

# QUOTATION NO. MLM QUO-16-05-2025

# CLUTCH AND BRAKING SYSTEM REPAIR WORK ON A NEW HOLLAND 6610 TRACTOR

| CLOSING DATE                        | FRIDAY, 06 JUNE 2 | 2025 | TIME | 12H00 |
|-------------------------------------|-------------------|------|------|-------|
|                                     |                   |      |      |       |
| NAME OF COMPANY                     |                   |      |      |       |
| TOTAL AMOUNT (MB                    | 3D 3.1)           | R    |      |       |
| CENTRAL SUPPLIER DATABASE<br>NUMBER |                   | MAAA |      |       |
| CONTACT PERSON                      |                   | T P  |      |       |
| TELEPHONE NUMBE                     | R                 |      | 9    |       |
| EMAIL ADDRESS                       | 2)                |      | (    |       |

| ENQUIRIE                        | S REGARDING     | TECHNICAL ENQUIRIES                                         |                |  |
|---------------------------------|-----------------|-------------------------------------------------------------|----------------|--|
| QUOTATION PROCEDURES            |                 | TECHNICAL ENQUIRIES                                         |                |  |
| DIRECTORATE: FINANCIAL SERVICES |                 | DIRECTORATE: BUDGET & TREASURY                              |                |  |
| SUPPLY CHAIN                    | MANAGEMENT UNIT |                                                             |                |  |
| мс                              | GUMEDE          | Q                                                           | Z MBATHA       |  |
| SUPPLY CHAIN MANAGER            |                 | ASSETS & LOGISTICS                                          |                |  |
| TEL. NUMBER                     | (017) 004-0197  | TEL. NUMBER                                                 | (017) 004 0197 |  |
| QUOTATION ISSUED BY             |                 |                                                             |                |  |
| SMS MTHEMBU                     |                 | DIRECTORATE FINANCIAL SERVICES SUPPLY CHAIN MANAGEMENT UNIT |                |  |
| BUYER                           |                 | TEL. NUMBER 017 004 0197                                    |                |  |
| MKHONDO LOCAL MUNICOPALITY      |                 | P.O. BOX 23, PIET RETIEF, 2380                              |                |  |

#### **QUOTATION NOTICE AND INVITATION**



QUOTATION NUMBER: MLM QUO-16-05-2025 CLOSING DATE: 06 JUNE 2025

#### CLUTCH AND BRAKING SYSTEM REPAIR WORK ON A NEW HOLLAND 6610 TRACTOR

In terms of Section 110 of the Municipal Finance Management Act, 2003 (No. 56 of 2003) and in accordance with the SCM regulations section 18 of the local government municipal finance act 56 of 2003., quotations are hereby invited to **repair a New Holland 6610 Tractor** from suitably and authorized tenderers. Adherence to minimum technical specification applies

Kindly furnish me with a written price quotation for the supply of goods and services as detailed below. Detailed specifications and prescribed documentation are available on the Councils website, <a href="www.mkhondo.gov.za">www.mkhondo.gov.za</a> under the "Quotations" section. This documentation can also be made available through email if required. Technical queries relating to this request for quotation can be addressed to Ms QZ Mbatha, Tel: 017 004 0197, Email: <a href="mailto:zmbatha@mkhondo.gov.za">zmbatha@mkhondo.gov.za</a> and administrative queries can be addressed to Mr MC Gumede, Tel 017 004 0197, and email <a href="mailto:mgumede@mkhondo.gov.za">mgumede@mkhondo.gov.za</a>.

This RFQ can only be submitted on the documentation that is issued. Supporting and additional documentation are welcome as outlined. All submissions will be adjudicated in terms of the Mkhondo Local Municipality's Procurement Policy and Bids will be evaluated in accordance with the Preferential Procurement Policy Framework Act No 5 of 2000 as well as the Preferential Procurement Regulations, 2022 (PPR 2022). The 80/20 Price and Specific goals Point System will be applicable for this tender. A total of 15 preference points shall be allocated on proportional or pro rata basis for contracting an enterprise owned by historically disadvantaged persons or individuals who meet the Requirements and a total 0f 5 preference points shall be allocated on a proportional or pro rata basis for implementing of programmes. The Council reserves the right not to award the RFQ to the lowest bid or not at all or in part.

