

BETWEEN R2 000 AND R30 000 – RFG		 SALDANHA BAAI BAY MUNISIPALITEIT MUNICIPALITY uMASIPALA	
ADVERTISEMENT DATE:	06 October 2026		
RFG NUMBER:	RFQ105/2027		
DESCRIPTION OF GOODS/SERVICES:	SUPPLY AND DELIVERY OF STATIONERY		
CLOSING DATE:	09 October 2026		
TIME:	12H00		
VALIDITY PERIOD	90 days (will automatically extend as per requirement in clause 22(1)(g) of the SCM Policy)		
SUBMISSIONS:	Sealed quotations clearly marked, "Q" number, must be placed (hand delivered) handed over to the front desk Security Personnel at: Investment Centre (Ground floor), Saldanha Bay Municipality, 15 Main Road (Private Bag x12), VREDENBURG, 7380		
DELIVERY DATE:	Within 7 working days of placing an official order		
DELIVERY ADDRESS:	Municipality Stores, Floryn Street, Marias Industrial, VREDENBURG, 7380		
CONTACT PERSON (SBM):	J Lesch	TELEPHONE OR CELLPHONE NUMBER:	022 701 7083
EMAIL ADDRESS:	Jameth.lesch@sbm.gov.za		
EVALUATION CRITERIA:	TOTAL AMOUNT:	YES	
	PER ITEM:	NO	
	EVALUATION CRITERIA:	See details in document	
	SITE MEETING DATE (Compulsory):	N/A	
NAME OF BUSINESS:			
CSD NUMBER:			
CONTACT PERSON:			
EMAIL ADDRESS:			
TELEPHONE OR CELL PHONE NUMBER:			
STREET ADDRESS OF BUSINESS:			
AMOUNT:	R (Only if award is made on total amount)		
NOTE: Only an official order OR appointment letter will be deemed a legal contract with Council. No business may be conducted with a person in service of the state.			

INSTRUCTION TO TENDERER

The General Conditions of Contract is applicable to this Quotation.

1. The quotation, sealed in an envelope and **externally endorsed with the relevant quotation number**, must be submitted to the abovementioned **“Quotation Return”** address and can either be **hand-delivered or couriered**. It is the supplier's responsibility to make sure that the quote with all relevant documents reach this office before the closing date and time and is placed in the correct quotation box or handed in at the Supply Chain Management office (Second Floor, 15 Main Road, Buller Centre (Investment Centre) Vredenburg, 7380). Late Quotations will not be accepted.
2. **It is compulsory for all suppliers to be registered on the Central Supplier Database (CSD). NO AWARD WILL BE MADE TO A SUPPLIER WHO IS NOT REGISTERED ON THE CSD.** Please ensure that your registration on the CSD remains active.
3. **The quotation originally completed in ink MUST be done on the attached “Invitation to Quote” form and suppliers may additionally add a quotation on their business’ letterhead. Copies of Quotation documents will be disregarded.**
4. The use of correction fluid (TIPPEX) on the price schedule is prohibited and quotations will be found non-responsive.
5. The quotation must be on items that strictly conform to the specifications as requested (mentioned). **Quotations must be submitted in line with specifications stipulated – pricing must be done per item or per bill of quantities.** In the event of any items not conforming to the specifications, additional costs may be recovered from the tenderer.
6. Delivery charges MUST be included in the price for “Supply and Delivery of Goods”.
7. Calculation errors will be corrected; where the quote is based on items or quantities, tariffs (unit rates) will be regarded as correct. In the case of a construction work quote the total amount will be regarded as correct.
8. Tenderers must duly complete, sign and submit the following compulsory forms:
 - 8.1. Declaration of interest (MBD 4). **NO BUSINESS MAY BE CONDUCTED WITH PERSONS IN SERVICE OF THE STATE.**
 - 8.2. Preference Points Claim form (MBD 6.1)
 - 8.3. Certificate for independent bid determination (MBD 9)

Note: All relevant documents can be downloaded at www.sbm.gov.za > Tenders / Quotations > Supply Chain Documents.

