

Koynra  
Karnalpur • Meerapuri • Meerapuri  
TENDER DOCUMENT

Acknowledgement of receipt  
Office of the MM  
Date: 13/08/22

TENDER NUMBER: T08 of 2022/23  
TENDER DESCRIPTION: Supply and Delivery of PCs & Laptops  
TENDER DATE: 28<sup>th</sup> August 2022  
Tender Box at: FINANCE BUILDING, QUEEN STREET, KNYNSA 6570

1. All bids must be submitted on the official forms – (not to be re-typed)
2. Bids must be completed in black ink in writing
3. No bids will be considered from persons in the service of the state

Name of Bidder	At Enterprises
Address	320 260.07 inc
Telephone Number	LEVEL 1
Mobile Number	20
Postal Address	MVA 0969899
Postal Code	1CE4E723 - 087R-4556 - 1335 - 1DB2

B-BBEE certificates submitted with the bid document MUST be VALID ORIGINAL B-BBEE CERTIFICATES or VALID CERTIFIED COPIES OF THE B-BBEE CERTIFICATES or VALID SWORN AFFIDAVITS





**THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SUCCESSFUL BIDDER (PART 1) AND THE PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SUCCESSFUL BIDDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS FOR THEIR RESPECTIVE RECORDS.**

**2. PART 1 (TO BE FILLED IN BY THE BIDDER)**

1. I hereby undertake to supply all of any of the goods and/or works described in the attached bidding documents to (name of institution) ATL Enterprises, LLC in accordance with the requirements and specifications stipulated in bid number T 07 20 20/21 at the prices quoted. My offer/ris remain binding upon me and open for acceptance by the purchaser during the validity period indicated and calculated from the closing time of bid.

2. The following documents shall be deemed to form and be read and construed as part of this agreement:

- (i) Bidding documents, 1/2
- Invitation to bid;
- Tax clearance certificate;
- Pricing schedule(s);
- Technical Specification(s);
- Preference claims for Broad Based Black Economic Empowerment Status Level of Contribution in terms of the Preferential Procurement Regulations 2017;
- Declaration of Interest;
- Declaration of bidder's past SCM practices;
- Certificate of Independent Bid Determination;
- Special Conditions of Contract;
- (ii) General Conditions of Contract; and
- Other (specify)

3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and rate(s) quoted cover all the goods and/or works specified in the bidding documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.

4. I accept full responsibility for the proper execution and fulfillment of all obligations and conditions devolving on me under this agreement as the principal liable for the due fulfillment of this contract.

5. I declare that I have no participation in any collusive practices with any bidder or any other person regarding this or any other bid.

6. I confirm that I am duly authorized to sign this contract.

NAME (PRINT) ALFREDO ERICO HERMANUS

CAPACITY Director

SIGNATURE [Signature]

NAME OF FIRM ATL Enterprises

DATE 19/08/2022

WITNESSES



[Signature]  
[Signature]  
[Signature]

**UNITED STATES GOVERNMENT  
PURCHASE OF GOODS/WORKS**

MBO 7.1

**3. PART 2 (TO BE FILLED IN BY THE PURCHASER)**

1. Omaha Pioneer Sobol in my capacity as Witness of Witness accept your bid under reference number 1 of 2020/21 dated 8/19/22 for the supply of goods/works indicated hereunder and/or further specified in the annexure(s).
2. An official order indicating delivery instructions is forthcoming.
3. I undertake to make payment for the goods/works delivered in accordance with the terms and conditions of the contract, within 30 (thirty) days after receipt of an invoice accompanied by the delivery note.

ITEM NO.	PRICE (UNIT BASED)	QUANTITY	UNIT	DELIVERY PERIOD	DELIVER STATE OF MINNESOTA	FOR LOCAL PRODUCTION AND CONTROL
Section A	151798.85	N/A	1 Month	1370	100%	

4. I confirm that I am duly authorized to sign this contract.

SIGNED AT Kaysno

ON

NAME (PRINT) Omaha Pioneer Sobol

SIGNATURE

OFFICIAL STAMP



WITNESSES

1. [Signature]  
2. [Signature]

DATE



[Signature]