The RFQ Documents can be submitted during normal working hours which are 07h30 - 16h30 Mondays to Fridays and 07h30 to 13h30 on Fridays. The closing date for receipt of this RFQ is 12h00 on Friday the 06<sup>th</sup> of June 2025. Telegraphic, telephonic, telex, and Late or incomplete submissions will not be accepted. Submissions must be deposited in the Tender Box situated at the main reception of the Mkhondo Local Municipality Finance Department, Corner of Mark and De Wet Streets, eMkhondo.

Submissions must be accompanied by a formal written price quotation on a company letterhead, addressed to "THE MUNICIPAL MANAGER, MKHONDO LOCAL MUNICIPALITY, in a sealed envelope duly endorsed "MLM QUO-16-05-2025: "DESCRIPTION" and must contain the following Schedules unless otherwise notified:-

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|                                                                                        |    |

BIDDERS WHO ARE NOT REGISTERED ON CENTRAL SUPPLIER DATABASE WILL NOT BE CONSIDERED: TO REGISTER LOG ON TO: WWW.CSD.GOV.ZA

BIDDERS MUST COMPLETE THE PROPOSAL DOCUMENT WHERE ENTRIES BY THE BIDDER ARE REQUIRED, IN INDELIBLE BLACK INK, AND NOTICE MUST BE TAKEN THAT TIP-EX OR ANY OTHER CORRECTIVE MEASURES CAN NOT BE USED IN THE DOCUMENT. ALL ALTERATIONS MUST BE INITIALLED OR SIGNED BY THE PERSON AUTHORISED TO DO SO.

QUOTATION MUST BE ACCOMPANIED BY THE FOLLOWING MANDATORY DOCUMENTS (BIDDERS THAT FAIL TO SUBMIT DOCUMENTS INDICATED AS COMPULSORY WILL BE DISQUALIFIED):

- Certified copies of all directors' Identity documents- (compulsory).
- Proof of company registration (CIPC) (compulsory).
- Tax compliance status pin number issued by SARS (compulsory).
- Current (most recent) municipal account (not in arrears for than 3 months) / lease agreement if renting (signed by both lessor & lessee). Bidders residing in non-billed areas must attach valid proof of residence / letter from Tribal Authority. (compulsory).
- Central Supplier Database registration number (Compulsory).
- Duly completed and signed Municipal Bidding Documents (MBD) forms (compulsory).

#### **EVALUATION CRITERIA**

Bids will be evaluated in accordance with the Preferential Procurement Regulation, 2022 and Supply Chain Management Policy of Mkhondo Local Municipality will apply in the adjudication process. According to the Preferential Procurement Policy Framework Act No.5 of 2000, the 80/20 Price and Preference Point System will be applicable for this RFQ. A maximum of 20 Preference Points will be allocated for specific goals.

A total of 15 preference points shall be allocated on a proportional or pro-rata basis for contracting an enterprise owned by historically disadvantaged persons or individuals. A total of 5 points will be allocated on enterprises regarded as EMEs located within the local area of jurisdiction.

#### **RULES OF BIDDING/INSTRUCTIONS**

- Council reserves the right to withdraw, re-advertise, to award the bid wholly or partly and not to award the lowest bid offer and to appoint more than one (1) service provider.
- All certified copies of documents cannot be older than three (3) months
- Only suppliers that are registered on the Central Supplier Database will be considered for appointment. Please go to www.csd.gov.za to register before submission of quotations
- Valid formal signed price quotations must be submitted with the document and all prices will be evaluated inclusive of costs.
- Price(s) quoted must be firm and valid for at least 30 days from date of offer. Quotes that do not cover the scope or specifications will be disqualified.

#### NO AWARDS WILL BE MADE TO A PERSON:

- Who are in the service of the state,
- If that person is not a natural person, of which any director, manager, principal shareholder or stakeholder is a person in the service of the state,
- Who is an advisor or consultant contracted with the municipality or municipal entity and,
- When the Company is restricted to do business with the organs of the state.