9. Tenderers must submit the following proof to claim preference points:

- 9.1. B-BBEE
 - Original or originally certified B-BBEE certificate or Affidavit; and
- 9.2. Locality
 - 9.2.1. Where the tenderer is the owner of the property
 - The municipal account must be registered in the trading name of owner of the property, for example:
 - Partnership (Lead company according to agreement).
 - Joint Venture (Lead company according to agreements and where daily operations are done).
 - Close Corporation (name of the CC).
 - Public Company “Limited or Ltd” (name of the company).
 - Private company / Proprietary company / (Pty) Ltd (name of the company).
 - Non-Profit Company “NPC” (name of the company).
 - State Owned Company “SOC” (name of the SOC).
 - In the case of a One-person business / sole propriety the account must either be in the trading name or in the owner's name.
 - In the case of a Private Company (Pty) Ltd. (small businesses’) which trades from the residential address of the Director, the municipal account can be in the name of the Director if he/she is the owner of the residential property. This is applicable in cases where the company has only 1 Director. If more than 1 Director, the other directors must also reside at the same address and such proof must be submitted in the form of an Affidavit.
 - 9.2.2. Where the tenderer is not the owner of the property
 - Sole propriety (residential):
 - If the municipal account is not registered in the name of the Sole Propriety, a valid Lease Agreement to be submitted.
 - OR
 - If no valid Lease Agreement exist, an affidavit from the owner of the property must be submitted.
 - The owner of the property must confirm the following:
 - That the sole propriety is conducting business from the said address as indicated in the bid documents.
 - What are the conditions/agreement for conducting business from premises.
 - For example: declares that no written lease agreement exist, a verbal lease agreement exist, sole supplier does not have any obligation to contribute to any payment of municipal accounts; sole propriety not liable for any rent payments, etc.
 - The ID numbers of both the owner of property and the sole propriety must reflect on the affidavit.
 - NB: A Detailed affidavit must be submitted. Not the affidavit that only indicates the following “I don't own any buildings and therefore does not have any municipal accounts”

Note: Affidavits valid for a period of 3 months

Close Corporation, Public Company, Personal Liability Company, (Pty) Limited, Non-Profit Company, State Owned Companies - A valid Lease Agreement must be submitted:

- If a valid Lease Agreement does not exist, an affidavit from the owner of the property must be submitted.
- The owner of the property must confirm the following:
 - That the tenderer/supplier is conducting business from the said address as indicated in the bid documents.
 - What are the conditions/agreement for conducting business from premises.

- For example: declares that no written lease agreement exist, a verbal lease agreement exist, sole supplier does not have any obligation to contribute to any payment of municipal accounts; Sole supplier not liable for any rent payments, etc.
- The ID numbers of both the owner of property, the Director (Authorised to represent the entity or sign documents on behalf of entity) and/or the supplier company registration number must reflect on the affidavit.
- If the property is in the name of a Trust, an affidavit must be obtained from the Trustee(s).
- NB: A Detailed affidavit must be submitted. Not the affidavit that only indicates the following "I don't own any buildings and therefore does not have any municipal accounts"

9.2.3. Sub-Leasing vs Apartments (block of buildings) owned by one (1) person / director which also operates more than 1 business from the same premises

- If any Sub Leasing exist, a valid Sub Lease agreement must be submitted.
- In instances where a director owns an apartment (block of buildings) and runs more than one business from it, this block is registered in the name of a trust or one (1) of the business's he owns. When a tenderer submits a bid, is not the one (1) owning the business, the same information as per 9.2.2 above must be submitted.

Note: The residential or business address of the tenderer or sole propriety is tested, therefore the postal address on the municipal account cannot be used to claim points for locality. Please ensure that the residential address on the municipal account agrees to the address as recorded in the compulsory documents to be completed and / attachments and / CSD CIPC, if necessary.

