The Knysna Municipality is inviting quotations from suitable service providers for the services described below.

Category: Medics

**ADVERTISEMENT DATE:** 28 August 2017

**QUOTATION NUMBER:** B190/2017/18

**DESCRIPTION OF GOODS/SERVICES:** Medics: Inter Provincial Rugby Match

**QUOTATION DOCUMENTS ARE OBTAINABLE FROM:**
- Company: Knysna Municipality
- Contact Person: Sisanda Sihoyiya
- Email: ssihoyiya@knysna.gov.za
- Tell: 044 302 6269

**CLOSING DATE:** 30 August 2017
**TIME:** 12h00

**SUBMISSIONS:** Sealed quotations clearly marked, “Medics: Inter Provincial Rugby Match” can be submitted:
- By hand to: Scm Dept.-Knysna Municipality
- By email to: ssihoyiya@knysna.gov.za

**COMPULSORY REQUIREMENTS:** Please Complete this official document

**TECHNICAL ENQUIRIES:**
- Company: Knysna Municipality
- Contact Person: Virgil Kortje
- Email: vkortje@knysna.gov.za
- Tell: 044 302 6444

The following conditions will apply:
- Price(s) quoted must be valid for at least thirty (30) days from date of your offer.
- Price(s) quoted must be firm and must be inclusive of VAT when applicable.
- Price must include all related expenses, i.e. transport, accommodation etc.
- Bidders must insist on an official order number.
- Only an official order will bind the Council.

The Knysna Municipality is implementing an online purchasing management system. This system allows vendors to register online, receive automated alerts via e-mail and will eventually allow vendors to submit bids electronically. All opportunities >R30 000 (RFQ’s and Tenders) are processed through our online system. To register go to www.knysna.gov.za – Council adverts – Supply Chain Management – SCM e-mail list – complete info and click on submit form. Enquiries may be directed to: nmlisana@knysna.gov.za
B190/2017/18: Medics: Inter Provincial Rugby Match:

**SPECIFICATIONS:**
Duration from 14:00 – 16:00 on Saturday 02 September 2017 at Loerie Park, Knysna

### DESCRIPTION OF ITEM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SHORT DESCRIPTION</th>
<th>QTY</th>
<th>Unit price</th>
<th>AMOUNT (R) EXCL VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Doctor (14:00 - 16:00)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nursing Sister (14:00 – 16:00)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BLS (14:00 – 16:00)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>ILS (14:00 – 16:00)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fully Equipped ambulance (on site 14:00 – 16:00)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sub total

14% VAT (if VAT registered)

TOTAL
<table>
<thead>
<tr>
<th>The name of the Tenderer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The name of the Contact person:</td>
</tr>
<tr>
<td>Physical address of the Tenderer:</td>
</tr>
<tr>
<td>Postal Code:</td>
</tr>
<tr>
<td>Postal address of the Tenderer:</td>
</tr>
<tr>
<td>Postal Code:</td>
</tr>
<tr>
<td>Cellular number:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
<tr>
<td>Facsimile:</td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
</tbody>
</table>
DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state¹.

2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.

3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1 Full Name of bidder or his or her representative: .................................................................

3.2 Identity Number: ..............................................................................................................

3.3 Position occupied in the Company (director, trustee, shareholder²): .................................

3.4 Company Registration Number: ..........................................................................................

3.5 Tax Reference Number: ...................................................................................................

3.6 VAT Registration Number: ................................................................................................

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

3.8 Are you presently in the service of the state?  YES / NO

3.8.1 If yes, furnish particulars. .................................................................................................

.............................................................................................................................................................

¹MSCM Regulations: “in the service of the state” means to be –
(a) a member of –
   (i) any municipal council;
   (ii) any provincial legislature; or
   (iii) the national Assembly or the national Council of provinces;

(b) a member of the board of directors of any municipal entity;
(c) an official of any municipality or municipal entity;
(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
(e) a member of the accounting authority of any national or provincial public entity; or
(f) An employee of Parliament or a provincial legislature.

²Shareholder” means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.
3.9 Have you been in the service of the state for the past twelve months? YES / NO

3.9.1 If yes, furnish particulars .................................................................

.................................................................

3.10 Do you have any relationship (family, friend, other) with persons
In the service of the state and who may be involved with
The evaluation and or adjudication of this bid? YES / NO

3.10.1 If yes, furnish particulars. .................................................................

3.11 Are you, aware of any relationship (family, friend, other) between
any other bidder and any persons in the service of the state who
may be involved with the evaluation and or adjudication of this bid? YES / NO

3.11.1 If yes, furnish particulars .................................................................

.................................................................

3.12 Are any of the company’s directors, trustees, managers,
principle shareholders or stakeholders in service of the state? YES / NO

3.12.1 If yes, furnish particulars .................................................................

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

3.13.1 If yes, furnish particulars .................................................................

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

3.14.1 If yes, furnish particulars .................................................................

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Identity Number</th>
<th>State Employee Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature                                                                     Date

Capacity                                                                     Name of Bidder

Contact number