M.J Mkhonza Municipal Manager Mkhondo Local Municipality Cnr Mark and De Wet Street eMkhondo 2380

# **PART A**

# **INVITATION TO BID**

| VOLUMBE HEREBY INVITED TO BE                                                                                                                                      | D FOR REQUIREMENTS OF TH                   |                | IDO LOCAL MUNIO                                                    | CIDALITY                      |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|--------------------------------------------------------------------|-------------------------------|--|--|
| YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (MKHONDO LOCAL MUNICIPALITY)  BID NUMBER: MLM QUO-16-05-2025 CLOSING DATE: 06 JUNE 2025 CLOSING TIME: 12H00 |                                            |                |                                                                    |                               |  |  |
| DESCRIPTION   CLUTCH AND BRAKING SYSTEM REPAIR WORK ON A NEW HOLLAND 6610 TRACTOR                                                                                 |                                            |                |                                                                    |                               |  |  |
| THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).                                                                        |                                            |                |                                                                    |                               |  |  |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)                                                                               |                                            |                |                                                                    |                               |  |  |
| Mkhondo Local Municipality, Finar                                                                                                                                 | nce SCM Office                             |                |                                                                    |                               |  |  |
| No.33 Corner market and De Wet S                                                                                                                                  | Street                                     |                |                                                                    |                               |  |  |
| eMkhondo                                                                                                                                                          |                                            |                |                                                                    |                               |  |  |
| 2380                                                                                                                                                              |                                            |                |                                                                    |                               |  |  |
| SUPPLIER INFORMATION                                                                                                                                              |                                            |                |                                                                    |                               |  |  |
| NAME OF BIDDER                                                                                                                                                    |                                            |                |                                                                    |                               |  |  |
| POSTAL ADDRESS                                                                                                                                                    |                                            |                |                                                                    |                               |  |  |
| STREET ADDRESS                                                                                                                                                    |                                            |                |                                                                    |                               |  |  |
| TELEPHONE NUMBER                                                                                                                                                  | CODE                                       |                | NUMBER                                                             |                               |  |  |
| CELLPHONE NUMBER                                                                                                                                                  |                                            |                |                                                                    |                               |  |  |
| FACSIMILE NUMBER                                                                                                                                                  | CODE                                       |                | NUMBER                                                             |                               |  |  |
| E-MAIL ADDRESS                                                                                                                                                    | X                                          |                |                                                                    |                               |  |  |
| VAT REGISTRATION NUMBER                                                                                                                                           | The time                                   | 261            |                                                                    |                               |  |  |
| TAX COMPLIANCE STATUS                                                                                                                                             | TCS PIN:                                   | OR             |                                                                    |                               |  |  |
| [A B-BBEE STATUS LEVEL VERIFICA<br>QUALIFY FOR PREFERENCE POINTS                                                                                                  | ITION CERTIFICATE/ SWORN AF<br>FOR B-BBFF1 | FIDAVIT (FO    | R EMES & QSEs) N                                                   | MUST BE SUBMITTED IN ORDER TO |  |  |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?                                                                     | ☐Yes ☐No                                   | BA<br>FC<br>/S | RE YOU A FOREIG<br>ASED SUPPLIER<br>OR THE GOODS<br>ERVICES /WORKS | ☐Yes ☐No                      |  |  |
|                                                                                                                                                                   | ,                                          |                |                                                                    | •                             |  |  |
| TOTAL NUMBER OF ITEMS<br>OFFERED                                                                                                                                  |                                            |                | TOTAL BID PRICE                                                    | E R                           |  |  |
| SIGNATURE OF BIDDER                                                                                                                                               |                                            |                | DATE                                                               |                               |  |  |
| CAPACITY UNDER WHICH THIS<br>BID IS SIGNED                                                                                                                        |                                            |                |                                                                    |                               |  |  |
| BIDDING PROCEDURE ENQUIRIES                                                                                                                                       | S MAY BE DIRECTED TO:                      | TECHNICA       | AL INFORMATION                                                     | MAY BE DIRECTED TO:           |  |  |
| DEPARTMENT                                                                                                                                                        | FINANCE – SCM                              | CONTACT        | PERSON                                                             | QZ MBATHA                     |  |  |
| CONTACT PERSON                                                                                                                                                    | MC GUMEDE                                  | TELEPHO        | NE NUMBER                                                          | 017 004 0197                  |  |  |
| TELEPHONE NUMBER                                                                                                                                                  | 017 004 0197 FACSIMILE NUMBER N/A          |                |                                                                    |                               |  |  |
| FACSIMILE NUMBER                                                                                                                                                  | N/A E-MAIL ADDRESS zmbatha@mkhondo.gov.za  |                |                                                                    | zmbatha@mkhondo.gov.za        |  |  |
| E-MAIL ADDRESS                                                                                                                                                    | mgumede@mkhondo.gov.za                     |                |                                                                    |                               |  |  |