A SCORE OF 0 (ZERO) WILL BE ALLOCATED IF COMPULSORY DOCUMENTS NOT DULY COMPLETED AND SIGNED AND / IF INSUFFICIENT PROOF SUBMITTED AT THE CLOSING TIME AND DATE.

10. The municipality may accept the whole or a part of the quote where the quote comprises of more than one item.
11. The municipality does not bind itself to accept the lowest or any bid.
12. The acceptance of the quote and the subsequent issuing of an official order constitute a legal binding document and may not be cancelled.
13. Goods and services may only be provided after and according to the official order issued.
14. All contractors to ensure that waste generated during a construction period of a building project is appropriately contained on site and correctly disposed of at a registered landfill site or drop-off facility. The management of waste is continuous, and waste is not allowed to accumulate to a point where it is unsightly, creates windblown litter or any form of nuisance. Upon completion of the project safe disposal certificates need to be submitted to the project manager as proof that all waste was disposed of in the correct manner. The submission of safe disposal certificates will be a pre-requisite for the processing of payment certificates. Construction and demolition waste (Bricks, mortar, concrete, sand, tiles, etc.) should be stored in a container (Skip or similar) or must be covered with netting if stock-piled on site. All other waste generated on site such as, plastics, paper, cement bags, etc. must be stored in a dedicated mesh cage/enclosure to avoid windblown litter. No waste may be placed on the side walk or surrounding properties. Law Enforcement will conduct regular inspections and non-compliant contractors will be fined.
15. ***"All documents and / packaging of courier must be clearly marked Q with the number. It remains the responsibility of the service provider/contractor to ensure that his quotation bid is clearly marked and placed in the correct box."***

QUOTATIONS WILL BE EVALUATED IN TERMS OF PREFERENTIAL PROCUREMENT REGULATIONS, 2022, PREFERENTIAL PROCUREMENT POLICY OF COUNCIL.

NB!! FAILURE TO COMPLY WITH THE ABOVEMENTIONED CONDITIONS WILL INVALIDATE YOUR QUOTE!!!

I hereby declare that I understand the above and is duly authorised to sign on behalf of the abovementioned company

PRINT NAME

SIGNATURE

DATE

SUBMISSION OF INVOICES

The successful bidder(s) to ensure compliance with Section 20(4) of the Value Added Tax (VAT) Act, 89 of 1991.

In terms of Section 20(4) of the Act, the TAX INVOICE(S) received from registered Vat vendors MUST bear the following information:

- The words "TAX INVOICE" in a prominent place;
- Name, address and VAT registration number of the supplier;
- The name and address: Saldanha Bay Municipality, Private Bag X12, Vredenburg, 7380;
- The Saldanha Bay Municipality VAT registration number: 4100113150;
- Unique VAT invoice number and date of issue;
- Accurate description of goods and/or services;
- Quantity or volume of goods or services supplied; and
- Price and VAT amount and percentage (%).

Failure to comply with abovementioned will result in payments not been made timeously.

Also take note that Saldanha Bay Municipality will not be liable for any late payments as a result of invalid Tax Invoice submitted by suppliers

I hereby declare compliance with Section 20(4) of the Value Added Tax (VAT) Act, 89 of 1991 and that I am duly authorised to sign on behalf of the company

Email: creditors@sbm.gov.za

Physical address: Creditors Depart – 1st Floor, Beansa Building
21 Main Road
Vredenburg
7380

PRINT NAME

SIGNATURE

DATE

MBD 4 (DECLARATION OF INTEREST)

1. No bid will be accepted from persons in the service of the state
2. 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 favoritism, 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 authorized representative declare their position in relation to the evaluating/adjudicating authority.

