |   |                       |
|   |   |   |                       |

**Section 5: Record of spouses, children and parents in the service of the state**

Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following

|  |  |
|--|--|
|  | a member of any municipal council  |
|  | an employee of any provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act 1 of 1999) |
|  | a member of any provincial legislature   |
|  | a member of the National Assembly or the National Council of Province  |
|  | a member of the board of directors of any municipal entity   |
|  | a member of an accounting authority of any national or provincial public entity  |
|  | an official of any municipality or municipal entity  |
|  | an employee of Parliament or a provincial legislature  |

If any of the above boxes are marked, disclose the following:

| Name of spouse, child or parent | Name of institution, public office, board or organ of state and position held | Status of service (tick appropriate column) |                       |
|---------------------------------|---|---|-----------------------|
|                                 |   | Current                                     | Within last 12 months |
|                                 |   |   |                       |
|                                 |   |   |                       |
|                                 |   |   |                       |
|                                 |   |   |                       |
|                                 |   |   |                       |
|                                 |   |   |                       |

The undersigned, who warrants that he / she is duly authorised to do so on behalf on the enterprise:

- i) authorises the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;
- ii) confirms that neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Tender Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other tendering entities submitting tender offers and have no other relationship with any of the

Tenderer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_ Employer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

- tenderers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; and
- v) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |





## Form P03: Contractor Facilities

### Physical facilities:

Provide information on offices, factories, yards and warehouses occupied by your enterprise. (Attach details if the space provided is not enough.) (List joint venture partner(s) separately if applicable.)

| Description | Address | Area (m <sup>2</sup> ) |
|-------------|---------|------------------------|
|             |         |                        |
|             |         |                        |
|             |         |                        |
|             |         |                        |
|             |         |                        |
|             |         |                        |

### Plant and equipment:

Provide information on all plant and equipment owned by your enterprise. (Attach details if the space provided is not enough.) (List joint venture partner(s) separately if applicable.)

| Description: Plant and Equipment owned | Number of units | Currently in use on contract. |
|--|-----------------|-------------------------------|
|  |                 |                               |
|  |                 |                               |
|  |                 |                               |
|  |                 |                               |
|  |                 |                               |
|  |                 |                               |
|  |                 |                               |

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |

Tenderer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_ Employer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_



## Form P05: Staffing Profile

Provide information on the staff that you have available to execute this contract. (Attach to this page a separate list if the space provided is insufficient.) (List joint venture partner(s) separately if applicable.)

| Category <sup>(1)</sup> of Permanently employed staff for the project:     | Number of Staff | Number of HDI Staff |
|--|-----------------|---------------------|
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |
| Category <sup>(1)</sup> of Temporary staff to be employed for the project: | Number of Staff | Number of HDI Staff |
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |
|  |                 |                     |

Provide information on key staff you intend utilising on this contract, should it be awarded to you. (In the case of engineering construction projects key staff are defined as staff of foreman level and above).

| Name | Position in your organisation | Years Experience |
|------|-------------------------------|------------------|
|      | Qualifications                | HDI Y/N          |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |
|      |                               |                  |

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |

**Note (1):** Category refers to the job designation of the person listed (e.g. Manager, Foreman, Admin, Mechanic, etc.)

Tenderer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_ Employer \_\_\_\_\_ Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_



**Form P07: Record of Addenda to Tender Documents**

We confirm that the following communications received from the Employer before the submission of this tender offer, amending the tender documents, have been taken into account in this tender offer:

|     | Date | Title or Details |
|-----|------|------------------|
| 1.  |      |                  |
| 2.  |      |                  |
| 3.  |      |                  |
| 4.  |      |                  |
| 5.  |      |                  |
| 6.  |      |                  |
| 7.  |      |                  |
| 8.  |      |                  |
| 9.  |      |                  |
| 10. |      |                  |

Attach additional pages if more space is required.

|                                      |                  |
|--------------------------------------|------------------|
|                                      |                  |
| <b>Name of Signatory</b>             | <b>Capacity:</b> |
|                                      |                  |
| <b>Signed on behalf of Tenderer:</b> | <b>Dated:</b>    |

Tenderer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_ Employer \_\_\_\_ Witness 1 \_\_\_\_ Witness 2 \_\_\_\_

## **T2.4: RETURNABLE DOCUMENTS (FOR FUNCTIONALITY SCORING)**

## **Criteria 1:      Approach**

- 1.1      Attach Construction Programme (Gantt Chart)**
- 1.2      Methodology and Execution Strategy**

## **Criteria 2: Tenderer's Expertise and Resources**

- 2.1 Management Organogram and Key Staff: CV's of Key Staff Members, which include verifiable reference letters, to be attached. Failing this, no points will be awarded.**
- 2.2 Schedule of Construction Plant**
- 2.3 Relevant Experience: Verifiable proof of successfully completed similar projects to be included. Failing this, no points will be awarded**



### **Criteria 3: Health, Safety and Environment**

- 3.1 Attach your Company's OHS Policy**
- 3.2 Attach OHS and CEMP Methodology and Execution Strategy**
- 3.3 Attach Health and Safety File (Optional)**

## **Criteria 4: Financial Standing**

### **BANK RATING**

**Letter from Bank indicating Rating to be provided. Failure to provide proof of bank rating will render the bid NON-RESPONSIVE**

**NOTE: YOUR TENDERED PRICE MUST NOT BE STATED IN THE BANK'S DOCUMENT  
Rating based on CIDB Grade 9 GB – (No Limit)**

## **Criteria 5: Local Operational Office**

- 5.1 Proof of registered office within the confines of the Buffalo City Metropolitan Municipality  
Alternatively proof of registered office within the Eastern Cape**