# PART B TERMS AND CONDITIONS FOR BIDDING

| 1.   |                                                                                                                                               |                                                             |                                               |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| 1.1. | BIDS MUST BE DELIVERED BY THE STIPULATED T<br>ACCEPTED FOR CONSIDERATION.                                                                     | IME TO THE CORRECT ADDRESS.                                 | LATE BIDS WILL NOT BE                         |
| 1.2. | ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL F                                                                                                  | ORMS PROVIDED-(NOT TO BE RE-T                               | YPED) OR ONLINE                               |
| 1.3. | THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT REGULATIONS, 202 APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF                              | 22, THE GENERAL CONDITIONS OF (                             |                                               |
| 2.   | TAX COMPLIANCE REQUIREMENTS                                                                                                                   |                                                             |                                               |
| 2.1  | BIDDERS MUST ENSURE COMPLIANCE WITH THEIR                                                                                                     | TAX OBLIGATIONS.                                            |                                               |
| 2.2  | BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIC<br>SARS TO ENABLE THE ORGAN OF STATE TO VIEW                                                        |                                                             |                                               |
| 2.3  | APPLICATION FOR THE TAX COMPLIANCE STATUS (IN ORDER TO USE THIS PROVISION, TAXPAYERS WITHE WEBSITE WWW.SARS.GOV.ZA.                           |                                                             |                                               |
| 2.4  | FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AV                                                                                                    | WARD QUESTIONNAIRE IN PART B:3                              |                                               |
| 2.5  | BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIF                                                                                                  | FICATE TOGETHER WITH THE BID.                               |                                               |
| 2.6  | IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUS SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER. |                                                             |                                               |
| 2.7  | WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS A CSD NUMBER MUST BE PROVIDED.                                                                    | REGISTERED ON THE CENTRAL SU                                | PPLIER DATABASE (CSD),                        |
| 3.   | QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS                                                                                                    |                                                             |                                               |
| 3.1. | IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SO                                                                                                | OUTH AFRICA (RSA)?                                          | ☐ YES ☐ NO                                    |
| 3.2. | DOES THE ENTITY HAVE A BRANCH IN THE RSA?                                                                                                     |                                                             | ☐ YES ☐ NO                                    |
| 3.3. | DOES THE ENTITY HAVE A PERMANENT ESTABLISH                                                                                                    | MENT IN THE RSA?                                            | ☐ YES ☐ NO                                    |
| 3.4. | DOES THE ENTITY HAVE ANY SOURCE OF INCOME I                                                                                                   | N THE RSA?                                                  | ☐ YES ☐ NO                                    |
| 3.5. | IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM O                                                                                                | OF TAXATION?                                                | ☐ YES ☐ NO                                    |
| CO   | THE ANSWER IS "NO" TO ALL OF THE ABOVE, TH<br>MPLIANCE STATUS SYSTEM PIN CODE FROM THE<br>BISTER AS PER 2.3 ABOVE.                            | EN IT IS NOT A REQUIREMENT TO<br>SOUTH AFRICAN REVENUE SERV | O REGISTER FOR A TAX<br>ICE (SARS) AND IF NOT |
|      | S: FAILURE TO PROVIDE ANY OF THE ABOVE PARTIC<br>D) BIDS WILL BE CONSIDERED FROM PERSONS IN THE                                               |                                                             | LID.                                          |
| SIC  | GNATURE OF BIDDER:                                                                                                                            |                                                             |                                               |
| CA   | PACITY UNDER WHICH THIS BID IS SIGNED:                                                                                                        |                                                             |                                               |
| DA   | TE:                                                                                                                                           |                                                             | ··                                            |

#### TAX CLEARANCE CERTIFICATE REQUIREMENTS

It is a condition of a bid that the taxes of the successful bidder <u>must</u> be in order, or that satisfactory arrangements have been made with South African Revenue Service (SARS) to meet the bidder's tax obligations.

- In order to meet this requirement bidders are required to complete in full the attached form TCC 001 "Application for a
  - Tax Clearance Certificate" and submit it to any SARS branch office nationally. The Tax Clearance Certificate
  - Requirements are also applicable to foreign bidders / individuals who wish to submit bids.
- 2 SARS will then furnish the bidder with a Tax Clearance Certificate that will be valid for a period of 1 (one) year from the date of approval.
- The original Tax Clearance Certificate must be submitted together with the bid. Failure to submit the original and valid Tax Clearance Certificate will result in the invalidation of the bid. Certified copies of the Tax Clearance Certificate will not be acceptable.
- In bids where Consortia / Joint Ventures / Sub-contractors are involved, each party must submit a separate Tax Clearance Certificate.
- Copies of the TCC 001 "Application for a Tax Clearance Certificate" form are available from any SARS branch office nationally or on the website www.sars.gov.za.
- Applications for the Tax Clearance Certificates can also be made via eFiling. In order to use this provision, taxpayers will need to register with SARS as eFilers through the website <a href="https://www.sars.gov.za.">www.sars.gov.za.</a>.
- 7 Bidders are required to submit herewith this form a valid SARS TCS PIN that will be used by the Employer to verify the tax Status.