MSCM Regulations: "in the service of the state" means to be –

a) a member of-

(i) any municipal council;

(ii) any provincial legislature, or

(iii) the national Assembly of the national Council of provinces

b) a member 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 public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

e) a member of the accounting authority of any national or provincial public entity, or

f) an employee of parliament or a provincial legislature

"Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company

3. PERSONAL DETAILS

3.1. Name of bidder/representative:

3.2. ID Number:

3.3. Position in Company:

3.4. Company Registration Number:

3.5. Tax Reference Number:

3.6. VAT Registration Number:

3.7. The names of all directors/ trustees/ shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

QUESTIONNAIRE

3.8. Are you presently in service of the state?

YES

NO

3.8.1. If YES, please furnish particulars:

3.9. Have you been in service of the state for the past 12 months?

YES

NO

3.9.1. If YES, please furnish particulars:

3.10. Do you have any relationship (family, friend, other) with persons in service of the state, who may be involved with the evaluation/adjudication of this bid?

YES

NO

3.10.1. If YES, please 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 /adjudication of this bid?

YES

NO

3.11.1. If YES, please furnish particulars:

3.12. Any of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state?	YES	NO
3.12.1. If YES, please furnish particulars:		
3.13. Are any spouse, child or parent of the company's directors, trustees, managers, principle shareholders or stakeholders in service of the state?	YES	NO
3.13.1. If YES, please 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 related companies or business whether or not they are bidding for his contract?	YES	NO
3.14.1. If YES, please furnish particulars:		
4. DETAILS OF DIRECTORS/TRUSTEES/MEMBERS/SHAREHOLDERS		
FULL NAME	ID NUMBER	STATE EMPLOYEE NUMBER
_____	_____	
Signature	Date	
_____	_____	
Position:	Name of Bidder:	

MBD 6.1 (PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 AND PREFERENTIAL PROCUREMENT POLICY OF COUNCIL: 80/20 PREFERENCE POINT SYSTEM)

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, PREFERENTIAL PROCUREMENT REGULATIONS, 2022 AND PREFERENTIAL PROCUREMENT POLICY OF COUNCIL.

1. GENERAL CONDITIONS

1.1 The following preference point system is 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)

1.2 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 (B-BBEE status level contribution and Locality).

1.3 The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20 (10 BBBEE and 10 Locality)
TOTAL POINTS FOR PRICE AND SPECIFIC GOALS	100

1.4 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.4.1 B-BBEE

Failure on the part of a tenderer to submit a B-BBEE Verification Certificate from a Verification Agency accredited by the South African National Accreditation System (SANAS), or a sworn affidavit confirming annual turnover and level of black ownership in case of an EME and QSE together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.4.2 LOCALITY

Failure on the part of tenderer to submit the following:

- where the tenderer is the owner of the property / business:
 - municipal account registered in the name of the tenderer not older than 3 months;
- where the tenderer is not the owner of the property / business:
 - a valid lease agreement; or
 - affidavit from the property owner that the address used to claim points in the MBD 6.1 is being rented out to the tenderer at no cost not older than 3 months.
- where the tenderer submitted incorrect or outdated information (account, lease agreement or affidavit) or none of the above, it will be interpreted to mean that preference points for Locality are not claimed.

1.5 The municipality reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the municipality.

2. DEFINITIONS

- (a) **“all applicable taxes”** includes value-added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies;
- (b) **“B-BBEE”** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (c) **“B-BBEE status level of contributor”** means the B-BBEE status received by a measured entity based on its overall performance using the relevant scorecard contained in the Codes of Good Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (d) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (e) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (f) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (g) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (h) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1 POINTS AWARDED FOR PRICE THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80 \left(1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmin = Price of lowest acceptable tender

4. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

4.1 POINTS AWARDED FOR PRICE THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

80/20

$$Ps = 80 \left(1 + \frac{Pt - P_{max}}{P_{max}} \right)$$

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmax = Price of highest acceptable tender

