



Knysna

Municipality ♦ Munisipaliteit ♦ uMasipala
INCLUSIVE. INNOVATIVE. INSPIRED.

ADVERTISEMENT DATE:	10/12/2019
RFQ NUMBER:	B231/2019/20
DESCRIPTION OF GOODS/SERVICES:	SUPPLY AND DELIVERY OF 2020 DIARIES
RFQ DOCUMENTS ARE OBTAINABLE FROM:	Supply Chain Management Section Clyde Street Knysna or Knysna Municipality website: www.knysna.gov.za (Information centre>SCM>RFQ)
CLOSING DATE: TIME:	13/12/2019 12:00
SUBMISSIONS:	Sealed quotations clearly marked, “ B231/2019/20SUPPLY AND DELIVERY OF 2020 DIARIES ” can be submitted: By hand to: Supply Chain Management Section Knysna Municipality Clyde Street Knysna By fax to: 086 650 1415 By email to: pmseleni@knysna.gov.za Contact person: Phindiswa Mseleni (Tel: 044 302 6962) Electronic bid documents must reach the Supply Chain Management Section before the closing time.
COMPULSORY REQUIREMENTS:	None.
TECHNICAL ENQUIRIES:	Contact Person : Monique Jantjies Email : msass@knysna.gov.za Tell : 044-302 6367
The following conditions will apply: <ul style="list-style-type: none"> • Price(s) quoted must be firm and must be inclusive of VAT when applicable. • Tax Clearance Certificate or Sufficient Evidence that Tax matters are raised with SARS must be attached. • Price must include all related expenses, i.e. transport, accommodation etc. • Attached KMBD 4 document must be completed. • Status of Municipal accounts must be submitted. • Invoices must be submitted to jcordier@knysnagov.za and will be paid within 30 days of delivering the service. • Only an Official order and appointment letter will bind the Council. 	

REQUIREMENTS:

- **2020 Page A Day DIARIES**
- 42 x A5 Size: 210 x 150mm (Estimates) – Normal Hard band Cover
- 55 x A4 Size : 200 x 300mm (Estimates) – Normal Hard band Cover
- 5 x A4 Size : 200 x 300mm (Estimates) – Soft Padded Cover
- Colour: Black and or Charcoal

EVALUATION SCHEDULE

***** (Your pricing schedule will not be considered if proof related to this table is not attached)**

Criteria	Scoring criteria	Points Claimed
Provide a list of contactable references of similar municipal services previously provided	1 ref (5) 2 refs (10) 3 refs or more (15)	
Total	15	

Tenderers must achieve a minimum of 10 points in order to qualify for further evaluation on price and preference points

PRICING:

PRICING SCHEDULE		
A4 DIARIES SOFT PADDED	X 5	<u>R</u>
A4 DIARIES NORMAL HARD BAND	X 55	<u>R</u>
A5 DIARIES NORMAL HARD BAND	X 42	<u>R</u>
	Vat	<u>R</u>
	Total(15% VAT)	<u>R</u>

<u>Contact Details of Tenderer</u>	
Knysna Municipality Supplier number	
CSD Supplier number	
CSD Unique Registration Reference Number	
The name of the Tenderer:	
The name of the contact person:	
The address of the Tenderer:	
Telephone:	
Facsimile:	
E-mail:	
Address (physical):	
Address (postal):	
Signature:	
Date:	

1.	No bid will be accepted from persons in the service of the state ¹ .		
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, shareholder ²):		
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: _____ _____		
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 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: _____ _____		

5. I, the undersigned (name) _____, certify that the information furnished in paragraphs 3 and 4 above is correct.

I accept that the state may act against me should this declaration prove to be false.

Name of Bidder		Date	
Signature		Capacity	

11. MDB 15 – Certificate for Payment of Municipal Services

NAME OF THE BIDDER: _____

FURTHER DETAILS OF THE BIDDER'S; Director / Shareholder / Partners, etc:

Director / Shareholder / partner	Physical address of the Business	Municipal Account number(s)	Physical residential address of the Director / shareholder / partner	Municipal Account number(s)

NB: Please attach certified copy (ies) of ID document(s)

I, _____,

(Full name in block letters) the undersigned, certify that the information furnished on this declaration form is correct and that I / we have no undisputed commitments for municipal services towards a municipality in respect of which payment is overdue for more than 90 days.

If the value of the transaction is expected to exceed R10 million (VAT included) I certify that the bidder has no undisputed commitments for municipal services towards **a Municipality** in respect of which payment is overdue for more than 30 days;

THUS DONE AND SIGNED for and on behalf of the Bidder, at _____, on the _____

_____ day of _____ 20_____.

Number of sheets appended by the tenderer to this schedule (If nil, enter NIL)

SIGNATURE:		NAME (PRINT):	
CAPACITY:		NAME OF FIRM:	

For office use (comments):