# **MBD 3.1 BID PRICE**

# BID NUMBER: MLM QUO-16-05-2025

| ITEM | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT<br>RATE | QTY | UNIT RATE PER ITEM (VAT EXCL) | TOTAL COST (VAT<br>EXCL) |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|-------------------------------|--------------------------|
| 1.   | Clutch and braking system repair work on a New Holland 6610 Tractor (DHL556MP)  - Dismantle braking system complete and replace old parts and fit new ones. (brake disks, steel plate, actuator, brake housings, brake side covers LHS & RHS  - Adjust brakes & hand brake - Dismantle tractor split - Remove old clutch system, fit and adjust new parts. (clutch plate, actuator, pressure plate, release bearing, pilot bearing) - Supply and replace gear oil - Clean the engine - Any other consumables | Sum          | 1   | R                             | R                        |
|      | SUB-TOTAL (VAT EXCL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |     |                               | R                        |
|      | VAT @ 15% (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |     |                               | R                        |
|      | TOTAL (INCL VAT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |     |                               | R                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |     |                               |                          |

| AMOUNT IN WORDS (INCL. VAT) | AMOUNT IN FIGURES (INCL VAT) |
|-----------------------------|------------------------------|
|                             | R                            |

<sup>\*\*</sup> AMOUNT MUST BE IN WORDS AS WELL AS IN FIGURES

| Signature: (of person authorized to sign the tender):                |
|----------------------------------------------------------------------|
| Name: (of signatory in capitals):                                    |
| Capacity: (of Signatory):                                            |
|                                                                      |
| Name of Tenderer: (organisation):                                    |
| Address:                                                             |
|                                                                      |
|                                                                      |
|                                                                      |
| Contact number: Email:                                               |
|                                                                      |
|                                                                      |
| Date:                                                                |
| [Failure of a Tenderer to sign this form will invalidate the tender] |

# **DECLARATION OF BIDDERS - MBD4**

- 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, can 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 and/or take oath declaring his/her interest.

| 3.    | In order to give effect to the above, the following questionnaire must be completed                                                                                                    | and submitted with the bid:                                  |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|       | Full Name:                                                                                                                                                                             |                                                              |
|       | Identity Number:                                                                                                                                                                       |                                                              |
| С     | Company Registration Number:                                                                                                                                                           |                                                              |
|       | AT Registration Number:                                                                                                                                                                |                                                              |
|       | re you presently in the service of the state?                                                                                                                                          | Yes / No                                                     |
| lf    | so furnish particulars:                                                                                                                                                                |                                                              |
| Ha\   | ve you been in the service of the state in the last twelve months?                                                                                                                     | Yes / No                                                     |
| If so | o furnish particulars                                                                                                                                                                  |                                                              |
|       |                                                                                                                                                                                        |                                                              |
|       | MSCM Regulations: "in the service of the state" means to be-                                                                                                                           | <b>7</b>                                                     |
| (1)   | (a) a member of any municipal council;                                                                                                                                                 |                                                              |
| ( ' ) | (2) any provincial legislature; or (3) the national Assembly or the national Council of PROVINCES;                                                                                     |                                                              |
|       | (b) a member of the board of directors of any municipal entity;                                                                                                                        |                                                              |
|       | <ul> <li>(c) an official of any municipality or municipal entity;</li> <li>(d) an employee of any national or provincial department, national or provincial</li> </ul>                 |                                                              |
|       | <ul> <li>(e) constitutional institution within the meaning of the Public Finance Management</li> <li>(f) a member of the accounting authority of any national or provincial</li> </ul> | ent Act, 1999 (act no 1 of 1999);                            |
|       | you, have any relationship (family, friend, other) with persons in the service of the or adjudication of this bid?                                                                     | e state and who can be involved with the evaluation Yes / No |
| If so | o, furnish particulars                                                                                                                                                                 |                                                              |
|       | you, aware of any relationship (family, friendly, other) between a bidder and pers                                                                                                     | sons in the service of the state who can be involved         |
| witr  | n the evaluation and adjudication of this bid.                                                                                                                                         | Yes / No                                                     |
| If so | o, furnish particulars                                                                                                                                                                 |                                                              |
| Are   | any of the company's directors, managers, principle Shareholders or stakeholders                                                                                                       |                                                              |
|       |                                                                                                                                                                                        | Yes / No                                                     |
| If so | o, furnish particulars                                                                                                                                                                 |                                                              |
| ls a  | any spouse, child, or parent of the company's directors, managers, principle shareh                                                                                                    | olders or stakeholders in service of the state?              |
|       |                                                                                                                                                                                        | Yes / No                                                     |
| If so | o, furnish particulars                                                                                                                                                                 |                                                              |