5. POINTS AWARDED FOR SPECIFIC GOALS

In terms of the Preferential Procurement policy of Council section 5(2) and 7(2), preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 and 2 below as may be supported by proof/ documentation stated in the conditions of this tender:

5.1

B-BBEE

B-BBEE Status Level of Contributor	Number of Points for Preference (80/20)
1	10
2	9
3	7
4	6
5	4
6	3
7	2
8	1
Non-compliant contributor	0

5.2

LOCALITY

Locality of supplier	Number of Points for Preference (80/20)
Within the boundaries of Saldanha Bay Municipality	10
Within the boundaries of the West Coast District	5
Within the boundaries of the Western Cape	2
Outside the boundaries of the Western Cape or failure to provide proof	0

6. DECLARATION

Bidders who claim points in respect of B-BBEE and Locality must complete the following:

6.1 B-BBEE STATUS LEVEL OF CONTRIBUTION CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 5.1

B-BBEE Status Level of Contribution: _____ (maximum of 10 points)

6.2 LOCALITY CLAIMED IN TERMS OF PARAGRAPH 1.4 AND 5.2

LOCALITY: _____ (maximum of 10 points)

7. DECLARATION WITH REGARD TO COMPANY / FIRM

7.1 Name of company / firm: _____

7.2 Company registration number: _____

7.3 VAT registration number: _____

7.4 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]

7.5 MUNICIPAL INFORMATION (INFORMATION TO CLAIM POINTS FOR LOCALITY)

Municipality where business is situated: _____

Street address of business:

Registered municipal account number: _____

7.6 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 5, 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.

.....
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME:

DATE:

ADDRESS:

.....

MBD 9 (CERTIFICATE OF INDEPENDENT BID DETERMINATION)

1. This Municipal Bidding Document (MBD) must form part of all bids¹ invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Municipal Supply Regulation 37 (1) prescribes that a supply chain management policy must provide measures for the combating of abuse of the supply chain management system, and must enable the accounting officer, among others, to:
 - a) take all reasonable steps to prevent such abuse;
 - b) reject the bid of any bidder if that bidder or any of its directors has abused the supply chain management system of the municipality or municipal entity or has committed any improper conduct in relation to such system; and
 - c) cancel a contract awarded to a person if the person committed any corrupt or fraudulent act during the bidding process or the execution of the contract.
4. This MBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
5. In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)
in response to the invitation for the bid made by:

(Name of Municipality / Municipal Entity)
do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:
(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - a) has been requested to submit a bid in response to this bid invitation;
 - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:

¹ Includes price quotations, advertised competitive bids, limited bids and proposals.

² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

- a) prices;
 - b) geographical area where product or service will be rendered (market allocation)
 - c) methods, factors or formulas used to calculate prices;
 - d) the intention or decision to submit or not to submit, a bid;
 - e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....
Position

.....
Name of Bidder

³ Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

EVALUATION CRITERIA
80/20 PREFERENCE POINT SYSTEM

EVALUATION CRITERIA
80/20 PREFERENCE POINT SYSTEM

COMPULSORY DOCUMENTS TO BE SUBMITTED BY SUPPLIERS		Comply Please mark/tick where applicable	
MBD 4 - Declaration of Interest		YES	NO
MBD 6.1 - Preference Points Claim form • Original or originally certified B-BBEE certificate or affidavit • Municipal account for business or lease agreement <u>(See instruction to Tenderer and details in MBD 6.1 for proof required) 0 points will be allocated if incomplete or invalid</u>		YES	NO
MBD 9 - Certificate of Independent Bid Determination		YES	NO
Municipal accounts or lease agreements for directors		YES	NO
Company registration documents- CIPC		YES	NO
I hereby declare that I am duly authorised to sign on behalf of the abovementioned company			
PRINT NAME		SIGNATURE	
		DATE	

SPECIAL CONDITIONS OF CONTRACT

- Council reserves the right to order any quantity including none.
- Quantities for cupboards indicated below is only estimated.
- Quantities is only for evaluation purposes, and evaluation will be done on total price.

PRICING SCHEDULE

Items	Particulars	Estimated Quantity	Unit price (vat excluded)	Total Price
1	A4 Rainbow dividers 10's	30		
2	Optiplan or equivalent 445 files no flap A4, 350 sheets 250g 25's	2		
3	Metal file fasteners 8cm 50's	2		
4	Rulers 30cm shatter resistant	3		
5	HB pencils 12's	1		
6	Soft erasers	3		
7	Black ball point pens - medium	30		
8	Red ball point pens - medium	10		
9	A4 hardcover books 288 pages feint and margin	3		
10	1 box seal easy or equivalent white envelopes 110mm x 220mm	1		
11	Plastic pockets A4 100's	3		
12	Saldanha Bay Municipality occupational health evaluation booklet. (<i>PLEASE SEE TEMPLATE ATTACHED BELOW</i>) Paper: 135gms cartridge paper Ink: blue Printed both sides: 2 x A3 sheets	100		

	Finishing: collated folded and saddle stitched			
13	1 box seal easy or equivalent white envelopes 324mm x 229mm	1		
14	Clipboard A4 PVC, with spring clip	2		
15	Highlighters pack of 4	1		
16	Optiplan or equivalent plastic containers grey A4, pack of 5	2		
TOTAL (VAT Exclusive)				
VAT 15% (if applicable)		VAT registration nr: 4.....		
TOTAL (VAT INCLUSIVE)				R.....-.....
NB!!! QUOTATIONS MUST BE VALID FOR AT LEAST 90 DAYS FROM CLOSING DATE				

**SALDANHA BAY MUNICIPALITY
SALDANHA BAAI MUNISIPALITEIT**

OCCUPATIONAL HEALTH

NAME

NO

PRE-EMPLOYMENT MEDICAL EXAMINATION										Date :											
1. Full names, including Surname. :					2. OCCUPATIONAL RISK EXPOSURE PROFILE (from OREP Evaluation Form)																
3. Home Address :					4. Telephone No. () (Home)		A		B		C		D		E		F		G		
5. Date of birth : (dd-mm-ccyy)					6. Age		7. Sex		8. Marital status/children		9. Occupation :		10. Department:		11. Section :						
12. ID / Passport Number :					13. Employee No. :																
CLINICAL HISTORY																					
Dates		14. : Occupational History and Hazard Exposure (in chronological order)																			
From	To	Organisation	Location	Occupation	Hazard Exposure, Noise, Asbestos, Radiation, (chemicals), etc.																
15. : Medical History : If YES please provide complete details below (if space is insufficient, add supplementary notes on separate sheet (N=No, Y=Yes)																					
Family History of :		N	Y	Have you ever had or do you now have		N	Y	Have you ever had or do you now have		N	Y										
1. Heart disease or high blood pressure				13. Head injuries/concussion/unconsciousness				27. Stomach, liver or intestinal trouble													
2. Epilepsy or convulsions :				14. Epilepsy or fits of any kind				28. Unexplained weight loss or gain													
3. Glaucoma or blindness :				15. Any other neurological disorder				29. Bleeding from the rectum													
4. Diabetes Mellitus (sugar sickness):				16. Any mental/psychological disorder/phobia:				30. Kidney stone or infections													
5. Cancer / Blood diseases:				17. Suicide attempt				31. Sugar Blood or protein in urine:													
6. Hereditary diseases/Congenital abnormalities:				18. Eye or vision trouble (except glasses)				32. Diabetes Mellitus (sugar sickness)													
Have you ever been				19. Hearing or speech disorders				33. Prostate/Gynaecological problems													
7. Refused work on medical grounds				20. Allergies : Resp./Skin/Medicines:				34. Any blood or thyroid disorders													
8. Refused / Loaded for insurance:				21. Asthma/allergy disease/chronic cough :				35. Malignant tumors or cancer													
9. Treated for alcohol or drug addiction:				22. Tuberculosis or pneumonia:				36. Skin disorders (psoriasis, eczema, acne)													
10. A smoker				23. Heart disease or high blood pressure				37. Diseases of muscle, bone, joints, back													
Have you ever had, or do you now have				24. Chest discomfort, pain or palpitations				38. Positive HIV test													
11. Frequent or severe headaches/ migraine:				25. Heart murmur, or valve problems				39. Admission to hospital (for any reason)													
12. Dizziness or unsteadiness				26. Heartburn, frequent indigestion				40. Any other illness or injury:													
41. Sports and Hobbies :						42. Alcohol consumption : Type / Quantity ::															
45. Name and address of usual medical practitioner :						44. Medications used in last 3 months (prescription and non-prescription) :															
46. Medical treatment within the last three (3) years which required sick leave > 7 days or hospitalisation																					
Date		Name of Medical Practitioner, Specialists, etc.						Diagnosis / Treatment													
16. : REMARKS (To be completed by Medical Examiner. Comment in full on all items marked YES.)																					
						Initial															
						Signature of Applicant															
						Signature of Med. Exam															
						Date (DD - MM - CCYY)															