# **CERTIFICATION**

| I, THE UNDERSIGNED (FULL NAME) |                                                                                                            |
|--------------------------------|------------------------------------------------------------------------------------------------------------|
|                                | CLARATION FORM IS TRUE AND CORRECT. I ACCEPT THAT, IN BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO |
| SIGNATURE                      | <br>DATE                                                                                                   |
| POSITION                       |                                                                                                            |



# 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

The applicable preference point system for this tender is the 80/20 preference point system.

- 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    |

- 1.5 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.
- 1.6 The organ of state 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 organ of state.

### 2. **DEFINITIONS**

- (a) "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:
- (b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts:
- (c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) "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

(e) "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

## 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

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

80/20 or 90/10

$$Ps = 80\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$
 or  $Ps = 90\left(1 - \frac{Pt - Pmin}{Pmin}\right)$ 

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

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

#### 3.2.1. POINTS AWARDED FOR PRICE

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

80/20 or 90/10

$$Ps = 80\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$
 or  $Ps = 90\left(1 + \frac{Pt - Pmax}{Pmax}\right)$ 

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

## 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, 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 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
  - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system

will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system, then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

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.)

| 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<br>claimed (80/20<br>system)<br>(To be completed by<br>the tenderer) |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 100% black person or people owned enterprise. (verified vie CSD under ownership information)                                     | 5                                                                                  |                                                                                       |
| 30% woman or woman shareholding or owned enterprise. (verified vie CSD under ownership information)                              | 5                                                                                  |                                                                                       |
| 30% youth shareholding or owned enterprise. (verified vie CSD under ownership information)                                       | 2.5                                                                                |                                                                                       |
| 30% people living with disability shareholding or owned enterprise. (verified vie CSD under ownership information)               | 2.5                                                                                |                                                                                       |
| Enterprise regarded as EMEs located within the local area of jurisdiction. (verified vie CSD under supplier address information) | 5                                                                                  |                                                                                       |

# **DECLARATION WITH REGARD TO COMPANY/FIRM**

| 4.3. | Name of company/firm                                                                                                                                                                                                                                                          |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.4. | Company registration number:                                                                                                                                                                                                                                                  |
| 4.5. | TYPE OF COMPANY/ FIRM                                                                                                                                                                                                                                                         |
|      | <ul> <li>Partnership/Joint Venture / Consortium</li> <li>One-person business/sole propriety</li> <li>Close corporation</li> <li>Public Company</li> <li>Personal Liability Company</li> <li>(Pty) Limited</li> <li>Non-Profit Company</li> <li>State Owned Company</li> </ul> |
|      | [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.

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

### **DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES – MBD 8**

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder can be disregarded if that bidder, or any of its directors have
  - a. abused the institution's supply chain management system;
  - b. committed fraud or any other improper conduct in relation to such system; or
  - c. failed to perform on any previous contract.
- In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

5

| Item  | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1.1   | Is the Tenderer or any of its directors listed on the National Treasury's database as a company or person prohibited from doing business with the public sector?  (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the <i>audi alteram partem</i> rule was applied).                                                                                                               | Yes | No |
| 1.1.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| 1.2   | Is the Tenderer or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)?  (To access this Register enter the National Treasury's website, <a href="www.treasury.gov.za">www.treasury.gov.za</a> , click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number 012 3265445). |     | No |
| 1.2.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| 1.3   | Was the Tenderer or any of its directors convicted by a court of law (including a court of law outside the Republic of South Africa) for fraud or corruption during the past five years?                                                                                                                                                                                                                                                                            | Yes | No |
| 1.3.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | 1  |
| 1.4   | Does the Tenderer or any of its directors owe any municipal rates and taxes or municipal charges to the municipality / municipal entity, or to any other municipality / municipal entity, that is in arrears for more than three months?                                                                                                                                                                                                                            | Yes | No |
| 1.4.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | •  |
| 1.5   | Was any contract between the Tenderer and the municipality / municipal entity or any other organ of state terminated during the past five years on account of failure to perform on or comply with the contract?                                                                                                                                                                                                                                                    | Yes | No |
| 1.5.1 | If so, furnish particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | •  |