PHYSICAL EXAMINATION

21. Mass (kg)	22. Height (cm)	23. Pulse rate	24. Blood Pressure	Lying	Sitting	25. Urinalysis						
BMI		/min				Normal		Appearance	pH	Protein	Sugar	Blood
						Abnormal						
Mark each item in the appropriate column			NAD	ABN	Mark each item in the appropriate column			NAD	ABN			
26. Head, face, scalp and neck.					32. Genito-urinary system (external and rectal)							
27. Ears, nose and throat.					33. Neurological system (cranial nerves, motor, sensory, reflexes).							
28. Lungs, chest and breast.					34. Upper and lower limbs (strength, range of motion).							
29. Heart (size and sounds).					35. Spine and musculoskeletal (cervical, thoracic and lumbar).							
30. Vascular system and lymphatics (pulses/glands).					36. Skin and appendages.							
31. Abdomen (viscera and hernia).					37. Psychological evaluation report/impressions							

SPECIAL MEDICAL INVESTIGATIONS To be conducted as prescribed by the OREP

38. Vision examination			39. Screening Audiometry (Attach Audiogram)					40. Special examinations (Attach reports)				
Corrective lenses used		Yes	No	Frequency (Hz)					Lung function test (spirometry)		NAD	ABN
Ophthalmoscopy		NAD	ABN	250					FVC % FEV ₁ % L/min			
Cornea / lens / Fundi				500					Chest X-ray (attach report)			
Visual acuity (corrected)	R	L	1000					Effort tolerance : indirect Vo ₂ , max				
Far (6m)	6/	6/	2000					Rest and stress ECGS (attach ECGS)				
Near (50 cm)	6/	6/	3000					Blood analysis (Attach report))				
Night Vision	6/	6/	4000					Haematological (FBC, Hb)				
Visual fields	R	L	6000					Liver functions (GGT, SGOT, SGPT)				
Stereopsis		%	8000					Lipogram (cholesterol, HDL, LDL, TG)				
Colour vision (State method)		Grade		Categorization (Schilling)					Toxicology (lead, PCB, cholinesterase, etc.)			
Orthorator Ishihara Colour wires ☐ Practical test		I							HIV			
		II							Other			
		III										
				1	2	3	PLH %					
							L.	H.				

Summary of findings. ; Describe every abnormality in detail.
Significant medical history/findings.
No abnormal medical findings.

DECLARATION BY MEDICAL EXAMINER

I hereby certify that I personally examined the applicant and this report and attachments embody my findings completely and correctly.