\*where the entity tendering is a joint venture, each party to the joint venture must sign a declaration in terms of the Municipal Finance Management Act and attach it to this schedule

# **CERTIFICATION**

|                                                                | IRNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.          |         |
|----------------------------------------------------------------|-----------------------------------------------------------------|---------|
| I ACCEPT THAT, IN ADDITION TO<br>DECLARATION PROVE TO BE FALSI | CANCELLATION OF A CONTRACT, ACTION CAN BE TAKEN AGAINST ME SHOU | LD THIS |
| Signed                                                         | Date                                                            |         |
| Name                                                           | Position                                                        |         |
| Bidder                                                         |                                                                 |         |
|                                                                |                                                                 |         |

#### CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Municipal Bidding Document (MBD) must form part of all bids<sup>1</sup> 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).<sup>2</sup> Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
- 3 Municipal Supply Regulation 38 (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.
- 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.
- In order to give effect to the above, the attached Certificate of Bid Determination (MBD 9) must be completed and submitted with the bid:
- 1 Includes price quotations, advertised competitive bids, limited bids and proposals.
- <sup>2</sup> 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.

#### CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

#### MLM QUO-16-05-2025 (CLUTCH AND BRAKING SYSTEM REPAIR WORK ON A NEW HOLLAND 6610 TRACTOR )

(Bid Number and Description)

in response to the invitation for the bid made by:

#### MKHONDO LOCAL MUNICIPALITY

(Name of Municipality / Municipal Entity)

| o hereby make the following statements that I certify to be true and complete in every respect: |        |
|-------------------------------------------------------------------------------------------------|--------|
| certify, on behalf of:t                                                                         | that:f |
| (Name of Bidder/Company)                                                                        |        |

- 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:
  - (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 can be reported to the National Prosecuting Authority (NPA) for criminal investigation and or can 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.

| Date           |
|----------------|
|                |
| Name of Ridder |
|                |



### PROOF OF CSD REGISTRATION

# NOTICE OF SUPPLY CHAIN MANAGEMENT CENTRAL SUPPLIER DATABASE REGISTRATION

Par 14(1)(a) of the municipal supply chain management policy states that the municipality must keep a list of accredited prospective providers of goods and services that must be used for the procurement requirements.

The purpose of this notice is to obtain proof that the service provider is registered on the Central Supplier Database. Registration is COMPULSORY in order to conduct business with Mkhondo Local Municipality.

The database will be used to verify the accreditation of a supplier before an award can be made.

Each bidder must complete the below checklist (please tick with an X where appropriate).

|                                                                                                       | YES                                                                                                | NO          |     |  |  |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|-----|--|--|
| 1.                                                                                                    | Is your company registered on the Central Supplier Database?                                       |             |     |  |  |
| 2.                                                                                                    | If yes, provide the following details:                                                             |             |     |  |  |
| 2.1                                                                                                   | CSD registration number                                                                            |             |     |  |  |
| 2.2                                                                                                   | Tax Compliance Status Pin                                                                          |             |     |  |  |
| 3.                                                                                                    | Enquiries related to par. 2.1 and 2.2 can be made to Mr MC Gumede at 017 285 0309                  |             |     |  |  |
| 4.                                                                                                    | If no, please register on Central Supplier Database ,website, www.csd.gov.za, before submitting to | ender docum | ent |  |  |
| I, (insert                                                                                            | full name)                                                                                         |             |     |  |  |
| of (inser                                                                                             | of (insert physical address)                                                                       |             |     |  |  |
| being a                                                                                               | being a Director, Principal Shareholder, owner of company                                          |             |     |  |  |
| of (insert company name)                                                                              |                                                                                                    |             |     |  |  |
| hereby confirms that, the information submitted in this form is accurate, to the best of my knowledge |                                                                                                    |             |     |  |  |
|                                                                                                       | SIGNATURE                                                                                          |             |     |  |  |

## **CLEARANCE CERTIFICATE FOR WATER & LIGHTS**

Section 45(1)(d) of Municipal Supply Chain Regulations requires that the municipality must reject a bidder whose municipal rates and taxes are in arrears for more than three months.