File applicant (full name) : _____ Company name : _____

	As	Occupation		for	A	B	C	D	E	F	G
Fit with restrictions					Occupational Risk Exposure Profile						
Temporary unfit	And	Recommended	Not recommended								
Unfit											

Telephone no. : Signature : Name and Qualifications : Date :

EXAMINATION			PERIODIC MEDICAL EXAMINATION																										
Occupational Risk Exposure Profile			A B C D E F G							A B C D E F G							A B C D E F G												
MEDICAL HISTORY	1. : Brief details of any illness, accident and treatment since last examination.																												
	2. : Systematic history to be probed at each periodic medical examination. Record any deviation.																												
PHYSICAL EXAMINATION	Pulse	Mass	Blood Pressure																										
	Rate	Height																											
			NAD	ABN						NAD	ABN						NAD	ABN											
	Head, face, scalp and neck																												
	Ears, nose and throat																												
	Lungs, chest and breast																												
	Heart (size and sounds)																												
	Vascular system and lymphatic (pulses/glands)																												
	Abdomen (viscera and hernia)																												
	Genito-urinary system (external and rectal)																												
	Neurological system (cranial nerves, motor, sensory, reflexes)																												
	Upper and lower limbs (strength, range of motion)																												
	Spine and musculoskeletal (cervical, thoracic, lumbar)																												
	Skin and appendages																												
	Psychological evaluation/impression																												
SPECIAL MEDICAL INVESTIGATIONS (Attach reports)	VISION		R	L							R	L							R	L									
		Visual acuity (corrected) Far (6 m)	6/		6/							6/		6/							6/		6/						
		Near (50 cm)	6/		6/							6/		6/							6/		6/						
		Visual fields NAD / ABN																											
	HEARING	Comea / Lens / Fundi NAD / ABN																											
		Categorization (Schilling)	1	2	3	1	2	3	1	2	3																		
	LUNG FUNCTION	Percentage loss of hearing	PLH.=				%		PLH.=				%		PLH.=				%										
		Spirometry : FVC		l		%			l		%			l		%													
		FEV ₁		l		%			l		%			l		%													
	ECG	Chest X-ray NAD / ABN																											
Rest and stress ECG s NAD / ABN																													
BLOOD / URINE	Random Glucose																												
	FBC, Hb																												
	Cholesterol : HDL : LDL : TG																												
	Liver function : SGPT : SGOT : GGT																												
	Toxicology: Lead, Eot.																												
	Other (H IV)																												
COMMENTS / RECOMMENDATIONS	Urinalysis : Protein / Sugar / Blood	Pr	Su	Bl	Pr	Su	Bl	Pr	Su	Bl																			
	Health : Normal / At risk / Compromised																												
Occupational Health Practitioner / Medical Centre																													
Date																													

PERIODIC MEDICAL EXAMINATIONS - ADDITIONAL NOTES		
Date	Clinical Examination and Special Investigations	Interventions / Referral
Termination of Employment / Transfer Medical Examination		
Comments : 1. : Health Suitability for transfer to a different OREP and / or B.U. 2. : Occupational hazard exposure incidents and injuries at work. 3. : Presence of any occupational disease/s.		

OCCUPATIONAL RISK EVALUATION

Category	Typical Occupations
A	▪ All categories of Drivers requiring Professional Drivers Permit ▪ Forklift Operators / Crane Operators (Cherry pickers) ▪ Standard Vehicle Drivers Code 08
B	▪ All health care workers including O.H.P. involved in patient care
C	▪ Special Testing ▪ Chemical Workers / Pesticides workers / HBA (Hazardous Biological Agents)
D	▪ Maintenance Workers ▪ Plant Operators ▪ Plant Cleaners ▪ Artisans ▪ Technicians ▪ Utility Men
E	Salaried Personnel ▪ - Management ▪ - Administration
F	General Workers ▪ Manual Labourers ▪ Cleaning Staff
G	▪ Appointed First Aiders ▪ Occupational Hygiene Monitors ▪ Asbestos Strippers ▪ Safety Officers ▪ Protection Services ▪ Fire Fighters ▪ Traffic Department

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