The purpose of this schedule is to obtain proof that municipal services, rates and taxes of the service provider are not in arrears for more than three months, with the relevant municipality in the municipal area where the service provider conduct his / her business or if the bidder is a tenant, a Letter from the Landlord stipulating the office space leased and the payment status of the service charges. Should the above not be applicable NO AFFIDIVIT will be acceptable ONLY AN OFFICIAL COUNCIL LETTER OF RESIDENCE from bidders residing in non-billed areas will be acceptable (subject to verification)

Each bidder must complete the below checklist. Important: if you fail to complete this form, the bid will be non-responsive. (Please tick with X where appropriate):

|                                                                                                       | QUESTIONS                                                                                                      | YES                                                                            | NO |  |  |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----|--|--|
| 1.                                                                                                    | Do you own a property?                                                                                         |                                                                                |    |  |  |
| 2.                                                                                                    | Do you receive a municipal rates ac                                                                            | count?                                                                         |    |  |  |
| 3.                                                                                                    | Is your municipal rates and taxes and more than three months)?                                                 | ecount up to date / current (not in arrears for                                |    |  |  |
| 4.                                                                                                    | If yes, provide the following details:                                                                         |                                                                                |    |  |  |
| 4.1                                                                                                   | □ Municipality name                                                                                            |                                                                                |    |  |  |
| 4.2                                                                                                   | □ Municipal account number                                                                                     |                                                                                |    |  |  |
| 5.                                                                                                    |                                                                                                                | orm of the original or certified copy of the s account not older than 3 months |    |  |  |
| 6.                                                                                                    | Does the bidder lease / rent the pro                                                                           | perty where the business is situated?                                          |    |  |  |
| 7                                                                                                     | If yes, provide the following details:                                                                         | 5180                                                                           |    |  |  |
| 7.1                                                                                                   | □ Landlord name                                                                                                |                                                                                |    |  |  |
| 7.2                                                                                                   | □□□□Address property is situated                                                                               | Marian Maria                                                                   |    |  |  |
| 7.3                                                                                                   | □□□□Contact number of landlord                                                                                 |                                                                                |    |  |  |
| 8.                                                                                                    | Please attach the copy of the lease agreement signed by the landlord / lessor and the tenant / lessee as proof |                                                                                |    |  |  |
| I, (Insert                                                                                            | full name)                                                                                                     |                                                                                |    |  |  |
| of (insert physical address)                                                                          |                                                                                                                |                                                                                |    |  |  |
| being a Director, Principal Shareholder, owner of company                                             |                                                                                                                |                                                                                |    |  |  |
| of (insert company name)                                                                              |                                                                                                                |                                                                                |    |  |  |
| Hereby confirms that, the information submitted in this form is accurate, to the best of my knowledge |                                                                                                                |                                                                                |    |  |  |
| SIGNATURE                                                                                             |                                                                                                                |                                                                                |    |  |  |

<sup>\*</sup> IMPORTANT: IF YOU FAIL TO COMPLETE THIS FORM, PLEASE REGARD YOUR QUOTE AS NON RESPONSIVE.

# Names of all directors, their ID numbers and municipal account number.

| Director / Shareholder / | ID Number of Director /     | Physical residential address of    | Municipal Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Municipality where the account is held |
|--------------------------|-----------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| artner                   | Shareholder / Partner       | the Director / shareholder /       | number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
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| der to affix copies of m | unicipal accounts mentioned | of each Director, Shareholder, and | partner listed above (Not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | older than 3 months).                  |
|                          |                             | CERTIFICA                          | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
|                          |                             | <b>52</b> ((11116))                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
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| AUTHORISED SIGN          | IATORY) THE UNDERSI         | GNED                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
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| II I NAME\               |                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| •                        |                             |                                    | FORM IO TRUE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| ·                        | NFORMATION FURNISH          | ED ON THIS DECLARATION             | FORM IS TRUE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>CORRECT.                           |
|                          |                             | SI MIND DESTRICTION                | The state of the s |                                        |
| URTHER UNDERT            | AKE FULL REPSONSIB          | LITY FOR ANY INCORRECT             | INFORMATION PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VIDED AND THAT THE EMPLOYE             |

| Signed | Date     |
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| Name   | Position |

(MKHONDO LOCAL MUNICIPALITY) CAN NOT BE HELD ACCOUNTABLE FOR INCORRECT INFORMATION PROVIDED.

Bidder \_\_\_\_\_

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